

**Consent to the Use and Disclosure of Health Information  
for Treatment, Payment, or Healthcare Operations**

\_\_\_\_\_  
Name of Patient (please print)

I understand that as part of my healthcare, Michael A. Randolph, M.D. P.C. originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many health professionals who contribute to my care
- a source of information for applying my diagnosis and surgical information to my bill
- a means by which a third-party payer can verify that services billed were actually provided
- and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a *Notice of Information Practices* that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I've provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already take action in reliance thereon.

I request the following restrictions to the use or disclosure of my health information (*optional*):

**"We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers."**

My health information may be shared with the following family members, guardians, or friends (*this includes information regarding appointments, prescriptions, referrals, billing and other health related information*) Patient Health Information will ONLY BE SHARED WITH THE PATIENT OR INDIVIDUALS LISTED ON THIS FORM providing patient consent :

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature (patient, parent, guardian or legal representative)

\_\_\_\_\_  
Date

## Patient Practice Policies

Michael A. Randolph, MD PC is committed to providing quality healthcare service to our patients. We have found it necessary to implement the following policies to insure the practice's ability to appropriately and efficiently serve our patients' needs:

1. **A return check fee of seventy five-dollars (\$75) will be charged for any checks not honored by the bank.** Future payments will be payable by cash or credit card ONLY.
2. **A minimum of twenty 48 hours notification prior to appointment time is required to cancel appointments.** A fee of seventy-five dollars (\$75) per incident will be charged to patients for all No Show, Late Arrivals, or Same Day Cancellation occurrences. Missed appointment fees must be paid in full prior to scheduling future appointments. After three (3) "Missed Appointment" occurrences, during one year's time, the patient may be subject to discharge from the practice for failure to establish and/or maintain a continuum of care.
3. **All co-pays, coinsurance, self-pay fees and past due patient balances are due at time of service or there will be no service. Patients with unmet deductibles associated with their coverage are expected to pay towards the allotted payment amount determined by the insurance carrier.** Any additional balance incurred will be due upon receipt of statement from our office. All patient balances are due and must be paid in full within 30 days of receiving the statement. Patients with an outstanding balance after 30 days will be subject to the practice's Collections Protocol.
4. **Patient Accounts in the Collections Protocol after 90 days will be transferred to a Collection Agency.** Patients sent to the Collections Agency will be notified of their discharge from the practice for unmet financial responsibilities. You agree to reimburse us the fees of any collection agency, which will be \$8.75 and a percentage of the principal at a maximum of 50% of the debt, and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts.
5. **Charge to patients (or the patient's "personal representative") for copying of Medical Records.** For patients requesting records for outside entities, such as other physicians or legal purposes, it is recommended that patients instruct the appropriate entities to send a 'Medical Records Release Request' to the office via mail or fax. A preparation fee of \$22.88 plus .76 cents per page copied will be applied to the patient's account. Upon receipt of your payment a copy of the medical record will be available for pick up from our office.
6. **Proof of insurance and identification are required at the time of service. Patients unable to provide verifiable insurance coverage may be asked to reschedule and are subject to a Missed Appointment Fee.**
7. **Patients arriving more than fifteen minutes late for an appointment may be asked to reschedule an appointment to a later date and are subject to a Missed Appointment Fee.**
8. **Prescription refills will be authorized within 3-4 business days of request. Compliance with plan of care is required for prescription authorization; Providers may require appointments for prescription refills.** Please plan accordingly. Patients are encouraged to contact the practice and refill request line in advance instead of contacting their respective pharmacy in respect to prescription refill needs.
9. **Patients should allow 7-10 business days completion of referrals from our office prior to the scheduled visit to the specialist or imaging center. Backdated referrals WILL NOT be issued. Patients are responsible for the facilitation and delivery of appropriate referrals to the appropriate entities. New referrals may require an appointment.**
10. **Completion of ALL forms (FMLA, MTA, Short Term Disability, etc.) MUST be accompanied with an appointment.** Form completion for non-patients in reference to a current patient (ex. FMLA) requires an administrative charge of \$135.

Questions regarding the above-mentioned policies, procedures or billing questions, should be directed to the office at 410-554-6489 Press 4. By signing below, the patient acknowledges and understands the policies set forward by the practice. Failure to agree to/follow the established office policies will result in a denial of services and discharge from the practice.

\_\_\_\_\_  
Patient/ Guardian's Signature

\_\_\_\_\_  
Date

## Office Policies

### Office Hours

Office hours are Monday, Tuesday, Thursday, and Friday 8:30 am – 4:00 pm.  
Office hours are 8:30 am – 12 Noon on Wednesdays.

### Office Website

Please visit michaelrandolphmd.com for more practice information.

### Appointments & Cancellations

Appointment scheduling and management is the responsibility of the patient. Appointments for routine follow-up visits, preventive wellness visits, and pre-op clearance may be scheduled up to 3-4 months in advance. Our office will give one call to schedule an appointment if one was not made in the office at the time of your previous appointment. Sick visits or acute visits may be scheduled **24-72 hours depending on availability**. Please call the office at 410-554-6489 and **press 4 for the front desk** to schedule an appointment. **A 24-hour notice is required for all appointment cancellations.**

***Please Note: If a staff member is not available to take your call and you are forwarded to voice mail, please leave a message that details your cancellation including your name, phone number and the scheduled appointment date and time that you are canceling.***

Patients will receive up to 4 appointment reminders for their upcoming appointment with our new contactless check-in system, **Phreesia**. A link will be sent out via text and/or email **7-10 days prior** to upcoming appointment with date, time, appointment type, and provider listed. A text directly from our office will be sent out with date, time, appointment type, and provider listed for you to confirm or cancel directly through us. A final call from Phreesia will be made **48 hours prior** to upcoming appointment reminding patients of their appointment and giving them **one last option to confirm, cancel, or reschedule**.

**It is the patient's responsibility to ensure that the appropriate contact information on file is kept up to date. Please bring your insurance card and personal identification to every appointment.**

### **THE FOLLOWING SCENARIOS ARE SUBJECT TO A \$50 MISSED APPOINTMENT FEE:**

- **Scheduled appointments where patient fails to appear for the scheduled appointment (NO CALL-NO SHOW)**
- **Arrival to appointments 15 minutes after the scheduled appointment time (Late). Patients who arrive 15 minutes after the scheduled appointment time may be asked to reschedule**

### **Patient Practice Policies**

- **Notice of appointment cancellation with less than 24 hours advance notice.**

**Patients with repeated Missed Appointments are subject to discharge from the practice for failure to establish and/or maintain a continuum of care. Missed appointments as a result of building issues, office closures due to inclement weather, illnesses, family emergencies, death, etc. will NOT result in missed appointment fees.**

### **Co-Pays, Coinsurance, Deductibles and Statements**

- **ALL COPAYS ARE DUE AT THE TIME OF PATIENT'S APPOINTMENT.** This is not only our policy but meets the agreement between the patient and insurance company.
- **PATIENTS UNABLE TO PROVIDE A CO-PAY AT THE TIME OF APPOINTMENT MAY BE ASKED TO RESCHEDULE FOR A LATER DATE WHEN COPAY CAN BE PAID.** Rescheduled appointments of this nature may be subject to a Missed Appointment Fee based on previous guidelines.
- **PATIENTS WITH YEARLY DEDUCTIBLES WILL BE REQUIRED TO PAY FOR SERVICES RENDERED AT THE OF SERVICE.** Patients who have not met their deductibles will be required to pay **\$115 plus co-pay**.
- Patients without insurance will be required to pay for their visit in full at the time of service. Please call our office to discuss self-pay rates.
- **PATIENT BALANCES ARE DUE AND MUST BE PAID IN FULL WITHIN 30 DAYS OF RECEIVING STATEMENT FROM OUR OFFICE THROUGH MAIL OR VIA EMAIL.** If a statement is received in mail or via email, please mail payment promptly.
- **Patient accounts that are outstanding after 30 days will be placed into Collections Protocol.** Patients in Collections Protocol after 90 days are subject to discharge from the practice for failure to meet financial obligations.

**\*\*Payments may be made by cash, check, or credit card. (No post dated checks.) A \$75 fee will be assessed for returned checks and no checks will be accepted from that patient for payments thereafter.**

**FAILURE TO MEET FINANCIAL OBLIGATIONS FOR SERVICES PROVIDED BY THE PRACTICE IS SUFFICIENT REASONING FOR PATIENT DISCHARGE FROM THE PRACTICE.**

### **Telehealth and Virtual Visits**

Michael A. Randolph, MD PC is currently offering Telehealth visits. Telehealth visits include telemedicine and virtual visits using HIPPA compliant platforms such as Otto Health and Backline. Telehealth visits require devices such as cell phones, tablets, computers or laptop with camera and microphone capability. Telehealth visits are billed to your insurance the same as in-office visits. It is the patient's responsibility for any outstanding balances

outside of the insurance covered portion of this visit, this includes co-payments and deductibles. Patient responsibility is determined by your insurance plan, please call your insurance company for information on your responsibility for Telehealth visits.

### **Referrals**

It is the member's responsibility to be familiar with the referral process and know their insurance guidelines including participating radiology center, laboratory and physician specialists. **Please allow 7-10 business days for referral processing prior to specialist or imaging appointment. NO backdated referrals will be issued.**

Call the referral line at 410-554-6489, press 3 and leave the name of the specialist, address, phone number, fax number, reason for referral and date of the appointment in addition to patient name, date of birth, and contact number. **Referral messages left with insufficient information will not be processed.**

**REFERRALS FOR NEW DIAGNOSES WILL REQUIRE AN APPOINTMENT WITHIN THE LAST 60 DAYS. THIS INCLUDES NEW SPECIALIST REFERRALS, DIAGNOSTIC LABS, AND IMAGING ORDERS.**

***Please NOTE:* It is the member's responsibility, NOT THE PROVIDER'S, to make sure the referral has been received by the specialist office at the time of or prior to their visit.**

### **Prescriptions**

To request routine refills on prescriptions, patients may **call the Prescription Refill line at 410.554.6489 and press 2.** State your name, date of birth, name of prescription needed, the dosage, pharmacy name, and pharmacy phone number,

**Prescription refills requests will be processed within 3-5 business days.** Please plan accordingly and don't wait until the entire prescription has been used before requesting a refill. **Prescription refill requests are completed at the provider's discretion and may require an appointment prior to prescription authorization.**

**ADHERENCE TO PLAN OF CARE IS A REQUIREMENT FOR PRESCRIPTION AUTHORIZATION-INCLUDING REFILLS. FAILURE TO KEEP REGULAR APPOINTMENTS MAY RESULT IN DENIED PRESCRIPTION REFILL REQUESTS.**

### **Completion Of Documents**

**COMPLETION OF ALL FORMS MUST ACCOMPANY AN APPOINTMENT. DROP-OFF PAPERWORK IS NOT ACCEPTED AND WILL NOT BE COMPLETED BY THE PRACTICE.** Form completion for non-patients in reference to a current patient (ex. FMLA) may require an administrative charge of \$135. Forms completed for non-patients at the an associated patient's appointment will not be subject to a charge.

### **Transfer of Medical Records**

The fees for medical records are \$22.88 for preparation fee, plus .76 cents per page, plus the actual cost of postage. Please send a written request for a copy of medical records to our office. Upon receipt of your payment a copy of the medical record will be available for pick up from our office, mailed out, and/ or faxed per your request.

### **Patient Practice Policies**

**PLEASE NOTE: *Patients are advised to contact appropriate entities (physician's office, lawyer, etc.) to request records to ensure charges for records processing are directed to the appropriate entities.***

#### **Patient Portal**

Michael A. Randolph, MD PC utilizes the Patient Portal services for PXPPortal.com. Patients must have a current email address to utilize these services. The Patient Portal allows for bidirectional office communication. Our office is able to send appointment confirmations, patient-requested documents, and respond to any patient questions. Please call our office to set up your Patient Portal account.

Questions regarding the above-mentioned policies, procedures or billing questions, should be directed to the office at 410-554-6489. By signing below, the patient acknowledges and understands the policies set forward by the practice. **Failure to agree to/follow the established office policies will result in a denial of services and discharge from the practice.**

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Patient/ Guardian's Signature

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Date