



Patient Services- Policies and Procedures

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New River Valley Medicine's Patient Office Policies (2026)

Welcome! Welcome to New River Valley Medicine! We are dedicated to providing you with the best possible service. To ensure a smooth start with our practice, please review these policies and sign them annually. We are always happy to answer any questions you may have.

Check-in Kiosk Consent During the check-in process, patients will be presented with the following statement and asked to provide their consent to the individual policies outlined herein. This document represents the current and updated set of all patient policies for New River Valley Medicine.

Once every year, we are required to obtain each patient's authorization, agreement to, and acknowledgement of the following policies:

- 1- General Office Policies
- 2- Financial Policies: Rules for insurance billing, co-pays, deductibles, rebilling fees, and delinquent accounts.
- 3- Billing and network information for Quest Diagnostics and VaxCare.
- 4- Accountable Care Organizations (ACO): Information regarding our partnership with Aledade and how your health data is shared for coordinated care.
- 5- Notice of Privacy Practices (HIPAA): Detailed explanation of how your medical information is protected, used, and disclosed. Consent for Notifications: Your agreement regarding automated reminders via phone, text, or emails.

By proceeding, you are agreeing to the policies set forth on this form and consenting to treatment.

The full text of our policies can be found on our website at NRVM.org, and printed copies are available at our front desk any time.

Collective Care in Action: Optimizing Primary Care for Patients and Providers

At New River Valley Medicine, we utilize team-based primary care that centers on delivering high-quality, patient-centered, and cost-effective medical care through a team approach among a diverse team of healthcare professionals. The goal is to give the best care possible to patients, make them feel important, and save money.

Advantages of TEAM-based primary care:

- **Enhanced patient outcomes:** By bringing together a diverse group of healthcare professionals, each team member contributes their unique expertise and perspective, resulting in more comprehensive and well-rounded care.
- **Improved access to care:** Having a team of professionals allows for increased availability of healthcare services. Patients can access care from different team members, reducing waiting times and ensuring timely interventions.
- **Continuity of care:** With a designated team overseeing a patient's care, continuity is improved. Patients can establish long-term relationships with their primary care providers and experience consistent, coordinated care throughout their healthcare journey.
- **Prevention and early intervention:** The team-based approach emphasizes preventive care and early intervention, helping to identify health risks and potential issues before they become more serious and costly to treat.
- **Cost-effectiveness:** By optimizing care delivery and avoiding unnecessary duplication of services, value-focused team-based primary care can lead to cost savings for both patients and the healthcare system as a whole.

What this means for patients: You can usually choose which provider you'd like to see for most appointments. However, to make sure you get the best and most complete care, our physician Dr. Card requires all patients to see at least one other provider each year. This is part of our team-based approach, which means if you need a walk-in appointment between your scheduled visits because you're sick or hurt, you'll be treated by the first provider who's available.

General Office Policies

Office Hours Monday through Thursday from 8 am to 6 pm, and Fridays from 8 am to 3 pm.

Contacting Us We have many ways you can contact us:

- ***PREFERRED* Secure patient portal (Healow):** Access Healow via computer or the smartphone app. The portal saves time (instant messaging, fast results), enhances security for medical records, and allows for faster staff communication. Request staff assistance today to activate your account.
- **Call or Text us** at 540-509-5443. Texting allows our staff to complete requests and communicate much faster than phone calls.
- **Stop by!** Come by our office during regular business hours.
- **Email** the Practice Manager Erica at info@nrvm.org if you have any patient service concerns.
- **For Urgent Needs Outside of Business Hours:** The On-Call Team is available outside of regular business hours for urgent medical concerns and is staffed by our own employees. For urgent medical needs requiring guidance on seeking care (e.g., urgent care or emergency department), patients should call the on-call nurse first at 540-267-5774. For routine or administrative matters, patients should contact the main office during standard business hours.
- **For life-threatening symptoms, call 911 immediately.**

How we will contact YOU We use the following means of communication for various purposes:

- **Phone Call-** Concerns that need immediate attention will need to be addressed via phone call. We may need to reach you about lab results, immediate schedule issues, or other medical or administrative concerns.
- **Text** Throughout the year, there are automated messages that are mass generated to notify patients of topics such as program offerings, vaccination reminders, or appointment reminders. Our team may also utilize text messaging asking you to call our office if we are unable to reach you regarding health concerns or lab work.
- **Email** Throughout the year, there are automated messages that are mass generated to notify patients of topics such as program offerings, vaccination reminders, or appointment reminders. Our team may also utilize email to communicate with you regarding form requests, such as FMLA, Disability, or DMV requests. If you have a form that needs completion and you receive it via email from the entity requiring it, simply forward that email to our email address info@nrvm.org.
- **Postal Mail** Our office and our service partners may occasionally send out mailings that are mass generated to notify patients of topics such as program offerings, vaccination reminders, or appointment reminders.
- **Secure patient portal** If you use the patient portal, called Healow, to contact us, we may respond via the same method. This is also how you can access any test results that are ordered by us after they are reviewed
- **Here is a quick link** to our full Patient Reminders and Notifications Policy, found later in this document.

Appointments

Making an Appointment Call our office or text us to request an appointment. If your address, phone number, or insurance has changed, please let us know while scheduling your appointment so that we can have the most up-to-date record for you.

Arriving Late We value your time and want to give you and your health issues our utmost attention. Therefore if you arrive more than 10 minutes late for your appointment, you will be asked to reschedule in order for you to have ample time to get your health concerns addressed.

Cancellations or reschedules We ask that you kindly give at least 48 hours notice when canceling or rescheduling an appointment. Patients who fail to cancel or reschedule your appointment three or more times will be administratively dismissed from our practice.

Late Cancellations and No-Shows Appointments that are not canceled at least 24 hours in advance will be considered a Late Cancel. Arriving more than 10 minutes late or missing an appointment is classified as a NoShow. We do not charge for No-Shows or late cancellations. However, after two occurrences, patients are subject to dismissal from the practice.

Walk-In Appointments For patients who are acutely sick or injured.

- Order of treatment
 - Patients are seen in an order that is determined by both time of arrival as well as the severity of the problem the patient is experiencing. Patients are not necessarily seen in the order of arrival.
- Hours of service
 - Monday through Thursday from 8 am - 11 am, *and again* from 1 pm - 5 pm.
 - Fridays from 8 am until 2 pm.
- Mask Requirements
 - If you are ill, masks are required for any symptoms of respiratory or gastrointestinal illness.
 - We are not able to accommodate unmasked sick patients in our waiting room due to the likelihood of spreading illness to other vulnerable patients and visitors.

New River Valley Medicine's Patient Office Policies (2026)

- If you choose not to wear a mask while waiting to be seen, you will need to wait in your car. Upon arrival, please call our front desk to register for your appointment over the telephone, and ensure that our staff have an accurate phone number where you can be reached in your vehicle.
- Masks will still be required while you are in the halls and exam room due to the risk of exposure to our staff.
- Controlled Substance Policy
 - Kindly be advised that the prescribing of narcotics or any controlled substances is strictly prohibited during walk-in appointments and at New Patient Visits.

First Visit We welcome new patients. New patients are screened for insurance acceptance and eligibility; then contacted by our front office staff to schedule the New Patient Intake appointment. Prior records may be sent to us by completing a release of medical records available at our office. New Patient appointments are most often performed with either our Nurse Practitioners or our Physician Assistant.

When you arrive for your appointment Check in using one of the patient registration tablets available at the front desk. If you need assistance using the tablets, please inform the front desk staff. Plan to arrive 20 minutes before your appointment time to complete your registration and insurance verification. We require that you bring your insurance cards and a valid photo ID to EVERY appointment.

Treatment of Minors Patients under 18 must be accompanied by a parent or guardian on their first visit. For future visits, a signed treatment consent form from the parent or guardian is required.

Holidays NRVM observes 10 holidays per year. These specific dates will be posted in our office, on our website www.nrvm.org, or you may call to inquire. When we are closed, please note the above information regarding contacting us after hours.

Inclement Weather In the case of extreme weather, there are occasions when we must close the office so it does not compromise the safety of our staff & patients. In such instances, we will contact patients who need to be rescheduled. We will leave a message if we are unable to reach you, as long as we are able. We also post status updates to our Facebook page. We encourage you to like and follow us for updates.

Medication Refills

- **Refill Requests:** Please request refills during appointments. If needed between visits, request through your pharmacy or contact the office directly. Refills cannot be processed sooner than 28 days after your last refill and may take up to 24 hours for provider approval.
- **Timely Requests:** Please plan ahead if you have routine medications that are running low. You will need to notify the pharmacy that you need a refill at least 48 hours prior to being out of medication. Holidays and weekends delay refills. Please plan accordingly.
- **Refill Denials:** The #1 reason a medication refill is denied by our office is when the patient does not have an appointment scheduled in the future. The #2 reason a medication refill is denied is when patients have repeatedly rescheduled, cancelled, or otherwise delayed their treatment schedule. Patients need to be seen on schedule to avoid delays in health care services.

Referrals to Specialists

Referrals to some specialists may take several months to be seen, depending on insurance and urgency. Each specialist office has their own schedule, office policies, and timelines. Some specialists require the patient to call, some require the office to call, and some prefer to call the patient themselves. All of this can make the referral process complicated. Please maintain communication with our staff on your referrals, but be patient with us because much of it is out of our control. We want to work together, not against one another.

Preventative Care and Health Maintenance

Most insurance plans require us to complete or attest to specific preventative healthcare measures every year, such as mammograms, blood and urine testing, or other screening tests. Insurance providers hold us financially responsible for not completing these wellness measures. The penalties are so significant that, as an independent clinic, we can only afford to see patients who are active and engaged in their wellness and preventative healthcare. Therefore, we ask that you please consider the testing that your provider recommends. If you choose not to complete a specific test or screening, please be honest and communicate that with our office so that we can properly document your choice.

Dismissal from Practice

Dismissal from NRVM means the patient can no longer schedule appointments, receive medication refills, or obtain care from our providers. Common reasons for dismissal include repeated NoShows/Late Cancellations, treatment non-compliance, abusive behavior toward staff, or failure to pay on account. Patients will be notified of dismissal by mail. Emergency medical care will still be provided for 30 days post-dismissal, but routine and controlled medications will not be refilled after that date.

Medical Records Requests

Patients may request to view their medical records in the provider's presence or request copies by providing a signed release. Fees for copying records must be paid in advance. For record transfers, medical records generated from this office will be forwarded to a medical office of your choice, provided that a legal release of medical records is received from that medical office. This will be done one time at no cost to you. If you require additional copies of your medical records, standard fees will apply.

Service Offerings

Primary Care Models

- **Standard Primary Care** for Patients who have Insurance Standard Primary Care is the model that most doctors offer. Standard Primary Care is perfect for routine visits and walk-in appointments. Most services are covered by insurance, but additional services like injections, disability/FMLA forms, urine testing, and swabs for Flu, Strep, or Covid may increase your overall cost. Consider our Enhanced Primary Care Model if you frequently need these extra services.
- **Enhanced Primary Care** for the Uninsured Patient- This option is for anyone who is uninsured. Per visit fees are pre-arranged with you by the physician, and are based on the complexity of your care needs. Average per visit prices are between \$100 and \$200. Additional services have a flat fee that are made available to you prior to receiving those services. Please contact us to customize a payment plan that meets your needs.

In office procedures

- IV fluids for dehydration
- Routine lab work drawn onsite
- Iron Infusions
- Ear cleaning for ear wax blockages
- Electrocardiogram
- Rapid Testing for Urinalysis (UTI), Flu, Strep, and Mononucleosis
- Toenail removal
- Mild to Moderate wound care
- Adult Vaccinations
- Skin Biopsies
- Cryotherapy (freezing of benign lesions and moles)
- Prottime/INR blood clotting time testing for patients on blood thinners
- Allergy shots (Immunotherapy for patients who have seen an allergist who prescribes and develops the medication for us to administer).

Unique Appointment Types

Women's Health Exams

We provide comprehensive women's health exams, including Pap smears or pelvic exams, to support overall reproductive and gynecological wellbeing.

DMV-required Medical Exams

We can facilitate DMV-required medical exams, ensuring compliance with health standards for driving eligibility.

Official DOT Physicals

For an additional fee, we conduct official DOT physicals to assess the fitness of commercial vehicle drivers, ensuring safety on the road.

Care Coordination Services

At NRVM, our licensed nurses and highly skilled staff provide attentive, close monitoring for patients with complex medical needs or conditions prone to rapid changes. These specialized programs allow us to manage your health proactively, preventing symptom progression and reducing the likelihood of hospitalization.

Chronic Care Management (CCM)

CCM is a Medicare service designed to improve the lives of both patients and physicians. If you have two or more chronic conditions, you qualify for this program, which covers the many non-face-to-face interactions required to manage complex health needs. We have offered CCM for over five years—long before it became common practice—because we recognize that your health requires our attention even when you aren't in the office.

Advanced Primary Care Management (APCM)

APCM is a Medicare-led initiative that supports our focus on preventive care and personalized attention. This program allows our office to be reimbursed monthly for the significant "behind-the-scenes" labor we perform to keep our patients healthy.

Medical providers traditionally only bill for individual appointments, and other providers may not provide the same level of support that NRVM provides. Additionally, the amount that Medicare pays per visit is reducing by as much as 4.5% every year. Allowing us to bill for APCM shows Medicare that we are offering a level of service that sets us apart from the next In & Out office, while demonstrating our commitment to reducing your overall costs of healthcare.

- **Silent Advocacy:** This covers the intensive professional work you don't see—investigating insurance formularies, performing complex prior authorizations, coordinating with pharmacies, and meticulously reviewing your records to document "prior trials and failures" required by insurance companies.
- **Continuous Access:** It supports our 24/7 on-call team and secure portal access, ensuring you have a clinical advocate available at any hour.

APCM is completely optional and is not intended to cost you anything out of pocket. We participate in this program to remain an independent, relationship-based practice by receiving fair compensation for the silent labor of primary care. If you ever find you are being charged for this service, please notify us, and we will remove your participation immediately. More information can be found here or at the end of this document.

Remote Patient Monitoring (RPM)

Rather than waiting months between office visits, RPM uses wireless technology to collect your vital signs daily from the comfort of your home. This constant data stream allows our team to identify abnormalities and intervene quickly—often before a symptom spirals into a crisis. By monitoring your health in real-time, we can provide faster access to care and significantly reduce the risk of permanent damage or hospitalization.

Advance Care Planning (ACP)

We believe your healthcare should always align with your personal values. Advance Care Planning involves detailed conversations with your provider and loved ones about the care you would want during a life-threatening illness or injury. By documenting these preferences in writing now, you provide a clear roadmap for your family and medical team, ensuring your wishes are honored even if you are ever unable to speak for yourself.

Specialized Medical Programs Weight Loss, Men's Health, ADHD Management

Provider Appointments

- **Initial Consultation** - \$150 (May be billed to insurance* if you are enrolled with Primary Care)
During your first visit, you will meet with one of our medical providers to create a safe and effective treatment plan. This visit includes:
 - Taking vital signs (height, weight, blood pressure, and body measurements as applicable).
 - Reviewing your medical history, treatment goals, and potential barriers to success.
 - Developing a realistic and achievable treatment plan.
 - Prescribing medications, if appropriate, which will be sent to your pharmacy with clear guidance on use and expectations.

- **Ongoing Visits** - \$100 (May be billed to insurance* if you are enrolled with Primary Care)
Ongoing visits with your provider will be scheduled only when necessary to adjust medication dosages or to offer guidance on your progress.
 - Medications administered as part of a specialty program, such as testosterone, tirzepatide, or MIC12, are charged separately per the fees listed in the section pertaining to that specific program.

*If your insurance is filed and refuses to cover these office visits, please discuss with our staff.

Medically Supervised Weight Loss Program

Healthy, structured, and medically supervised weight loss — where your journey toward a healthier, happier you begins with expert guidance and comprehensive support. Designed to address the unique challenges of sustainable weight loss, our program combines medical expertise, personalized care, and evidence-based strategies.

Our team of healthcare professionals provides tailored care that considers your medical history, unique needs, and goals. From comprehensive evaluations to ongoing monitoring, we empower you to make lasting lifestyle changes that transform your health. Say goodbye to fad diets and hello to a program that works.

Even a modest weight loss of 5–15% of total body weight can significantly reduce health risks — especially those related to heart disease and diabetes. Our goal is not only to help you lose weight but to support long-term improvements in your overall health and wellbeing.

Nutritional Counseling We can connect you with local dietitians for additional counseling. This is especially helpful for patients with diabetes, dietary restrictions, or hormonal imbalances.

Medications Providers may choose to prescribe an FDA-approved or compounded medication for weight management, including:

- **Prescriptions from the pharmacy**
 - **Sympathomimetics:** Phentermine, Phendimetrazine, etc.
 - **Branded GLP-1 Agonists:** Mounjaro, Trulicity, Ozempic (for diabetes), Wegovy, Saxenda.
 - **Other options:** Contrave, Qsymia, and more, based on your health profile.

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- Medications administered weekly in our office
 - **Tirzepatide with B6-** Cost is per weekly injection and paid at the time of service. Any doses above 7.5 mg available only by special order on a case by case basis. Tirzepatide with B6: The cost of each weekly injection is due at the time of service. Doses exceeding 7.5 mg are only available by special order, on a case-by-case basis.
 - 2.5 mg- \$25
 - 5 mg or 7.5 mg- \$75
 - 10 mg- \$85
 - 12.5 mg or 15 mg- \$110
 - **B-Complex (MIC-12) injections-** Combines B vitamins, amino acids, and nutrients to help metabolize fat, boost energy, and reduce appetite. Many patients see an additional 1 lb/week of weight loss support.
- Medications are prescribed only if medically safe and appropriate. Pharmacy costs and insurance authorization vary and are not included.

Expected Results

- Women: 1–2 lbs/week with medication.
- Men: Up to 3 lbs/week with medication.
- Some patients may see more rapid loss initially, which typically stabilizes over time.

Men's Hormonal Health Testosterone Replacement Program

Low testosterone can significantly impact your energy, mood, and overall quality of life. Our TRT program is designed to evaluate and, if appropriate, restore your hormone levels to an optimal range. This program includes a comprehensive evaluation and management of Testosterone Cypionate injections.

What Our Program Includes

- **Personalized Medical Evaluation:** We review your medical history, symptoms of low testosterone, and treatment goals to create a realistic, safe, and effective treatment plan.
- **Comprehensive Lab Work:** Initial and ongoing blood tests are required to measure your testosterone levels (total and free), as well as other key health markers (like PSA and red blood cell counts) to ensure TRT is safe for you.
 - Lab Fees: Testing needs vary for each patient. We will discuss your specific testing requirements and costs with you during your consultation. You have the option to bill lab work to your insurance or pay a negotiated cash price directly to the clinic.
- **Medication Management (if appropriate):**
 - Testosterone Cypionate Injections: Based on your lab results and evaluation, your provider will prescribe and administer your appropriate dose in our office.
 - Required Safety Monitoring: For your safety and per Virginia regulations, patients prescribed ANY controlled substance must complete routine urine drug screenings at least once every three months. The cost for this testing is not included in visit fees. Your options, including insurance billing or a cash fee paid directly to the clinic, will be discussed with you during your consultation.
- **Expected Results:** While individual results vary, patients on TRT often report benefits such as improved energy levels, better mood, increased libido, and enhanced overall quality of life.

Note on Fees:

- Program visit fees (Initial: \$150 / Ongoing: \$100) are separate from the cost of your medication (Testosterone Cypionate) and lab work.
- All program fees must be paid at the time of service.

ADHD Testing & Management

For patients over the age of 13, we offer computerized in-office ADHD testing as a separate service. Designed to provide an accurate diagnosis of ADHD, the test assists providers in customizing an effective treatment plan to meet each patient's specific needs. Patients who have a PCP elsewhere will have their test results sent to their doctor for review with the patient.

- **Service:** Computerized, in-office ADHD diagnostic testing.
- **Cost:** \$200 (one-time fee)
- **Eligibility:** Open to anyone aged 13 and older.

Medication Management For patients with a confirmed ADHD diagnosis (from our testing or another provider), we offer a personalized, ongoing medication management program.

It is important to understand that finding the right medication and dosage is a highly individualized process, not a one-size-fits-all solution, and it may take time to identify the most effective plan for you. Your provider will collaborate with you to create a safe and effective treatment strategy.

Note on Eligibility: Not everyone diagnosed with ADHD is an appropriate candidate for medication. Our first priority is your overall health and well-being. Factors such as pre-existing health conditions or potential drug interactions may prevent the use of medication.

- **Program Costs**
 - **Initial Consultation:** \$150
 - Ongoing Follow-up Visits: \$100 (Typically scheduled every three months as needed)
 - **What Our Program Includes:**
 - **Personalized Provider Support:** We will work closely with you to manage your treatment plan, navigating the process to find the most effective solution for you.
 - **Required Safety Monitoring:** For your safety and per Virginia regulations, patients prescribed ANY controlled substance must complete routine urine drug screenings at least once every three months. The cost for this testing is not included in visit fees. Your options, including insurance billing or a cash fee paid directly to the clinic, will be discussed with you during your consultation.
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Financial Policies

Our office participates with and accepts many insurance carriers, but New River Valley Medicine no longer participates with any form of Medicaid. If you have Medicaid, even as a secondary to another insurance, please alert our staff before any services are rendered. Most of the time, we have no way to identify Medicaid patients in advance.

At New River Valley Medicine, we are committed to providing high-quality medical care. To support a transparent and efficient patient-provider relationship, we ask that all patients understand and adhere to the following office and financial policies.

- Patients are responsible for payment of all medical treatment and services provided.
- If you have a past due balance, you are required to make payment prior to being seen.
- Insurance co-pays are collected before being seen for each office visit.
- A \$35 fee shall be charged for all returned checks.
- We accept the following methods of payment: cash, personal check, Visa, MasterCard, American Express, and Discover. We are not able to accept payment through CareCredit.
- NRVM does not bill Workman's Comp claims. The patient would need to pay for all services at the time of service and seek reimbursement from Workman's Comp.

Insurance and Billing It is the patient's responsibility to ensure that the correct information is on file for insurance claims and billing. All of the following policies are related to making sure we have the most up to date filing information

Assignment of Benefits Please be advised that your insurance benefits will be remitted directly to the physician. You retain financial responsibility for any outstanding balance. You further authorize New River Valley Medicine or your insurance company to release any information necessary to process your claims. Moreover, you acknowledge that any unpaid patient balance remains your responsibility and may be forwarded for collections if not resolved within 60 days. You attest that you have read and agreed to the Notice of Privacy Practices, and a copy has been made available to you upon request.

Bring your insurance cards to each visit Current primary and secondary insurance cards are needed at each visit; otherwise we will need payment in full at the time of your visit.

Copays and deductibles Patients are responsible for deductibles, co-payments, non-covered services and out-of-network services. Payment for these shall be due at the time of the visit.

Insurance Changes and Verification To ensure proper billing, please notify us promptly of any changes to your insurance. If we are unable to verify your coverage, your appointment will be rescheduled for a later date. While we bill insurance as a courtesy, providing timely and accurate information is essential. Failure to do so may result in denied claims, for which the patient will be responsible.

If accurate insurance information is not provided at the time of service and your claim is denied, the balance will be transferred to your "patient balance." Should you later update your insurance information and request us to re-file the denied claim, a \$25 re-billing fee will apply. Please note that claims must be filed with insurance within 90 days from the date of service. They will deny all claims filed after that point.

Timely Filing and Patient Financial Responsibility Insurance companies may deny claims due to untimely filing. Patients are responsible for balances resulting from delays in providing our office with accurate filing information. Copays, deductibles, and coinsurance amounts must be paid as required by our contract with insurance companies.

Chronic Care Management (CCM) and Advanced Primary Care Management (APCM) Enrollment

New River Valley Medicine provides Chronic Care Management (CCM) services for Medicare patients with qualifying chronic conditions. NRVM also provides Advanced Primary Care Management (APCM) services to all primary care patients. Starting in 2025, many insurance companies, primarily led by Medicare, developed the program to provide a monthly flat-rate amount to Primary Care doctors for each of their Medicare patients. These programs are designed to offer a comprehensive level of support and care to our primary care patients, apart from in-office visits.

New River Valley Medicine's Patient Office Policies (2026)

If you qualify, you will be automatically enrolled unless you opt out. Both CCM and APCM include many aspects of primary care that are already being provided to patients, such as after-hours support, medication management, and coordination of care between providers. These Medicare programs help providers maintain the tools and systems needed to deliver high-quality, consistent care—not just during visits, but in between them, too.

The programs themselves do not cost you anything extra. However, Medicare and other insurance usual rules still apply—like your annual deductible and any standard cost-sharing you're used to. Sometimes, insurance may apply part of your deductible to one of these monthly payments instead of an office visit.

Either way, you will not be charged more than you normally would in a given year. While you may incur a monthly copayment, depending on your insurance coverage, if you need to opt out of care management services, you may do so at any time by notifying our office. However, you may need to come to see your provider if you require certain services.

Account Statements Statements are sent monthly via text, email, and postal mail, with payment due within 30 days. If you disagree with a bill, contact our office promptly for review.

Coordination of Benefits Insurance plans sometimes request the patient to complete a coordination of benefits questionnaire. If you receive this kind of request from your insurance company, it is CRITICAL that you complete this form and return it to your carrier as soon as possible. Your insurance will deny your claims if not received by them, and you would then be responsible for paying the entire charge for services in full.

Delinquent Accounts and Collections

- Collections Process: Balances past 180 days will be forwarded to a third party collections agency, and a 10% collections fee will be added to the balance. Patients with open collections cases are not eligible for appointments until the full balance, including fees, is paid.
- Permanent Dismissal for Repeat Collections: Patients with a second delinquent account sent to collections will be dismissed from the practice permanently and must seek care elsewhere. Patients are responsible for all additional fees incurred during collections, including legal fees if applicable.

Prior Authorizations and Appeals

Insurance companies often deny prior authorizations for necessary services and medications, creating significant administrative work for our office. To manage this burden and advocate effectively for our patients, we offer two appeal options:

- Self-Managed Appeal (No Fee):
 - Patients may choose to file and manage the appeal directly with their insurance carrier.
 - Upon request, we will provide the necessary supporting office notes to the patient, provided a valid Release of Information form is signed.
- Office-Managed Appeal (Fee Applies):
 - Patients may request our office to file and manage the appeal on their behalf.
 - A \$40 administrative fee will be charged per appeal for the labor involved in this process.

Important Note on Timing of Prior Authorizations for Medications

Please be aware that the appeals process for prescription drug denials can take up to 90 days to reach a final conclusion, a turnaround estimate that is set by insurance companies and pharmacy benefit management companies.

We understand that these requirements and delays can be frustrating. Unfortunately, these systemic issues are imposed by insurance companies, who often dictate the terms of care and use administrative delays to discourage the approval of costly treatments. We are committed to helping you navigate these challenges and advocating for the best possible care for you.


What Is APCM?

APCM stands for **Advanced Primary Care Management**—a Medicare-led initiative to support doctors who focus on preventive care, wellness, and personalized attention differently than the traditional ‘per-visit’ model only. The good news? We’re already doing it.

NRVM standard care offerings:

- Have an on-call team ready after hours
- Participate in programs that promote prevention and wellness
- Coordinate care and follow-ups between visits
- Focus on you as a whole person, not just a chart or number

 **So Why the Consent Form?** Medicare requires us to notify patients that we’re participating in APCM.


 **Why APCM?** As an independent practice, we’re committed to high-quality care—but we don’t have the financial backing of large hospital systems or corporate-run clinics. All medical providers bill for individual appointments, but they may not provide the same level of support that we provide.

Additionally, the amount that Medicare pays per visit is reducing by as much as 4.5% every year. Allowing us to bill for APCM shows Medicare that we are offering a level of service that sets us apart from the next In & Out office.

Although some patients may have a small copay, most Medicare patients with an advantage plan or a secondary medicare supplement will have zero additional cost.

Participating in APCM allows us to:

- **Financial Stability and Independence:** We will remain an independent, physician-owned and operated clinic, ensuring financial stability and preventing the closure that many other offices have faced.
- **Offer Personalized Care:** We are committed to continuing to offer personalized, relationship-based care, ensuring patients are never treated merely as a number.
- **Recapture Reimbursement for Essential Work:** We will capture reimbursement for the intensive professional work that is often unseen. This includes investigating insurance formularies, performing complex prior authorizations, coordinating with pharmacies, and meticulously reviewing your records to document the “prior trials and failures” required by insurance companies.
- **Commit to Enhanced Access and Advocacy:**
 - **Urgent Same-Day Access:** We reserve space for urgent and walk-in appointments.
 - **24/7 Availability:** You will have 24/7 on-call team and secure portal access, ensuring a clinical advocate is available at any hour.
- **Provide Convenience for Chronic/Recurrent Conditions:** We can prevent the need for patients to come in for an in-office visit when dealing with a chronic or recurrent diagnosis that they experience routinely.

 You are not required to take any action, and there is no penalty. We’re simply informing you about a Medicare program we’re part of. It helps support the type of care you already get here—where we know your name, your story, and your goals.



Our Promise: You’re not just a number here. You’re family.

And to keep giving you that level of care, we have to say “yes” to every opportunity that supports us—especially when it is something we already do!

FAQs for Advanced Primary Care Management

- Why is Medicare making this change?
Medicare created the Advanced Primary Care Model (APCM) to help patients stay healthier and out of the hospital by strengthening the relationship between patients and their primary care providers. The program encourages more communication, better coordination of care, and proactive follow-up. To support this, Medicare now provides a monthly flat-rate payment to participating primary care providers. This helps providers maintain the tools and systems needed to deliver high-quality, consistent care—not just during visits, but in between them, too.
 - Why is the doctor billing Medicare when I wasn't seen in the office?
This is part of Medicare's new payment approach. Instead of paying only when you come into the office, Medicare now spreads payments throughout the year to cover all the behind-the-scenes care your doctor provides—like managing referrals, reviewing test results, answering messages, and coordinating your prescriptions and care. In fact, Medicare is now paying less for regular office visits than before. The monthly payments support your care more holistically, even when you're not physically in the office.
 - Why hasn't my other doctor mentioned this? Is this a scam?
We understand it may feel unfamiliar—that's why we want to be transparent. This new program applies only to your primary care provider and is newly launched by Medicare. Not all offices qualify or choose to participate, which is why other doctors may not have mentioned it. You can learn more about it by searching "Medicare APCM program" online. Rest assured, this is a legitimate Medicare initiative, and our office is following all necessary guidelines to participate.
 - Why do I need to sign a consent form?
Medicare requires us to submit a list of enrolled patients to receive the monthly payment. Your signed consent tells Medicare that we are your chosen primary care provider and that you've been informed about the APCM program. This helps avoid duplicate billing from multiple providers and ensures your care is coordinated through one trusted source.
 - What if I decide to change doctors later?
You are always in control of your care. If you decide to switch primary care providers or no longer want to be part of our APCM roster, just let us know. We'll update Medicare and remove you from the program. Only one provider can receive the monthly payment for your care, so this keeps everything accurate and fair.
 - Will this program cost me anything extra?
No, the program itself does not cost you anything extra. However, Medicare's usual rules still apply—like your annual deductible and any standard cost-sharing you're used to. Sometimes, Medicare may apply part of your deductible to one of these monthly payments instead of an office visit. Either way, you will not be charged more than you normally would in a given year.
 - What if I want to rescind my consent at a later date?
You can rescind your consent at any time—your care won't change at all. We'll still be here to support you as always. We do encourage staying in the program if you're comfortable, since it helps Medicare support the behind-the-scenes care we already provide, like care coordination and follow-ups. If you opt out, the change will take effect next month. Medicare may still process a claim for this month if your consent was active for any part of it.
-

Service Partner: Quest Laboratory Services

NRVM partners with [Quest Diagnostics](#) to offer convenient in-office lab service. Quest is an independent provider and operates under its own insurance network agreements, independent from NRVM.

It is the responsibility of each patient to understand their insurance coverage, including Quest Diagnostics's network status, prior to receiving services at our facility or any other location. Patients are under no obligation to use Quest Diagnostics for their laboratory work, and alternative options are available if preferred.

Quest Diagnostics Insurance Network and Patient Responsibility

- **Network Status Awareness:** It is essential that you verify whether Quest Diagnostics is in network with your insurance before proceeding with lab services.
- **Alternative Lab Requests:** If you require your laboratory work to be conducted at a different location, you must inform our office at the time of service so we can issue an order for an alternative provider.

Quest Diagnostics Billing and Contact Information

- Quest Diagnostics will bill your insurance provider directly for your laboratory services and will send you a statement for any patient responsible amounts.
- All inquiries related to Quest Diagnostics bills should be directed to Quest Diagnostics, as NRVM does not have access to their billing information.

This policy ensures that patients are fully informed of their responsibilities regarding laboratory services and network coverage, enabling them to make informed decisions about their healthcare providers.

Service Partner: VaxCare Immunization Services

NRVM partners with [VaxCare](#) to provide a seamless and efficient vaccination process for our patients. VaxCare is an independent provider that manages vaccine procurement, billing, and insurance claims so NRVM does not have to purchase these costly services up front. This partnership allows us to focus on delivering high-quality care while ensuring patients have access to the vaccinations they need.

Patient Responsibility and Insurance Coverage

- **Insurance Network Awareness:** VaxCare automatically checks benefits for estimated vaccine costs and can usually inform patients of out-of-pocket expenses. However, patients are ultimately responsible for verifying their insurance coverage for VaxCare-administered vaccines at NRVM, as network agreements vary. If concerned about costs, patients should contact their insurance company to confirm coverage options and avoid unexpected charges.
- **Alternative Vaccine Options:** Patients are under no obligation to use VaxCare for their vaccinations. If you prefer to receive vaccines through another provider or facility, please inform our office so we can provide the necessary prescriptions or orders.

Billing and Contact Information VaxCare handles all billing and insurance claims directly. After your vaccination, you may receive a statement from VaxCare for any patient-responsible charges, such as deductibles, copayments, or services not covered by insurance.

For billing inquiries or assistance, please contact VaxCare directly at:

Phone: (888) 829-8550

Email: patientbilling@vaxcare.com

Website: www.vaxcare.com

Transparency and Patient Choice- This policy ensures our patients are fully informed about their options and responsibilities regarding vaccinations. By understanding their insurance coverage and VaxCare's billing process, patients can make well-informed decisions about their healthcare.

Accountable Care Organizations

As a patient, your healthcare providers are working together to improve the quality, coordination, and cost efficiency of your care. This coordinated approach can help prevent unnecessary tests and appointments, spot potential issues early, and ensure all your healthcare providers have access to your health information. Your choice of healthcare providers and insurance benefits remain unchanged, and you can opt out of sharing your health information if you prefer.

This document pertains to Medicare, Medicare Advantage plans, as well as most commercial insurers.

Aledade Accountable Care 37, LLC New River Valley Medicine is participating in Aledade Accountable Care 37, LLC, an Accountable Care Organization (ACO).

[Here is a video from Medicare explaining Accountable Care Organizations](#)

- An ACO is a group of doctors, hospitals, and/or other health care providers that work together to improve the quality and experience of care all of our patients receive. ACOs receive a portion of any savings that result from reducing costs and meeting quality requirements. Medicare evaluates how well each ACO meets these goals every year. Those ACOs that do a good job can earn a financial bonus. ACOs that earn a bonus may use the payment to invest more in your care or share a portion directly with your providers. ACOs may owe a penalty if their care increases costs.
- Our arrangements with Aledade don't limit your choice of health care providers. Your insurance plans and benefits don't change in any way because of our care. You still have the right to visit any doctor, hospital, or other provider that accepts your insurance at any time, just like you do now.
- To help us coordinate your health care better, many insurance companies share information about your healthcare with your providers. If you don't want your insurer to share your health care information, you may call them at any time to opt out. However, this information is only used by us so that we can improve your healthcare at our practice.

How do ACOs work?

- An ACO isn't a Medicare Advantage plan which is an all in one alternative to Original Medicare, offered by private companies approved by Medicare. An ACO isn't an HMO plan, or an insurance plan of any kind.
- ACOs have agreements with insurers to be accountable for the quality, cost, and experience of care you receive.
- Coordinated care can avoid wasted time and costs for repeated tests and unneeded appointments. It may make it easier to spot potential problems before they become more serious – like drug interactions that can happen if one doctor isn't aware of what another has prescribed.
- ACOs may use electronic health records, case managers, and electronic prescriptions to help you stay healthy. Some ACOs have special programs to encourage you to have a primary care visit or use their care management team. Participation in these programs is optional.
- Physicians and other practitioners who are participating in our ACO can provide telehealth services to our patients, regardless of whether you live in a rural or urban area. These telehealth services may allow you to receive certain health care services from the comfort of your home, or from another location, as you communicate in real time with your primary care practitioner or specialist. Telehealth services may include managing your prescriptions, nutrition therapy, behavioral assessment and therapy, and many other services; however, not all services can be provided via telehealth. If you'd like to know more, ask your provider at your next visit.

What information will be shared about me?

- Medicare shares information about your care with your health care providers; like dates and times you visited a health care provider, your medical conditions, and a list of past and current prescriptions. This information helps Aledade Accountable Care 37, LLC track the care and tests that you've already had.

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- Sharing your data helps make sure all the providers involved in your care have access to your health information when and where they need it.
- We value your privacy. ACOs must put important safeguards in place to make sure all your health care information is safe. We respect your choice on how your health care information is used for care coordination and quality improvement. If you want Medicare to share your health care information with Aledade Accountable Care 37, LLC or other ACOs in which your health care providers participate, there's nothing more you need to do.
- If you don't want Medicare to share your health care information, call 1800MEDICARE (18006334227). Tell the representative that your health care provider is part of an ACO and you don't want Medicare to share your health care information. TTY users should call 18774862048.
- If you change your mind and want to let Medicare share your health information again, call 1800MEDICARE to let Medicare know. We aren't allowed to tell Medicare for you.
- Even if you decline to share your health care information, Medicare will still use your information for some purposes, like assessing the financial and quality of care performance of the health care providers participating in ACOs. Also, Medicare may share some of your health care information with ACOs when measuring the quality of care given by health care providers participating in those ACOs.

How can I make the most of getting care from an ACO?

- Ask your provider if they have a secure online portal that gives you 24hour access to your personal health information, including lab results and provider recommendations. This will help you make informed decisions about your health care, track your treatment, and monitor your health outcomes.
- As a Medicare beneficiary, you can choose or change your primary clinician or main doctor at any time. Your primary clinician is the health care provider that you believe is responsible for coordinating your overall care. If you choose a primary clinician, that clinician may have more tools or services to help with your care. For step-by-step instructions on how to select or change a primary clinician, or to learn more, see the Voluntary Alignment Beneficiary Fact Sheet.

What if I have concerns about being part of an ACO?

- If you have concerns about the quality of care or other services you receive from your ACO or provider, you can contact your Medicare Beneficiary Ombudsman who can assist you with Medicare-related questions, concerns, and challenges. The Medicare Beneficiary Ombudsman works closely with the Medicare program, including Medicare.gov, 1800MEDICARE, and State Health Insurance Assistance Programs (SHIPs), to help make sure information and assistance are available for you. Visit Medicare.gov for information on how the Medicare Beneficiary Ombudsman can help you.
- If you suspect Medicare fraud or abuse from your ACO or any Medicare provider, we encourage you to make a report by contacting the HHS Office of Inspector General (1800HHSTIPS) or your local Senior Medicare Patrol (SMP).

Your consent to this document is captured and stored electronically in your medical record at least once annually.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please let us know.

Purpose We understand that medical information about you and your health is personal and we are committed to protecting that information. We create a record of the care and services you receive at New River Valley Medicine in order to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices describes how we may use and disclose medical information about you, including demographic information, that may identify you and your related health care services to carry out your treatment, obtain payment for our services, to perform the daily health care operations of this practice and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your medical information. We are required to abide by the terms of this Notice of Privacy Practices.

Written Acknowledgement You will be asked to sign a consent form acknowledging that you have received a copy of this notice. The acknowledgement only serves to create a record that you have received a copy of the notice.

Changes to this Notice We may change the terms of our Notice, at any time. The new Notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request a revised copy, you may call our office and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next appointment.

How We May Use and Disclose Medical Information about You The following categories describe the different ways that New River Valley Medicine may use and disclose your medical information and a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosures that may be made by our office. Other uses and disclosures of your medical information that are not listed or described below will be made only with your written authorization. You may revoke this authorization, at any time, in writing, but it will not apply to any actions we have already taken.

- For your treatment: Your medical information may be used and disclosed by us for the purpose of providing medical treatment to you or for another healthcare provider providing medical treatment to you. For example, a nurse obtains treatment information about you and documents it in your medical record and the physician has access to that information. If you require an x-ray to be taken, the x-ray technician also has access to your medical information. In addition, your medical information may be provided to a physician to whom you have been referred or are otherwise seeing to ensure that the physician has the necessary information to diagnose or treat you.
- To obtain payment for our services: Your medical information may be used and disclosed by us to obtain payment for your health care bills or to assist another health care provider in obtaining payment for their health care bills. For example, we may submit requests for payment to your health insurance company for the medical services that you received. We may also disclose your medical information as required by your health insurance plan before it approves or pays for the health care services we recommend for you.
- For our health care operations: Your medical information may be used and disclosed by us to support our daily operations. These health care operation activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your medical information to medical school students that see patients at our office. We may also use the medical information we have to determine where we can make improvements in the services and care we offer.
- For the health care operations of other healthcare providers: We may also use your medical information to assist another healthcare provider treating you with its quality improvement activities, evaluation of the health care professionals or for fraud and abuse detection or compliance. For example, we may disclose your medical information to another physician to assist in its efforts to make sure it is complying with all rules related to operating a medical practice.
- For appointment reminders: We may use or disclose your medical information to contact you to remind you of your appointment, by mail or by telephone. Our message will include the name of our practice or the name of

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our physician as well as the date and time for your appointment or a reminder that an appointment needs to be scheduled.

- To provide you with treatment alternatives: We may use or disclose your medical information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may contact several home health agencies or physical therapy providers to discuss the services they provide when we have a patient who needs these services.
- To our business associates: We will share your medical information with third party 'business associates that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical information, we will have a written agreement that contains terms that will protect the privacy of your medical information. For example, New River Valley Medicine may hire a billing company to submit claims to your health care insurer. Your medical information will be disclosed to this billing company, but a written agreement between our office and the billing company will prohibit the billing company from using your medical information in any way other than what we allow.
- To coroners, to funeral directors, and for organ donation: We may disclose your medical information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose medical information to a funeral director in order to permit the funeral director to carry out its duties. We may disclose such information in reasonable anticipation of death. Your medical information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- For research: We may disclose your medical information to researchers when their research has been established as required by federal and state law.
Due to criminal activity: Consistent with applicable federal and state laws, we may disclose your medical information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- For military activity and national security: When the appropriate conditions apply, we may use or disclose medical information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities.
- For workers' compensation: Your medical information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
- Regarding inmates: We may use or disclose your medical information if you are an inmate of a correctional facility and your physician created or received your medical information in the course of providing care to you.
- Required uses and disclosures: Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act and its regulations.

Your Rights Following is a statement of your rights with respect to your medical information and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your medical information. You may inspect and obtain a copy of your medical information that we maintain. The information may contain medical and billing records and any other records that we use for making decisions about you. However, under federal law, you may not inspect or copy the following records:
psychotherapy notes; information compiled related to a civil, criminal, or administrative action; and medical information that is subject to law that prohibits access to medical information in certain circumstances. We may deny your request to inspect your medical information. In some circumstances, you may have a right to

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have this decision reviewed. Please contact our office manager if you have questions about access to your medical record.

- You have the right to request a restriction of your medical information. This means you may ask us not to use or disclose any part of your medical information for the purposes of treatment, payment or health care operations. You may also request that any part of your medical information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- We are not required to agree to your request. If we agree to the requested restriction, we may not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment or unless we otherwise notify you that we can no longer honor your request. With this in mind, please discuss any restriction you wish to request with your physician. Please request all restrictions in writing to our office.
- You have the right to request that we accommodate you in communicating confidential medical information. We will accommodate reasonable requests, but we may condition this accommodation by asking you for information as to how payment will be handled or other information necessary to honor your request. Please make this request in writing to our office.
- You may have the right to ask us to amend your medical information. You may request an amendment of your medical information as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a disagreement with us and we may respond in writing to you. Please contact our office if you have questions about amending your medical record.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your medical information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made pursuant to your authorization (permission), made directly to you, to family members or friends involved in your care, or for appointment notification purposes. You have the right to receive specific information regarding these disclosures that occurred after 12/4/2017. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- You have the right to obtain a paper copy of this notice from us. If you would like a paper copy of this notice, please request one via phone, mail, email correspondence, or when you are in our office.

Complaints You may complain to us if you believe your privacy rights have been violated by us. To file a complaint, please contact our office manager who will be happy to assist you. We will not retaliate against you for filing a complaint. If you do not wish to file a complaint directly with us, you may also contact the Secretary of Health and Human Services.

Privacy Contact If you have any questions about this notice, or require additional information, please contact our office.

Effective Date This notice originally became effective on December 4, 2017, and was reaffirmed on 02/17/2026.

Your consent to this document is captured and stored electronically in your medical record at least once annually.

Coordinated Care & Health Information Exchange (HIE)

What is PRISMA? When you see multiple doctors or visit a hospital, your medical history often becomes scattered across different computer systems. PRISMA is a secure tool built into our electronic health record that acts as a bridge, bringing those scattered pieces together into one complete picture.

Why we use it: We use PRISMA because it allows your care team at New River Valley Medicine to see lab results performed by hospitals and other doctor's offices, specialist notes, and medication changes in real-time.

This is vital for your safety

- Prevents unnecessary repetition of tests you've already had elsewhere.
- Reduces medication conflicts by showing us what other providers have prescribed.
- Provides vital information quickly so we can make the most accurate recommendations for your healthcare.

Authorization for Data Exchange New River Valley Medicine, PC uses an electronic health information exchange to search for, retrieve, and share my medical records with other healthcare providers involved in my care. I understand this includes data from hospitals, specialists, and pharmacies outside of this practice.

Information Shared- I understand that the information accessed may include, but is not limited to:

- Medical history, diagnoses, and clinical notes.
- Laboratory and imaging results.
- Current and past medications and allergies.
- Immunization records.

Privacy and Opt-Out Rights

- Security: My health information is protected by HIPAA and will only be accessed by authorized clinical staff for the purpose of treatment.
- Voluntary Participation: I understand that my participation is voluntary. I may revoke this consent at any time by notifying the front desk.
- Duration: This consent is valid for one year from the date of signature unless revoked earlier.

Complaints You may complain to us if you believe your privacy rights have been violated by us. To file a complaint, please contact our office manager who will be happy to assist you. We will not retaliate against you for filing a complaint. If you do not wish to file a complaint directly with us, you may also contact the Secretary of Health and Human Services.

Privacy Contact If you have any questions about this notice, please contact our office.

Effective Date This notice originally became effective on December 22, 2025, and was reaffirmed on 04/16/2026.

Your consent to this document is captured and stored electronically in your medical record at least once annually.

Consent for Patient Reminders and Notifications

You are consenting to receive messages from us, your healthcare provider, that utilizes an automatic telephone dialing system to deliver a text, voice, or prerecorded message that may contain health related information or healthcare management advice at the telephone number(s) that you have provided. You understand that you are not required to provide consent in order to receive such information or advice from your healthcare provider.

Notifications: Terms & Conditions

Your request to receive automated voice and text messages from us, your healthcare provider, constitutes your agreement to these terms and conditions. You agree that we may send you automated voice and text messages through your wireless provider to the valid mobile or landline number that you have provided us.

You agree to indemnify, defend, and hold us, our technology service vendor Healow LLC, our electronic medical record vendor eClinicalWorks LLC, and its affiliated companies harmless from any third party claims, liability, damages or costs arising from your request to receive automated voice or text messages or from providing us, your healthcare provider, with a phone number that is not your own.

You agree that we and our technology solution vendors will not be liable for failed, delayed, or misdirected delivery of any information sent to you or from you, including opt-out requests. You must be 18 years or older in order to participate or have the express permission of a parent/guardian (but in any case, you must be at least 13 years old).

This is a standard rate messaging program where message and data rates may apply. Frequency of messages may vary depending on the number of messages that you are due to be sent by your healthcare provider. Supported carriers include AT&T, Verizon Wireless, TMobile®, Metro PCS®, Sprint, Boost, Virgin Mobile, U.S. Cellular®, and others. Additional carriers may be added at any time. Carriers are not liable for delayed or undelivered messages.

Notifications: Frequently asked questions

What sort of messages can we send you?- As your healthcare provider, our goal is to stay in touch with you even when you're not in their office. To keep the lines of communication open and based on need, we can send you messages via voice SMS/text, email and secure messages on the Patient Portal and using healow. Examples of communication from our practice can include: appointment reminders, prescription refill messages and health/wellness notifications for tests or other procedures. We respect your need for privacy and will not send you telemarketing related messages or share your contact details with anyone.

What does it mean when you opt in or activate? By choosing to opt in for voice and or text messages from us, your healthcare provider office, you are consenting to receive phone, text and/or other electronic messages to the number we have on file for you. We have chosen to use this automated service reminders offered by healow and eClinicalWorks. Please direct all your communication directly with us, your healthcare provider office and not our technology vendor companies.

Please note: Phone, emails, and text messages are not considered secure methods of contact and may result in disclosure of sensitive information to unauthorized individuals. You are assuming the risk involved by activating these services and will not hold the practice responsible.

Can you turn off these services later? Yes, simply contact us, your healthcare provider office and ask to adjust your communication preferences. You can also text STOP on reply to a text message that you receive from us. On texting STOP, your phone number will be unsubscribed from this service and you will not receive any further health and wellness messaging notifications via text.

What if you need further help? Please note that these services are either simply to remind you of important or necessary steps that you need to take for living a better healthier lifestyle or for offering you convenient ways to connect with us, your healthcare provider outside the walls of their clinic. If there is ever an emergency or if you need help, please call 911 or call our offices during regular working hours right away. Should you need additional help text HELP on reply to a text message and access the same message.

Did you know simple steps you take can protect your health information online? Passwords protect any device from which you view or download your health information, both on your mobile phone or home computer. Make sure your password meets the criteria for a strong secure password which means it consists of at least six characters and uses a combination of letters, numbers, and symbols. Also, if you are using a public computer to access your health information, be sure to log out.

Your consent to this document is captured and stored electronically in your medical record at least once annually.

I consent to receive SMS text messages from New River Valley Medicine for appointment reminders, marketing messages, and general two-way communication. Msg frequency varies. Msg&data rates may apply. Reply HELP for support. Reply STOP to opt out. See our privacy policy for more information.