

Family Practice Group, P.C.

The Sagov Center for Family Medicine

Stanley Sagov, MD
Karen Hitchen, PA-C
Laura Zucker, MD
Wayne Altman, MD
Bari-Sue Brodsky, MD
David Gunther, MD
Betsy Shor PA-C
Rachel Lannigan, PA-C
Kerri Hawkins MS, RD, LDN
Stephanie Power, PhD
Emily Pluhar, PhD

Welcome to the Family Practice Group!

Our practice features a team of six Family Physicians, three Physician Assistants, one Dietician, one Psychologist, one Licensed Clinical Social Worker, and one Psychiatrist.

We are dedicated to serving the health care needs of our patients, from newborns to the elderly. Family Medicine is the medical specialty devoted to the comprehensive health care of you and your family. Our mission is to help you achieve optimal health through healthy lifestyle and disease prevention. We provide high quality, compassionate care through open communication and respect for your concerns.

We are committed to medical education, and our office is an active training site for medical schools, residency programs and physician assistant schools. While students are a part of the health care team, you may always decline to be seen by a student.

Please complete the documents in this new patient packet and bring them with you to your appointment. We look forward to meeting you.



11 Water Street, Suite 1A
Arlington MA, 02476
Tel: (781) 648-9700
Fax: (781) 648-0234
www.FPGcares.com



Family Practice Group, P.C. Patient Registration Form

PATIENT INFORMATION

Name _____	Gender _____
Address _____ <small>Street Address</small>	Date of Birth _____
_____	Marital Status _____
_____	_____
Home Phone () _____ <small>(Area Code)</small>	Primary Care Provider _____
Cell Phone () _____ <small>(Area Code)</small>	Social security # _____
Work Phone () _____ <small>(Area Code)</small>	Email address _____
Race & Ethnicity _____ / _____ <small>Race Ethnicity</small>	Preferred language _____
Pharmacy Name _____	_____
_____	_____
_____	_____
_____	_____

If patient is a minor, who is financially responsible?

Responsible Party Name _____

Address _____ <small>Street Address</small>	Daytime Phone () _____ <small>(Area code)</small>
_____	Relationship to patient _____
_____	_____
_____	_____

INSURANCE INFORMATION (please show all insurance cards to the receptionist)

Primary insurance company _____	Subscriber ID _____
Address _____ <small>Street Address</small>	Group plan # _____
_____	Group name _____
_____	_____
Subscriber name _____	Gender (circle one) Male Female
Relationship to patient (circle one)	Subscriber's date of birth _____
Self / Spouse / Parent / Other _____	_____

EMERGENCY CONTACT INFORMATION (Please list a person whom we may contact in case of emergency)

Name _____	* Relationship _____
Home/Cell Phone () _____ <small>(Area Code)</small>	Cell/Work Phone () _____ <small>(Area Code)</small>
Address _____	_____
_____	_____
_____	_____

Family Practice Group, P.C.
11 Water St., Ste. 1-A
Arlington, MA 02476
(781) 648-9700

PATIENT CONSENT FORM
For Use and Disclosure of Protected Health Information

I hereby give my consent for Family Practice Group, P.C. (FPG) to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). [The Notice of Privacy Practices provided by FPG describes such uses and disclosures more completely.]

I have the right to review the Notice of Privacy Practices prior to signing this consent. FPG reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to "Practice Administrator" at the above address.

With this consent, FPG may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, FPG may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

With this consent, FPG may email to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

I have the right to request that FPG restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow FPG to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, FPG may decline to provide treatment to me.

Signed by: _____ Date: _____
Signature of Patient or Legal Guardian

Print Patient's Name

Patient's Date of Birth

Print Name of Legal Guardian, if applicable

Relationship to Patient

**ACKNOWLEDGEMENT OF NOTICE
OF
PRIVACY PRACTICES**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payors.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have read and understand the Family Practice Group's Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the Notice.

I understand that I may request in writing that Family Practice Group restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that Family Practice Group is not required to agree to my requested restrictions, but if the Practice does agree then it is bound by such restrictions.

Patient Name _____

Patient's Date of birth _____

Name of Legal Guardian (if applicable) _____
Relationship to patient _____

Signature of patient / legal guardian _____

Date _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
-------	-----------	---------

Family Practice Group, P.C.
11 Water St., Ste 1-A
Arlington, MA 02476
(781) 648-9700

FAMILY PRACTICE GROUP
11 Water Street, Ste 1A
Arlington, MA 02476
Tel: 781-648-9700 Fax: 781-648-0234

<p>RELEASE MEDICAL RECORDS FROM</p> <p><input type="checkbox"/> Family Practice Group (as above) *OR*</p> <p>_____ Doctor/Hospital</p> <p>_____ Street Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Phone Number Fax Number</p>	<p>AND SEND THE RECORDS TO</p> <p><input type="checkbox"/> Family Practice Group (as above) *OR*</p> <p>_____ Doctor/Hospital</p> <p>_____ Street Address</p> <p>_____ City, State, Zip Code</p> <p>_____ Phone Number Fax Number</p>
--	---

PATIENT INFORMATION:

Patient Full Name	Date of Birth (Month/Day/Year)
Street Address	Social Security Number
City, State, Zip Code	Daytime Phone Number

REASON FOR RECORD REQUEST:

<input type="checkbox"/> Life insurance <input type="checkbox"/> Disability Determination <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Legal Investigation	<input type="checkbox"/> Personal Use <input type="checkbox"/> Other <input type="checkbox"/> Permanent Transfer (Please share with us why you are leaving FPG): _____ _____
---	---

INFORMATION TO BE RELEASED:

Please note it is Massachusetts law that record containing the following information can NOT be released without specific authorization. Please initial 'release' or 'do not release' next to each item listed below.

<input type="checkbox"/> Release Substance abuse (alcohol/drugs) <input type="checkbox"/> Release Mental health/Psychiatric issues <input type="checkbox"/> Release Sexually transmitted diseases <input type="checkbox"/> Release AIDS/HIV information <input type="checkbox"/> Release Sexual assault <input type="checkbox"/> Release Domestic violence <input type="checkbox"/> Release Genetic information <input type="checkbox"/> Release Other _____	<input type="checkbox"/> Do not release Substance abuse (alcohol/drugs) <input type="checkbox"/> Do not release Mental Health/Psychiatric issues <input type="checkbox"/> Do not release Sexually transmitted diseases <input type="checkbox"/> Do not release AIDS/HIV information <input type="checkbox"/> Do not release Sexual assault <input type="checkbox"/> Do not release Domestic violence <input type="checkbox"/> Do not release Genetic information <input type="checkbox"/> Do not release Other _____
---	---

SIGNATURES:

Print name of patient or legal representative: _____

Signature of patient or legal representative: _____ Date: _____

Signature of witness: _____ Date: _____

MOUNT AUBURN CAMBRIDGE INDEPENDENT PRACTICE ASSOCIATION, INC. (MACIPA)

Permission to Create Electronic Medical Summary Record

We are using an Electronic Health Record (EHR) in our practice and are excited about the opportunities it provides to improve your health care. In order to obtain all the benefits of an EHR, we are now also participating in a Community Record system with other Mount Auburn Cambridge affiliated doctors. A Community Record can be created that is a summary of your key medical information. It can gather together all the records from all your doctors in our community. This summary would be available to doctors involved in your care who participate in this Community Record service. All of them are affiliated with Mount Auburn Hospital.

We would like your permission to create a medical summary record for you from the information that is in your EHR, so that your key medical information can easily be seen by other Mount Auburn Hospital affiliated doctors who take care of you.

Your medical summary will include your lab test results, medicines, and food allergies, family history, major medical problems, HIV testing, and any surgery that you may have had. Information in the medical summary record may include some data that you think is highly private, such as mental health diagnoses, sexually transmitted diseases, HIV testing, **and the full list of medicines that you are taking**. The summary does not include the detailed notes that your doctor may keep in his or her own records. For example, if you had a discussion with your doctor about how you are trying to lose weight that information would not be part of this summary record.

Genetic testing results for health screening purposes will not be included in the medical summary record.

The Community Record that holds your medical summary is managed and operated by the Mount Auburn Cambridge Independent Practice Association, Inc., also known as MACIPA. MACIPA was founded in 1985 and is a respected organization made up of doctors in Mount Auburn Hospital affiliated medical practices.

Your medical summary will be available only to medical practices that are members of MACIPA. Your summary is held in a secure data center located at MACIPA. Anyone who looks at your medical summary record must agree to follow strict privacy and confidentiality rules, and we are able to track who has looked at the summaries. Each doctor or other healthcare provider who takes care of you will be able to use and share your medical summary information. The rules for use and sharing of your medical information are described in your doctor's "Notice of Privacy Practices"; this is available to you - just ask in your doctor's office! The rules follow all federal and state privacy and security requirements.

We are asking for your permission to create a summary of your medical information. By signing this permission, you agree that your medical summary may include information from the electronic health records (EHRs) from each medical practice associated with MACIPA where you have received care.

KNOW YOUR INSURANCE POLICY

- Do you have a deductible? How much is it? What type(s) of service(s) does it apply to?

Many insurance companies offer high deductible plans in exchange for lower premiums. These deductibles generally apply to specific categories of service such as preventive or acute care, diagnostic tests, and emergency visits.

- Does your policy pay for preventive care? If so, how often are you allowed a complete physical?

Policies specify how many physicals are covered within a given time period. The number of covered physicals is dependent upon your age and gender. Additionally, the required time interval between physicals can be based on a calendar year or a rotating 12 month period. It is important to understand that not all policies cover a physical every year.

Vaccines are not always covered by insurance companies.

- Does your insurance company have a list of authorized medications?

Many insurance companies have a list of allowed prescription medications called a formulary. If your insurance company uses a formulary for prescription drugs, then we are obligated to try those medications with you first. If the medications don't work and we want to try something not on the formulary, then we may be required to get a prior authorization from your insurance company before the pharmacy will fill the prescription. Also, your pharmaceutical copay may change depending upon whether your prescription is for a generic or name brand medication.

- Do you need a referral to be seen by a specialist?

Some policies require a referral from our office for you to see a specialist. Many insurance companies will not pay for the specialist visit if the referral is not in place before the date of the specialist visit.

REFERRAL INFORMATION

When selecting a Primary Care Provider (PCP) at the Family Practice Group (FPG) you become a part of the Mount Auburn Hospital Network (the Network). It is important to stay within the Network for your medical care whenever possible to facilitate patient care. However, there may be times when your PCP will refer you out-of-network. Regardless of the specialist to whom you are referred, your insurance company may require a referral be issued prior to the visit with the specialist.

- Does your health insurance policy require you to have referrals for non-PCP visits?

Generally, the rule is HMO (health maintenance organizations) policies require referrals while PPO (participating provider organizations) policies do not. However, there are exceptions to the rule. Check your individual policy.

- Are you allowed to have some services without a referral?

Even if your policy requires referrals, you may be allowed to have certain services performed without a referral. For example, some policies allow an annual eye exam without a referral.

- What if I want to go to someone outside the Network?

If your policy requires referrals for specialty care, we encourage you to use the Network and specialists list we provide to you. FPG has the authority to issue referrals within the Network. However, for out of network referrals, FPG submits the request for a referral and advocates for the patient but must wait for a final decision of coverage from the Network. This is the process for out of network referrals regardless of whether or not the specialist participates with your insurance.

Due to the added layer of authorization required for out of network referrals, it is imperative that FPG be given advanced notice to initiate the referral. Generally, out of network referral authorizations take 2-3 weeks to obtain. If you see an out of network specialist without a referral fully processed and accepted, you may be personally responsible for the specialist's fees.

- What FPG needs from you when you request a referral

Patient's insurance company name and subscriber number
Specialist's / Facility name, address, phone and specialty
Reason for visit and date of first appointment
Estimate of how many visits you will need
National Provider Identifier (NPI) number of specialist / facility

Preventive Care Visit

What is a Preventive Care Visit:

- Your Preventive Care Visit (Physical) includes a routine physical exam, immunizations and services such that have been defined by the **Patient Protection and Affordable Care Act**.
- For a growing number of health plans, insurance providers will no longer be able to charge a copay, deductible or coinsurance for preventive services.
- Please be aware that if you have other health issues, **your insurance may require Family Practice Group to charge a copay for that visit.**
- Check with your insurance company and the table below about what preventive services are covered by your plan.

Copay or No Copay:

“HIDDEN COPAYS” Even if a preventive test or screen is fully paid by insurance, you may still have a copayment or co-insurance for the doctor’s office visit. That is, the preventive care is free, but the doctor’s visit is not.

- Your Preventive Care Visit (Physical) which includes a routine physical exam and immunizations does not require a copayment.
- If you discuss symptoms of acute or chronic diseases at your Preventative Care Visit (Physical) it is considered “diagnostic” and you will most likely be required to pay a copayment.
- If a preventive test or screen is fully paid by insurance, you may still have a copayment for the doctor’s office visit. That is, the preventive care is free, but the doctor’s visit is not.

***Example:** Let’s say you make a doctor’s appointment specifically for a preventive service or test (Preventative Care Visit/Physical), but during the course of the visit you are treated for an unrelated problem, like the flu or changes in your diabetes medications. For this visit you would be required to pay the copayment for the office visit.*

Family Practice Group’s Core Value:

- Treating the **whole person** is a core value at Family Practice Group. We strive to address all of your concerns and properly investigate issues that arise during your visit.
- When patients come to see their health care providers for a Preventative Care Visit (Physical) they should expect the possibility that both preventive care and acute problems may be addressed during the same visit. Because of this copayment may be charged.

Reasoning behind the changes in coverage:

Americans get only about half the preventive services recommended by their health care provider, according to a 2003 report in the New England Journal of Medicine. The consequences are significant: A 2007 study by the Partnership for Prevention found that more than 100,000 lives could be saved annually by increasing the use of just five services: aspirin to prevent heart disease, smoking cessation assistance, screenings for breast and colorectal cancers, and flu shots.

One response by the United States Government is found in the **Patient Protection and Affordable Care Act**, passed on March 23, 2010. For a growing number of health plans, insurance providers will no longer be able to charge a copay, deductible or coinsurance for preventive services.

Despite these new regulations, there remains a lot of ambiguity — and not just amongst consumers — about what qualifies as preventive care. Because of this confusion, we encourage you to check with your insurance company about what preventive services are covered.

Health Care Reform Demystified: Preventive Care:

This light hearted video from United Health Care provides a helpful explanation of what situations preventive services are available without copayments with The Patient Protection and Affordable Care Act.

Embed You tube Video on to our web page...

<http://www.youtube.com/watch?v=hPcOaZqYGo4>

Complaints with copayments:

The decision of a copayment vs non-copayment for a visit is not decided by Family Practice Group; these decisions are based federal laws and insurance regulations. Complaints of this nature should be addressed with your insurance company.

Preventive Services Covered Under the Affordable Care Act:

Here's a good rule of thumb: "If you discuss symptoms at your physical or if your provider orders a test, it's diagnostic and you'll most likely pay a copayment. If you have no symptoms, it's covered"

Preventive Services Covered Under the Affordable Care Act