

# Winding Creek Medical Arts

Marion Luque, PLLC

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## PROVIDER'S NOTICE OF PRIVACY PRACTICE

In compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), Marion Luque, PLLC/Winding Creek Medical Arts and/or its practitioners have adopted the following Privacy Practice:

I understand that Marion Luque, PLLC/Winding Creek Medical Arts and/or its practitioners may need to use and disclose information about my health or medical problems for the purposes of arranging, conducting, or referring my treatment; for obtaining payment of services, and for operating the practice. I consent to the use of my information for the purposes of treatment, payment and healthcare operations.

I understand that my consent is not needed if the law requires Marion Luque, PLLC/Winding Creek Medical Arts and/or its practitioners to report some aspect of my protected health information to a government agency (for example, suspected abuse, communicable disease, and potential for serious bodily harm to myself or others).

I understand that I have the right to review the privacy notice at Marion Luque, PLLC/Winding Creek Medical Arts and to request restrictions on the use of my information and to revoke my consent at a later date.

Please review the "Privacy Notice" and indicate that you have reviewed this document by signing below.

**My signature below acknowledges that I have had an opportunity to view and/or receive a copy of the Provider's Notice of Privacy Practice.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## OFFICE POLICIES AND PROCEDURES

**MEDICATION REFILLS:** We ask that you call the pharmacy where the prescription is filled and ask them to fax that refill request to us. This applies to all prescriptions written and refilled by Dr. Luque, even if it shows no refills left. Our nurse will then receive those and review the request with the doctor as to whether it is to be refilled at that time. If not, she will call you and schedule an appointment to obtain further refills. We do ask that you give us 24 hours to get medication refills done. All medications are to be monitored through regular office visits. The type of medication will determine how often you need to have blood drawn and/or be seen by the doctor.

**APPOINTMENTS :** We schedule and charge out appointments based on the number of health issues to be addressed. It is the patients responsibility to inform the receptionist of their needs at the time of scheduling. Insurance companies and individual policies vary greatly. Please let us know if you have wellness/preventive benefits when scheduling annual or yearly physicals.

**LATE ARRIVALS/NO SHOW APPOINTMENTS:** Arriving late or not showing for an appointment is something we all have happen at unavoidable times, however, out of respect and courtesy to our other patients and the doctor we ask you make every effort to arrive 5-10 before the scheduled appointment. We will work-in late arrivals after our on-time appointments have been seen. You may choose to reschedule, if you wish.

**All no-show appointments will be charged a \$25 fee.** Three such charges could then result in dismissal from the practice.

**MEDICAL RECORDS FEE:** Each patient has the right to their own medical records. One copy is complimentary, all copies of their complete chart after that will be \$40.