the Clinic OF GADSDEN
1401 Rainbow Drive, Suite B
Gadsden, AL 35901
Phone: 256.646.6358
Fax: 256.467.3098
www.theclinic.online

PATIENT DEMOGRAPHIC INFORMATION

Date

Name (Last, First, Middle) | Sex (M F) | Race

Current Address - Street | City | State | Zip Code

Phone Numbers: Home # | Cell Phone # | Work #

Patient's Date of Birth | Marital Status (M/D/S/W) | Social Security Number

Email Address | Web Enable (Y/N)

Emergency Contact:

Name | Relationship to Patient

Current Address – Street | City | State | Zip Code

Phone Numbers: Home | Cell Phone | Work Number

Insurance Information:
(If you have allowed us to photocopy your insurance cards, completion of this section is not necessary.)

Insurance Company | Group Name | Group Number

Name on Insurance Card (Insured/Member) | ID# | Relationship to Patient

Insured Social Security Number (if not patient) | Insured Date of Birth (if not patient) | Insured Work Phone # (if not patient)

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PATIENT DEMOGRAPHIC INFORMATION (Page Two)

Insurance Information (continued):

For Secondary Insurance Only

Name on Insurance Card	Relationship to Patient	Insured Date of Birth
ID#	Social Security Number	Work Phone Number
Insurance Company	Group Number	Group Name

General Authorization and Consent to Treat:

I hereby authorize The Clinic of Gadsden PC and associated physicians to perform any and all forms of treatment, medication administration and therapy, that may be indicated in connection with the medical care of the patient indicated above and further authorize and consent that the doctor may choose and employ such assistance as he/she determines appropriate.

I also understand that previous to treatment, a full explanation of any procedure(s) involved will be given by the doctor and/or his staff. I agree to pay for all services rendered by the physician and this office.

Patient	Date

Guardian/Guarantor/Responsible Party	Relationship to Patient	Date

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PATIENT HEALTH QUESTIONNAIRE

Name	Date of Birth	Today's Date
Previous Physician/Provider	City/State	Date of Last Appointment/Visit

Reason for Today's Visit:
What is the primary reason for today's physician visit? Questions, concerns, medical management issues for today.

Your answers on this questionnaire will help the provider better understand your medical concerns and conditions. If you are uncomfortable with any question, it is not necessary to answer; however, be sure to speak with the provider during your visit. Best estimates are fine if you cannot remember specific details.

Please place an "X" by each box if the answer is "YES", leave it blank for a "NO" response.

Personal Medical History:

Anemia		Gallstones		Skin disease	
Arthritis		Gout		Sleep Apnea	
Asthma/Emphysema		Heart Disease		Stroke	
Bladder infections		High Cholesterol		Venereal disease/STI	
Chronic Diarrhea		High Blood Pressure		Gonorrhea/Chlamydia	
Diverticulosis		Kidney Disease/Stones		Thyroid disease/Goiter	
Diabetes		Liver disease/Hepatitis		Tuberculosis	
(What age diagnosed)		Lung disease/Pneumonia		Tumors/Cancer	
Emotional Problems		Pancreatitis		Ulcers (stomach)	
Epilepsy or Seizures		Rheumatic Fever		Acid Reflux	

Please provide additional details on "YES" responses from above, or additional information you wish to provide:

Allergies:
Please list any allergies or reactions to medications:

No Known Allergies (NKDA) _____

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Patient Name _____

PATIENT HEALTH QUESTIONNAIRE (Page Two)

Personal Habits:

Tobacco use _____ Type _____ Frequency_____ Interest in quitting _____
Alcohol use _____ Drinks per week _____
Drug use _____ Illicit drug of choice and frequency_____
Sexually active _____ STDs _____
Exercise _____ Frequency _____

Family History:

Has anyone in your family (including grandparents, parents, siblings, or offspring) had any of the follow conditions?

Alcoholism	_____	Depression	_____	High Cholesterol	_____
Anemia	_____	Diabetes	_____	Kidney Disease	_____
Arthritis	_____	Heart Disease/Angina	_____	Strokes	_____
Bowel/Colon Cancer	_____	Hepatitis	_____	Thyroid Disorder	_____
Breast Cancer	_____	High Blood Pressures	_____	Tuberculosis	_____
Prostate Cancer	_____				

Any other family history that you wish to disclose or want the physician to be aware:

_____
_____
_____

Medications:

Please list ALL your current medications, including medications/supplements/herbals not requiring a prescription, or over the counter (OTC):

Medication/Dosage	Directions (how you are taking)
1._____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10._____	10. _____

Please continue on separate page (or on the reverse of the document, if necessary.

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Patient Name _____

PATIENT HEALTH QUESTIONNAIRE (Page Three)

Hospitalizations/Surgeries:
When were you hospitalized and for what? Please indicate surgical procedures performed, when applicable, and an approximate date.

_____
_____
_____
_____
_____

All Patients:
Colonoscopy _____ Date last performed & by whom: _____

Female Patients (only):
Number of Pregnancies _____ Menstruating _____ Most recent Menses _____
Date of Last Pap Smear _____ Date of Last Mammogram _____

Pharmacy:
To better serve our patients, we utilize a system of electronic prescription transmission to your pharmacy of choice. Please list your preferred pharmacy:

_____
Name Address (Street, City State) Phone Number

Thank you for taking the time to complete this questionnaire. This information, and it's accuracy, is important to our partnership in your good health.

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AUTHORIZATION, CONSENT AND GENERAL RELEASE

AFFIRMATION & ASSIGNMENT:
I authorize my insurance benefits to be paid directly to the physician/clinic entity. I understand that I am financially responsible for any balance. I also authorize The Clinic of Gadsden PC and/or my Insurance company to release any information required to process my claims.

AUTHORIZATION, CONSENT OF PROFESSIONAL SERVICES AND RELEASE OF INFORMATION:
All professional services rendered are charged to the patient. Necessary forms will be completed to expedite insurance carrier payments, the patient is responsible for all fees regardless of insurance coverage. It is customary to pay for the services when rendered unless other arrangements have been made in advance. All copays are payable at the time of service.
I hereby authorize The Clinic of Gadsden PC to furnish the insurance companies, or their representatives, information concerning my (or my dependents) illness and treatments and I hereby assign to The Clinic of Gadsden PC all payments for medical services rendered by myself or my dependents. I understand that I am responsible for any amount not covered by insurance.
I hereby authorize and release the doctor and whomever he/she may designate as her/his assistant to administer treatment, perform physical exams, x-ray studies, laboratory procedures, perform medical care or any clinical service that he/she deems necessary in my case, and I further authorize him/her to disclose all or part of my (patient's) record to any person or corporation entity which is or may be liable under contract to the clinic or to the patient or to a family member or employer of the patient for all or part of the clinic charge, including but not limited to hospital or medical services company, insurance company, workers compensation carriers, welfare funds, or the patients employer.

PATIENT INFORMATION CONSENT:
I understand that The Clinic of Gadsden PC may need to use and disclose information about my health or medical problems for the purpose of arranging, conducting or referring my treatment; for obtaining payment for services, and for the purpose of operating the practice. I consent to the use of my information for the purpose of treatment, payment and general healthcare operations.

I understand that my consent is not needed if the Law requires The Clinic of Gadsden PC to report some aspect of my Protected Health Information (PHI) to a government agency (for example, suspected abuse, communicable disease and potential bodily harm to myself or others).

I understand that I have the right to review The Clinic of Gadsden PC's privacy notice to request restrictions be put on the use of my information, and revoke my consent at a later date.

I understand that if I withhold consent for the use of my information for the purpose of treatment, payment or operations, The Clinic of Gadsden PC may refuse to undertake my care.

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AUTHORIZATION, CONSENT AND GENERAL RELEASE (Page Two)

I, the undersigned, hereby consent to the following treatment: Administration and performance of all treatments, administration of any needed anesthetics, performance of such procedures as may be deemed necessary or advisable in the treatment of this patient, use of prescribed medication, performance of diagnostic procedures/tests, cultures, biopsies and surgery, performance of other medically accepted laboratory tests that may be considered medically necessary advisable based on the judgement of the attending physician or their assigned designees. I fully understand that this is given in advance of any specific diagnosis or treatment. I intend this consent will remain in full force until revoked in writing. I understand that The Clinic of Gadsden PC may include consent at satellite offices under common ownership and control.

MEDICARE PATIENTS:
I authorize to release medical information about me to the social security administration, Centers for Medicare and Medicaid Services (CMS) or it's intermediaries, for my Medicare claims. I assign the benefits payable for services to The Clinic of Gadsden PC.

HIPPA ACKNOWLEDGEMENT:
I have received and read The Clinic of Gadsden PCs Notice of Privacy Practices. In my absence, or for the benefit of gaining medical advice on my behalf, I authorize the following person(s) to gain Protected Health Information (PHI) for or with me:

_____

(Please list authorized Representatives(s) or mark N/A)

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS AND CONSENT FULLY AND VOLUNTARILY TO TIS CONTENT. ALSO, THAT ALL INFORMATION PROVIDED IS TRUE, CORRECT AND ACCURATE TO MY KNOWLEDGE.

_____ _____

Patient/Guardian Signature Date

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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 CAREFULLY.*

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU. The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide more specific examples, if you request. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. We must obtain your authorization before the use and disclosure of any psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosure that constitute a sale of PHI. Uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization from the individual.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at The Clinic of Gadsden, PC may be billed to and payment may be collected from you, an insurance company or a third party. For example: we may disclose your record to an insurance company, so that we can get paid for treating you.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at The Clinic of Gadsden, PC or the hospital. For example, we may disclose medical information about you to people outside the practice who may be involved in your medical care, such as family members, clergy or other persons that are part of your care.

For Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the practice and ensure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and other practice personnel for review and learning purposes. For example, we may review your record to assist our quality improvement efforts. WHO WILL FOLLOW THIS NOTICE. This notice describes our practice's policies and procedures and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as all employees, staff and other practice personnel.

POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION. We create a record of the care and services you receive at The Clinic of Gadsden, PC. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the practice, whether made by practice personnel or by your personal doctor. The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices

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NOTICE OF PRIVACY PRACTICES (Page Two)

with respect to medical information about you; and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety; and for treatment alternatives. Other uses and disclosures of your personal information could include disclosure to, or for: coroners, medical examiners and funeral directors; health oversight activities; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; public health risks; and worker's compensation.

NOTICE OF INDIVIDUAL RIGHTS

You have the following rights regarding medical information we maintain about you:

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Right to Inspect and Copy. You have the right to inspect and obtain copies of medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, The Clinic of Gadsden, PC. To request an amendment, your request must be made in writing and submitted to the Privacy Officer and you must provide a reason that supports your request. We may deny your request for an amendment.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer.

Right to Request Removal from Fundraising Communications. You have the right to opt out of receiving fundraising communications from the practice. Right to Restrict Disclosures to Health Plan. You have the right to restrict disclosures of PHI to a health plan if the disclosure is for payment of health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must

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NOTICE OF PRIVACY PRACTICES (Page Three)

make your request in writing and you must specify how or where you wish to be contacted.
Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. CHANGES TO THIS NOTICE. We reserve the right to change this notice. We will post a copy of the current notice in the practice's waiting room. COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact David W. Fuller, Administrator & Privacy Officer, at (256)646-6358, 1401 Rainbow Drive, Suite B, Gadsden, AL 35901. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.** OTHER USES OF MEDICAL INFORMATION. Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.
If you have any questions about this notice or would like to receive a more detailed explanation, please contact our Administrator/Privacy Officer, David W. Fuller at (256) 646-6358.

Acknowledged: _____ Date: _____

Initial _____

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OFFICE POLICES & PROCEDURES FOR OUR PATIENTS

Thank you for choosing The Clinic of Gadsden, P.C. We realize that you have a choice in medical providers and are pleased that you have chosen to seek care from us. The staff at The Clinic of Gadsden strives to exceed expectation in care and service in order to make your experience with us as comfortable and stress-free as possible. Our goal is to provide quality medical care in a timely manner. In order to do so we have implemented certain policies and procedures. These policies and procedures streamline clinic operations for maximum efficiency and better utilize available appointments for our patients in need of medical care. Please feel free to contact our office if you have any questions regarding our policies.

OFFICE HOURS

Our office is available Monday thru Friday 8:30 am to 5:30pm, and may be reached at 256-646-6358. Our Physicians utilize the support of the respective hospital inpatient service providers (hospitalists) for the care of patients requiring hospitalization. If you need an appointment, prescription refill or test results, please call during regular business hours.

WALK-IN/IMMEDIATE CARE

We understand that illnesses and accidents often occur unexpectedly, for proper response to our patients, we provide convenient same-day, "walk-in" (urgent) care to established patients of the clinic. This type of appointments is for urgent and unpredictable medical care. General exams, third-party physicals, and routine care are not appropriate to be seen during a walk-in appointment. It is preferred that patients contact our office in order that we may schedule the most convenient and expedient time for the patient to be seen. We request that calls for same day services be made as early as possible in the day in order that we can reduce wait times and prevent interruption to scheduled appointments.

APPOINTMENTS

The Clinic of Gadsden P.C. is committed to providing quality care to all our patients at every visit. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, telephone number, chief complaint/reason for visit, as well as any updated contact or insurance information. While we strive to schedule appointments appropriately, emergencies can and do occur in Primary Care. We strive to give all our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date.

To ensure quality care, The Clinic of Gadsden, PC, does not treat patients we have not seen (i.e. – we will not call in prescriptions or offer medical advice for patients prior to their initial visit). Follow up may be required to be scheduled after testing has been completed, so that results may be review together, so an effective and appropriate plan for your healthcare can be determined.

We encourage you to schedule appointments for preventative health visits, physicals, chronic medical conditions, prescription renewals and sick visits at least two weeks prior to any deadlines or outages.

APPOINTMENT CANCELLATION

In order to be respectful of the medical needs of our patients please be courteous and call The Clinic of Gadsden P.C. promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in need of treatment. This is how we can best serve the needs of our patients.

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OFFICE POLICES & PROCEDURES FOR OUR PATIENTS (Page Two)

If it is necessary to cancel your scheduled appointment, we require that you call one (1) working day in advance. Appointments are in high demand, and your early cancellation will give another person the ability to have access to timely medical care. Failure to cancel an appointment within one (1) working day will result in the appointment being indicated as a "no show".

NO SHOW POLICY

A "no show" is someone who misses an appointment without canceling it within one (1) business day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner. A failure to present at the time of a scheduled appointment will be recorded in your medical chart as a "no show". An administrative fee of thirty-five dollars ($35.00) will be billed to your account. You will be provided notice alerting you to the fact that you failed to show for a scheduled appointment and did not cancel the appointment within one (1) business day in advance along with the bill for the administrative fee. A copy of the notification will be retained in your medical record. Three (3) "no shows" within one (1) calendar year will result in a temporary suspension of services. In order to reinstate services, you will be required to meet with the physician within 30 days of the third no show notification to evaluate your situation. In the event you do not respond and/or schedule an appointment within thirty (30) days, we will consider your patient status as terminated.
******Please note that No-Show charges are patient responsibility and will not be billed to your insurance company.***

INSURANCE

The Clinic of Gadsden P.C. accepts most insurance plans. If you have specific questions regarding your insurance, please contact our office at 256-646-6358, or our billing service at 1-844-224-0590. It is the patient's responsibility to inform our office of any changes in insurance coverage. Failure to do so could cause delay or denial of insurance payment.
Patients are responsible for co-pays at the time of service. If applicable, you will be billed for services not covered by your insurance (as stated in your insurance contract) by our billing service.

PAYMENTS

Full payment is expected at the time of service. The Clinic of Gadsden P.C. accepts cash, personal checks, MasterCard, Visa, Discover and American Express. Checks can be made out to The Clinic of Gadsden P.C. It is the policy of our clinic to make all reasonable attempts to collect outstanding balances should they accrue, including convenient payment arrangements. Following these attempts, accounts in poor standing will be outsourced to a third party for the purpose of collection. Checks returned by the bank, for any reason, are subject to a reasonable service charge.

INSURANCE CLAIMS PROCESSING

The Clinic of Gadsden PC files insurance claims as a courtesy to our patients. If you provide insurance information, we will file insurance claims on your behalf. It is the responsibility of the patient to be aware of their benefits and any required pre-authorization. Co-payments, co-insurance and deductibles are to be paid at the time of service, and those amounts are only an estimate on our part. We will not know the exact amount due from you until after insurance has paid. The balance is your responsibility whether your insurance company pays or not. If your

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insurance company has not paid your account in full within sixty (60) days, the balance will be due and becomes your sole responsibility. Please be aware that some, or perhaps all, of the services provide may be non-covered.

The patient or guardian of a minor patient is responsible for payment of service(s). If for any reason payment is not made in full, the patient, or responsible party, will be liable for any collection fees, attorney fees, and/or other court costs.

FORMS/LETTERS

We understand that at times, various forms or letters may be required to assist you with your healthcare needs. The staff at The Clinic of Gadsden P.C. will be happy to assist with the completion of these forms and write medical letters as necessary. However, because this can be time consuming, please allow 7-10 days for completion of requested forms/letters. In some situations, due to complexity and or volume of information required, a fee may be required in order for a particular form to be completed. If a fee is required, the patient will be advised, prior to, completion, of the amount of the fee.

MEDICAL RECORDS

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. All patients can request a copy of their medical records. Additional copies may be requested at a cost of $0.75 per page. The law allows Medical Offices 30 days to complete request for records. However, our medical records department puts forth every effort to respond to these requests in a timely manner.

PRESCRIPTION REFILLS & PHARMACY INFORMATION

Please inform The Clinic of Gadsden P.C. of which Pharmacy you prefer to use and update us if this should change. Please allow two (2) business days for refill requests. We encourage our patients to review their medications prior to their office appointments and to request refills at that time, if needed.

Please note, we do NOT fill Narcotic Medications or order Antibiotics over the telephone. Our Practice does not routinely order Narcotic Pain Medicine therefore you may be required to obtain these medications though Pain Management.

LIFE-THREATENING EMERGENCIES

Always call 911 immediately in case of a life-threatening emergency. We are not equipped to handle those kinds of emergencies, and if you present yourself to our clinic with life threatening symptoms, we call 911 causing unnecessary delays in the delivery of the required life-saving care.

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OFFICE POLICIES AND PROCEDURES FOR OUR PATIENTS

RECEIPT ACKNOWLEDGEMENT FORM

By signing below, I acknowledge that I have received, reviewed, understand and will comply with the policies and procedures explained in The Clinic of Gadsden P.C. OFFICE POLICIES AND PROCEDURES FOR PATIENTS form.

Printed Name _____

Signed Name_____ Date_____

Thank you.

The Clinic of Gadsden P.C.

Initial _____

How The Clinic of Gadsden PC is working to improve your health care

Dr. Jonathan Fuller is participating in Alabama Health Quality Network, an Accountable Care Organization (ACO).

Gadsden Regional medical center

What's an ACO?

ACOs:

- Are groups of doctors, hospitals, and/or other health care providers that work together to improve the quality and experience of care you receive. Our practice chose to be part of an ACO because we think it will help us provide better care for our patients.
- **Don't limit your choice of health care providers.** Your Medicare benefits aren't changing. You'll have the right to visit any doctor, hospital, or other provider that accepts Medicare at any time, just like you do now.

Important!

- Are evaluated by Medicare to see 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 part of it with your providers. Sometimes, ACOs may owe a penalty if their care increases costs.
- Aren't a Medicare Advantage plan, an "all in one" alternative to Original Medicare, offered by Medicare-approved private companies. An ACO **isn't** an HMO plan, or an insurance plan of any kind.

Important!

What does this mean for my care?

- Giving health care providers the option of working with a group like Alabama Health Quality Network is one of the ways Medicare helps us better coordinate your care and give you better quality care.
- To help us coordinate your health care better, Medicare shares information about your care with your providers; like dates and times you visited a health care provider, your medical conditions, and a list of past and current prescriptions.
- 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. This information helps Alabama Health Quality Network give you better, more coordinated care by keeping track of the care and tests that you've already had. It may also make it easier to spot potential problems before they're more serious – like drug interactions that can happen if one doctor isn't aware of what another has prescribed.

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

- Ask your clinician about signing up for our secure online portal that gives you 24-hour 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.
- Let Medicare know who you consider your primary clinician or "main doctor." Your primary clinician is the health care provider 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. We can tell you more about how to do this.

- Continue to let Medicare share your health care information to help us better coordinate and improve the quality of your care. If you **don't** want Medicare to share your health care information, **call 1-800-MEDICARE (1-800-633-4227)**. Tell them that your health care provider is part of an ACO and you don't want Medicare to share your health care information. TTY users can call 1-877-486-2048.

Questions?

- For more details about our ACO, ask the front desk for a copy of the **ACO beneficiary notice**.
- If you have questions or concerns, call us at 256-646-6358, or we can talk about them during your visit in our office. You can also call 1-800-MEDICARE or visit Medicare.gov/acos.html.

Acknowledged:

_____ _____

Patient Signature Date

Ver. 11/2019