Policies:

- MEDICAL RECORDS: The confidentiality of your medical record is our number one priority at S&A. All medical record requests must be submitted in writing on our medical record release form.
- TELEPHONE CONSULTATION, FORMS, AND LETTERS: Telephone consultations will be charged based on the time spent on each call. Please be aware that there may be an additional charge for after hour calls, except for life-threatening emergencies. Thank you for understanding that our providers first priority each day must be to see the patients in the office, therefore, they will complete forms letters, and prior authorizations as time permits. Most will be completed within 7—10 business days.

Fees for telephone consultation, forms and letters There is a minimum fee of \$20.00

15 minutes: \$75.0030 minutes: \$150.0060 minutes: \$225.00

- PRESCRIPTION REFILLS: Please see PRESCRIPTION DRUG POLICY AND PROCEDURES on page 5 (this is only for persons seeing Dr. Bob Sholtes)
- APPOINTMENTS: Appointments are held especially for you and they are a valuable resource at our practice. If you are unable to keep your scheduled appointment, please provide a minimum of 1 working day advance notice. Our work week is Tuesday through Saturday. We charge for missed appointments or less than one working day cancellation of appointments. Fees for missed appointments are due at or prior to your next appointment. Appointment reminder calls or emails are attempted as a courtesy for you, but it is your responsibility to keep track of appointment dates and times.
- services. You are instructed to utilize emergency services available in the community for all life threatening emergencies. We will attempt to be available if you are experiencing any urgent need for treatment during our working week (Monday-Saturday), but we may not be able to respond during a busy work day until the end of that day or the next work day. We are not available after hours. Any messages left after hours may not be heard until the next scheduled work day. If you do not receive a timely response to any messages left on our voice mail, please call again, in case we did not get the first message.

Signature below indicates understanding and agreement with policies stated above. A separate release of information will be needed before contacting your doctor.

Signature of Client	Date	Signature of Responsible Party	Date
Signature of Insured (if different)	 Date	Signature of Parent (if client is minor)	Date

PLEASE ALSO READ AND SIGN THE CLIENT AGREEMENTS AND AUTHORIZATIONS ON PAGE 4. A copy of our privacy policies (3 pages) is available on a second clipboard for you to read or to take with you.