



## Welcome to our Practice

### Patient Policies

*We feel that we have something special here at Atkinson Family Practice and we look forward to caring for you and your family. Let us tell you more about ourselves and our philosophy regarding patient care.*

**Expectations:** In being accepted into our practice, adult and child patients are expected to be seen once every calendar year for a physical exam, more frequently if they have chronic diseases, and/or issues for which we prescribe medications. It is our policy that you schedule next year's physical exam upon checking out of your current exam. If you do not wish to schedule your Physical Exam Appointment at that time, we will schedule it for you and send a letter notifying you of the appointment. Of course, if it is not convenient for you, **please call us to reschedule**. Infants are expected to be seen following the American Academy of Pediatrics routine health maintenance visit schedule. Some children need to be seen more frequently if they have underlying conditions.

Patients accepted to AFP understand the value of our Medical Home. We promote health as a priority, despite our busy lives. However, we cannot offer quality medical care without seeing you. For this reason we will terminate patients from the practice for any of the following reasons:

- No-show/late cancel for 3 appointments
- No-show/late cancel for 2 Physical Appointments
- Breach of our Code of Conduct
- Non-compliance with our treatment plan

**Appointments:** All cancellations require a 48 hour notice. If you do not cancel within that timeframe you will be charged a \$50 no show/late fee. DO NOT leave a voicemail over the weekend. This will not be accepted as a 48 hour notice. If you need to cancel or reschedule a Monday appointment you need to notify us by 12:30 PM the previous Friday. If you know you are going to be late, please call to let us know. We will do everything we can to try to accommodate you.

**Refills:** Please request your medication refills at least 24-48 hrs. in advance. **REMEMBER PLEASE:** this means if you call on a Friday afternoon the refill may not be done until Monday. In most instances we do try to do them same day; but we cannot guarantee it. Most medication refills are NOT an emergency. Please do NOT call on weekends/after hours for refills unless it is to leave a voice message for us to retrieve on Monday. Our providers are busy with their own families; so if you could please remember that weekend/night calls are for urgent matters only.

**Our office has a strict policy about prescribing narcotic medications. We do not prescribe narcotics for chronic, non-cancer pain.** Feel free to talk to your provider about any of our policies.

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#### Office Hours

Monday 8:00am–7:00pm  
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**Insurance:** There are many, many insurances each with many different programs—we CANNOT know what your insurance covers. You are responsible to know what your policy states. If you tell us before your visit that your insurance doesn't cover something we can often note it accordingly but we can NOT change the note after your visit is done. Try to select the insurance plan which fits your family's needs—we do not set your co-pay or deductible—your policy does. After your insurance has paid we will expect you to pay the balance in a reasonable amount of time. Just as you have to pay your own rent and utility bills so do we.

**Payments:** We count on your payments to keep our office operating. You are responsible for paying for your own medical care. We sign contracts with your insurers agreeing to collect co-pays; so we are not able to waive them. We would appreciate you not asking us to do so. **Co-pays not paid at the time of the visit will be assessed an additional fee of \$10.00 as it costs us money to mail invoices. If a check is returned for non-payment, there will be a \$30.00 bounced check fee applied to your account and check writing will be prohibited with the office.**

**Phones: 413-549-8400.** Our phones are on **weekdays from 7:30am to 7:00pm Mon, Tues, Wed, and Thurs and Fri until 5:00pm; off for lunch from 12:30pm-1:30pm.** After hours you have two options—push #1 and you can leave a non-urgent message to be heard on the next business day. Push #2 and you will be directed to the answering service who will page the doctor on call. Please allow an hour for the provider to get back to you.

**If it is a life-threatening emergency do not call us, call 911 or go to the ER. We will always approve an ER visit so you do NOT need to get permission from a doctor first.** If you are waiting for a return call please **UNBLOCK YOUR PHONE** so we can reach you!

\*If for any reason you cannot reach us after hours (if phones or electricity are down for instance) you may also call the Cooley Dickinson hospital operator at 413-582-2000\*

**Fax: 413-549-8409.** You can fax requests or short notes to us. Examples are lists of blood pressure results or blood sugar readings. This is NOT a good way to have an interaction with your provider—please book an appointment for that.

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## Your Rights Under the Privacy Rule

Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. (Protected Health Information) Please feel free to discuss any questions with our staff.

**You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices** - We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted within the walls of the practice, as well as, on our website [www.doctorkate.net](http://www.doctorkate.net).

**You have the right to authorize other use and disclosure** - This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to request an alternative means of confidential communication** – This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

**You have the right to inspect and copy your PHI** - This means you may inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.

**You have the right to request a restriction of your PHI** - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

**You may have the right to request an amendment to your protected health information** - This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request.

**You have the right to request a disclosure of accountability** - This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office.

**You have the right to receive a privacy breach notice** - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required. If you have questions regarding your privacy rights, please feel free to contact our Privacy Manager. Contact information is provided on the following page under Privacy Complaints.

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### **How We May Use or Disclose Protected Health Information**

Following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

**Treatment** - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.

**Special Notices** - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by our office, for fund-raising activities, or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices, and each such notice will include instructions for opting out.

**Payment** - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

**Healthcare Operations** - We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

**Health Information Organization** - The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

**To Others Involved in Your Healthcare** - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, that you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed. We may also disclose to the Dragonfly Collaborative Care Group—for medical/behavioral collaboration as deemed appropriate.

**Social Media**—We enjoy sharing news from our practice to you and the world at large. With your permission, we may use your photo, or your family member's, photo on our website, Facebook page, Electronic Bulletin Board, or other media outlets. If you send us a photo then we will assume that you have implied consent. Our office also offers scholarships and that information may be posted on any or all of the above listed media venues.

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**Other Permitted and Required Uses and Disclosures** - We are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with Food and Drug Administration requirements; research purposes; legal proceedings; law enforcement purposes; coroners; funeral directors; organ donation; criminal activity; military activity; national security; worker's compensation; when an inmate in a correctional facility; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

#### **Privacy Complaints**

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. *You may file a complaint with us by notifying the Privacy Manager at:*

**Atkinson Family Practice  
17 Research Drive  
Amherst, MA  
01002**

#### **Code of Conduct**

Atkinson Family Practice is committed to a safe and healthy environment for all our patients, visitors, and employees. We promote diversity by treating all people equitably, creating an atmosphere that respects the rights and dignity of all people. We will not tolerate any unacceptable behavior at any of our offices. Including, in person, by phone, or electronic communication.

We reserve the right to dismiss any patient, visitor or employee from our practice who exhibits such behavior. While it is not possible to list every inappropriate language or behavior the following are examples that would be considered unacceptable.

1. Offensive comments about others' race, accent, religion, gender, sexual orientation, age, disability, or other personal traits.
2. Refusal to see a clinician or other staff member based on these personal traits.
3. Name calling of anyone in our offices or offensive comments demeaning work ability.
4. Implied or actual Physical or verbal threats or assaults.
5. Sexual words or actions, whether they involve physical touching or not, including gestures, leering, suggestive or vulgar comments.

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6. Disrupting another patient's care or experience.

If you witness or are the target of any of these behaviors, please report it to a member of your care team.

If we believe that there is a credible report of unacceptable behavior, we may give you a warning or ask you to immediately leave our practice and find a new medical home.

**Effective Date: August 14, 2023**

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Atkinson  
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