

New River Valley Medicine

6051 Belspring Road, Fairlawn, Virginia 24141

Revised 9/08/2025



Urgent Care

- **Fast treatment** ages 3 and up
- **Minor Illnesses and Injuries**
- **Rapid Testing** and Vaccines
- **30 Min PCR testing** for FLU & Covid
- **Most Insurance Accepted** including Virginia Medicaid
- **Self-Pay Accepted**

Primary Care

- **Comprehensive care** ages 13 and up
- **Walk-in visits** for established patients
- **24/7 team** for urgent needs
- **Special programs** for complex diseases
- **Commitment** to reducing healthcare costs through sensible treatment and prevention

Welcome!

Thank you for choosing New River Valley Medicine for your health care needs. In an effort to make your transition to our practice as smooth as possible we have the following policies that we request you read and sign annually. We are available to help clarify any of our policies. We strive to provide patients with the highest level of customer service. Dr. Card & our entire team appreciate and welcome your feedback to improve services, and to address any personal concerns regarding your medical care or office experience.

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NRVM Providers

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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 teambased approach emphasizes preventive care and early intervention, helping to identify health risks and potential issues before they become more serious and costly to treat.
- Costeffectiveness: By optimizing care delivery and avoiding unnecessary duplication of services, valuefocused teambased primary care can lead to cost savings for both patients and the healthcare system as a whole.

What this means for our patients: You will see multiple providers for your appointments, rather than just one primary care provider. If you have any illnesses or problems in between those times, you may see another. This does not mean that the other care providers are not contributing to your case. In fact, this is an example of our dedication to providing swift and thorough care. You may be contacted by our Quality Care nurses periodically to check on you, and evaluate if you need any additional resources that we can provide or to which we can connect you.

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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:

- Call or Text us at 540-509-5443.
- Stop by! Come by our office during regular business hours.
- Email us anytime at info@nrvm.org. These emails go directly to the Practice Manager. Our team may also utilize email to contact you regarding requests, such as FMLA, Disability, or DMV requests.
- Via our secure patient portal. You can access your patient portal, called Healow, via a computer with internet access or a personal smartphone with the Healow app.
- On-call Team Available for *URGENT* needs any time we are closed. The On-call team is unable to address routine or administrative concerns. Please call our main office during business hours with routine administrative needs. Please note on call personnel are our own employees, not a call center, and are available for urgent medical advice only.

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.

Getting Help After Hours

If you are experiencing an urgent need, such as if you are trying to decide if you should go to an urgent care center or emergency department, please call our on-call nurse first at 540-267-5774. We will be more than happy to guide and assist you with your medical needs. However, if your symptoms are life threatening, call 911 immediately.

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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.

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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.

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.

Appointment Policies

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. 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. 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.

Walk-In Appointments

For patients who are acutely sick or injured, we offer walk-in urgent appointments Monday through Thursday from 8 am-11 am and again from 1 pm- 5 pm. On Fridays, our walk-in appointments are from 8 am until 2 pm only.

- Walk in patients must be either:
 - Established with the practice, be up to date with wellness exams, and be in good financial standing.
 - Or pay a cash fee of \$75 for an in-person urgent visit regarding one complaint.
- 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. Is it possible that you will be seen before someone who came before you? Yes. Is it equally possible that you will be seen after someone who arrived after you? Also, yes.
- 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.
 - 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.
- Please note we will not prescribe narcotics or any controlled substances to new patients or during walk-ins.

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Late Cancellations and No-Shows

Appointments not canceled at least 12 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.

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

Please 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. Selfpay patients (those with no insurance) are required to be enrolled in our CashPay service called Enhanced Primary Care and are required to be up to date with membership fees prior to being seen.

Medical care provided outside of an appointment - Asynchronous Care

Asynchronous care is any care that your provider provides that is outside of an office visit, is not in real-time, and comprises the majority of the day-to-day business at NRVM. Asynchronous Care is almost everything we do for a patient that allows our healthcare providers to address select patient needs outside of a traditional office visit. This may include services such as reviewing outside test results, responding to secure messages from patients about their care, and assessing records or reports from specialists. These interactions help us provide you with timely and effective care.

Asynchronous care services are sometimes billable to your insurance, depending on the plan, and sometimes could result in out-of-pocket costs. We will do our best to consult with you if any service is subject to charge. Our goal is to ensure you receive the best care possible while maintaining transparency about any associated costs.

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 Patients who have Insurance Ideal for those with needs higher than average, or HighDeductible insurance plans, Enhanced Care includes all Standard Primary Care benefits, plus same day visits with your chosen provider, injections, office testing, form completion, and prioritized administrative services. If you have insurance, the membership fee is \$50 per month.
- **Enhanced Primary Care** for the Uninsured Patient This option is for anyone who is uninsured. This option is our Enhanced Primary Care Program, but for a monthly membership fee instead of billing insurance. For uninsured patients, the membership fee is \$100 per month.

In office procedures

- IV fluids for dehydration
- Routine labwork 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)
- Protime/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.

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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.

Transition of Care Visits

For patients recently hospitalized or visiting a hospital Emergency Department.

Care Coordination Services

These programs are specialized services that your provider may recommend to eligible patients. They involve close monitoring by our licensed nurses, designed to provide attentive care for patients who are medically fragile or have conditions prone to rapid changes. We strongly encourage high-risk patients to utilize these services to better manage their health, prevent symptom progression, and reduce the likelihood of hospitalization.

Chronic Care Management Program

A billable Medicare service that's meant to improve the lives of both patients and physicians. You qualify for CCM services if you have Medicare and two or more chronic conditions. The goal of CCM services is to provide coverage for the many non-face-to-face interactions that are needed to optimally manage multiple chronic conditions.

Remote Patient Monitoring Program

RPM allows us to monitor and collect medical and health data using wireless devices, technology that enables monitoring of patients in the home which may increase access to care and decrease healthcare delivery costs.

Advance Care Planning

Advance Care Planning involves having conversations with family members and other loved ones about what you would want in the event of a lifethreatening illness or injury, and then, most importantly, documenting your preferences in writing.

Specialized Medical Programs

Note: You do not need to be a Primary Care patient at NRVM to join these programs.

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.

Why Lose Weight?

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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.

Initial Consultation

During your first visit, you'll meet with one of our medical providers to create a safe and effective, personalized weight loss plan. You can expect:

- Vital signs and measurements (height, weight, blood pressure, body measurements).
- Review of medical history, medications/supplements, and current eating/exercise habits.
- Discussion of health status, weight loss goals, and possible barriers.
- Development of a realistic, achievable, and healthy treatment plan.
- Prescription medications, if appropriate, sent to your pharmacy with clear guidance on use and expectations.

Ongoing Visits

From this point forward, you'll visit us weekly.

- **Week 1:** Provider visit for medication dosing and follow-up. By appointment.
- **Weeks 2–4:** Nurse check-ins for vital signs and medication administration (if prescribed). Available during walk-in hours without appointment.
 - Weight and blood pressure check.
 - B-Complex (MIC-12) injections (if prescribed).
 - Total visit time: 10–15 minutes.

Program Components

- **Nutritional Counseling:** We can connect you with local nutritionists for additional counseling. This is especially helpful for patients with diabetes, dietary restrictions, or hormonal imbalances.
- **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.
 - Included in the monthly membership fee. Patients who decline injections are still responsible for the monthly fee.
- **Medications:** Providers may choose to prescribe an FDA-approved medication for weight management, including:
 - **Sympathomimetics:** Phentermine, Phendimetrazine, etc.
 - **GLP-1 Agonists:** Mounjaro, Trulicity, Ozempic (for diabetes), Wegovy, Saxenda.
 - **Other options:** Contrave, Qsymia, and more, based on your health profile.
 - Medications are prescribed only if medically safe and appropriate. Pharmacy costs and insurance authorization vary and are not included in the membership fee.

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.

Fees & Insurance

- **Standalone Program (Non-Primary Care Patients)**
 - \$150/month (membership fee).
 - Includes initial consultation, followup monthly appointments with the provider, weekly nurse visits, vital signs monitoring, weigh-ins, and injections.

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- Medications obtained from the pharmacy are not included.
- **Primary Care Patients with Weight Loss Add-On**
 - May receive weight loss medications through their provider if medically indicated.
 - Routine support (weekly visits/injections) requires enrollment in the \$150/month program.
 - Appointments may be billed to insurance, but patients are responsible for any uncovered amounts.

Summary of Fees

Service	Monthly Rate	Annual Rate	Notes
Medical Appointment + 3 Weekly Nurse Checks	\$150	\$1,000	Membership-based
B-Complex (MIC-12) injections (if prescribed).	\$20	\$100	Not billable to insurance
Weight Loss Prescriptions	Varies	Varies	Subject to insurance authorization

Men's Hormonal Health Testosterone Replacement Program

Testosterone is a vital hormone that supports various bodily functions. If your testosterone levels are low, Testosterone Replacement Therapy (TRT) can help restore them to normal levels and potentially enhance your overall quality of life. You do not need to be a primary care patient to enroll in this program.

The membership fee is \$100 per month and includes all Men's Health appointments, which are typically scheduled every three months. Patients prescribed controlled substances must complete routine urine drug screenings at least once every three months, and this cost is included in the membership fee.

Medication therapy of Testosterone Cypionate injections is included in your membership fee. Some providers may also choose to prescribe medications obtained from a pharmacy or implanted pellets placed under the skin by your provider. The cost of these prescriptions are not included in this program's membership fee.

ADHD Testing

Designed to accurately diagnose and tailor treatment plans to the unique needs of patients with ADHD, computerized in-office ADHD testing is available as a standalone service for \$200. This service is open to anyone over age 13.

ADHD Medication Management

For patients who have undergone ADHD testing and received a confirmed diagnosis, our medication management program offers personalized support to promote optimal mental health and well-being. We provide ADHD medication management to eligible individuals, including both NRVM primary care patients and those under the care of other primary providers.

The program requires a membership fee of \$100 per month, covering all ADHD management appointments, which are typically scheduled every three months. Patients prescribed controlled substances must complete routine urine drug screenings at least once every three months, and this cost is included in the membership fee.

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For all specialty programs: All patients who are enrolled in a specialty program are required to come in once monthly to see our nurse. The purpose of this visit is to monitor vital signs, pay for your next month of service, and to have the next month's refills sent to your pharmacy. No refills will be authorized outside of this important nurse visit or without payment for the following month.

Quest Laboratory Services Policy

Our office partners with [Quest Diagnostics](#) to offer convenient in-office lab services for our patients.

Please be aware that Quest Diagnostics is an independent provider and operates under its own insurance network agreements, separate 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.

VaxCare Immunization Services Policy

Our office 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's system is designed to automatically check your benefits and eligibility to provide an accurate estimate of any potential costs for your vaccines. In most cases, we can confidently inform patients if there will be an out-of-pocket expense. However, it is ultimately the patient's responsibility to verify insurance coverage for vaccines administered through VaxCare at NRVM. While VaxCare partners with many insurance providers, network agreements vary, and coverage is not guaranteed.

If you have any concerns about receiving a bill or paying out-of-pocket for a vaccine, we strongly recommend contacting your insurance company for guidance on the best options for obtaining your vaccinations. This proactive step can help ensure clarity 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.

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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.
- NRVN 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

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.

Chronic Care Management (CCM) Enrollment

New River Valley Medicine provides Chronic Care Management (CCM) services for Medicare patients with qualifying chronic conditions. This program is designed to offer an acceptable level of support and care to our primary care patients. If you qualify, you will be automatically enrolled unless you opt out. CCM includes many aspects of primary care that are already being provided to patients, such as regular check-ins, medication management, and coordination of care between providers. 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.

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.

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New for 2025 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.

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

New for 2025

- **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

New for 2025 Effective 01/01/2025, our office will charge a \$40 administrative fee to appeal denied prior authorizations on behalf of patients. This fee reflects the added administrative labor involved in the appeals process. Patients have two options when dealing with denied prior authorizations:

Self-Managed Appeal: Patients may choose to file and monitor the appeal process directly with their insurance carrier. Upon request, our office will provide the patient a copy of the necessary office note to support the appeal with a valid release of information signed by the patient.

Office-Managed Appeal: Patients may request our office to file and manage the appeal process on their behalf for a \$40 administrative fee per appeal.

Patients should expect any appeal of a prescription drug insurance denial to take up to 90 days to reach a conclusion.

We understand that this policy may be frustrating, and we want to emphasize that we don't like it either. Unfortunately, insurance companies often dictate what care is allowed, placing significant administrative burdens on medical offices. These delays are designed to reduce the chances of approval for costly medications and services, ultimately hindering timely care for patients. We remain committed to advocating for our patients and providing the

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best possible care, despite the challenges imposed by insurance processes. Thank you for your patience and understanding as we navigate these systemic issues together.

Assignment of Benefits

I understand that my insurance benefits should be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize New River Valley Medicine or my insurance company to release any information required to process my claims. Furthermore, I acknowledge that any patient balance that is unpaid is my responsibility and may be sent for collections if not resolved after 60 days. I acknowledge that I have read and agreed to the Notice of Privacy Practices and a copy has been made available to me at my request.

By receiving care at NRVM, you agree to comply with these policies, which support quality care and effective practice management.

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.

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- 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.
- 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

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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 written statement 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

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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 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

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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 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.

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- 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 09/08/2025.

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,

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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.