

OB GYN ASSOCIATES, P.C.
Late Arrival Policy

Late Arrivals

Late arrivals create delays for both physicians and other patients. Late arrivals may be asked to reschedule their appointments for an alternate time. OB GYN Associates patients who arrive late for their appointments will be processed in a manner that supports optimal care for all patients while supporting a steady workflow in the clinic.

Procedure:

- Patients who arrive up to 30 minutes after their scheduled appointments will be seen.
- Patients who arrive more than 30 minutes after their scheduled appointments;
Registration Desk will follow the process below:
 - Registration Desk advises the provider's nurse that the patient has arrived.
 - The provider's nurse will assess the patient's condition and determine the cause of the late arrival.
 - The provider's nurse will decide whether the patient will be seen.
 - If the patient is not to be seen, the Registration desk will advise the patient and the patient will be rescheduled.
 - If the patient is to be seen, the Registration desk will advise the patient that they will be seen after the patients who arrived on time have been seen.

Phone calls:

- If a patient calls to report they are running late; the guidelines above will still apply, however, we need to notify the front desk and the provider's nurse of the call.

OB GYN Associates
Policy Regarding Medication Refills or Prescribing Medications After Hours

OB GYN Associates of Cookeville maintains a policy of not prescribing medications over the phone after regular hours. We also do not make a habit of diagnosing and treating illnesses by phone consultation only. It is our policy to provide thorough medical care based upon accurate diagnosis, therefore to reduce the opportunity for errors; we will adopt the following policy.

1. Office hours are Monday through Friday from 8:00 am until 5:00 pm; we encourage our patients with problems to call during these times. Patients with medical problems requiring examination for accurate diagnosis may be asked to come into the office even if the problem is of a chronic or recurrent nature.
2. Times other than routine office hours, on weekends and holidays, we will not be able to provide new prescriptions and/or prescription refills. For acute obstetric and/or gynecologic medical problems we encourage you to call us after hours to discuss your problems; however, you may be asked to be evaluated at the emergency room if over-the-counter remedies have been unsuccessful and a prescription medication is needed.
3. All non-urgent problems need to be addressed during regular office hours.

We feel these policies will help ensure we reach our goal of providing the highest quality of care for each of our patients.

OBSTETRICS AND GYNECOLOGY ASSOCIATES, P.C.

MISSION STATEMENT

Working together to provide the highest quality of care with the appropriate utilization of our resources while maintaining professionalism

VISION STATEMENT

Superior healthcare individualized to meet the needs of all families in the Upper Cumberland and surrounding regions

CORE VALUES

Honest and ethical relationships established with all employees, patients and business associates

Respect will be given to all employees, patients and business associates

Maintain and exercise a zero-tolerance for workplace violence, verbal and nonverbal threats and related actions

Working together with our medical staff and community to provide continuity of care

Provide a "happy, family oriented" environment for all employees, patients and business associates

Encourage a "group mentality" with a "help each other" attitude.

Exercise fiscal responsibility

Maintain confidentiality

PATIENT OPINION MATTERS- WE WANT TO KNOW

Keep your scheduled appointment or call and cancel; this allows us to provide better care to all patients

Keep us informed; we need to know when you move, change your address, insurance or telephone number

Be nice and courteous to our staff – Zero tolerance policy for violence, verbal and nonverbal threats

We appreciate suggestions for ways of improvement; let our staff know

Let us know when we have done well; we want you to leave the office "smiling" and "satisfied" with your care and with our staff

OB-GYN ASSOCIATES

DR. MICHAEL PIPPIN, DR. PAIGE GERNT, DR. CHRISTINE PHAM AND DR. MICHAEL COLE

NOTICE OF PRIVACY PRACTICES

Effective Date: 09/23/2013

This Notice was most recently revised on 09/23/2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:

Privacy Officer: Cookie Crowder
Mailing Address: 317 North Hickory Avenue, Cookeville, Tennessee 38501
Telephone: 931-528-7527
Fax: 931-372-8839
E-mail: ccrowder@cookevilleobgyn.com

About This Notice:

We are required by law to maintain the privacy of Protected Health Information (PHI) and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your PHI, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

What is Protected Health Information (PHI):

Protected Health Information (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, a health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose Your PHI:

We may use and disclose your PHI in the following circumstances:

For Treatment. We may use PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel who are involved in taking care of you, including people outside our practice, such as referring or specialist physicians.

For Payment. We may use and disclose PHI so that we can bill for the treatment and services you get from us and can collect payment from you, an insurance company, or another third party. For example, we may need to give your health plan information about your treatment in order for your health plan to pay for that treatment. We also may tell your health plan about a treatment you are going to receive to find out if your plan will cover the treatment. If a bill is overdue we may need to give PHI to a collection agency to the extent necessary to help collect the bill, and we may disclose an outstanding debt to credit reporting agencies.

For Health Care Operations. We may use and disclose PHI for our health care operations. For example, we may use PHI for our general business management activities, for checking on the performance of our staff in caring for you, for our cost-management activities, for audits, or to get legal services. We may give PHI to other health care entities for their health care operations, for example, to your health insurer for its quality review purposes.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services. We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Minors. We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Personal Representative. If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your PHI.

As Required by Law. We will disclose PHI about you when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

Business Associates. We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI.

Organ and Tissue Donation. If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (8) the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves if you sue us.

Law Enforcement. We may release PHI if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

National Security. We may release PHI to authorized federal officials for national security activities authorized by law. For example, we may disclose PHI to those officials so they may protect the President.

Coroners, Medical Examiners, and Funeral Directors. We may release PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out:

Individuals Involved in Your Care or Payment for Your Care. We may disclose PHI to a person who is involved in your medical care or helps pay for your care, such as a family member or friend, to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to and opt out of such a disclosure whenever we practicably can do so.

Disaster Relief. We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Your Written Authorization is Required for Other Uses and Disclosures:

Uses and disclosures for marketing purposes and disclosures that constitute a sale of PHI can only be made with your written authorization. Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. Disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information:

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of PHI. Please check with our Privacy Officer for information about the special protections that do apply. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

Your Rights Regarding Your PHI:

You have the following rights, subject to certain limitations, regarding your PHI:

Right to Inspect and Copy. You have the right to inspect and/or receive a copy of PHI that may be used to make decisions about your care or payment for your care. But you do not have a right to inspect or copy psychotherapy notes. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your PHI is maintained in one or more designated record sets electronically (for example an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with copying or transmitting the electronic PHI. If you chose to have your PHI transmitted electronically, you will need to provide a written request to this office listing the contact information of the individual or entity who should receive your electronic PHI.

Right to Receive Notice of a Breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured PHI.

Right to Request Amendments. If you feel that PHI we have 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 us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not information that you would be permitted to inspect and copy, or (2) is accurate and complete. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but we may also include a rebuttal statement.

Right to an Accounting of Disclosures. You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your PHI. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment, and health care operations purposes, (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. You must submit your request in writing to our Privacy Officer. Your request must state a time period which may not be longer than 6 years before your request. Your request should indicate in what form you would like the accounting (for example, on paper or by e-mail). The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI 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 agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

Right to Restrict Certain Disclosures to Your Health Plan. You have the right to restrict certain disclosures of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full. We will honor this request unless we are otherwise required by law to disclose this information. This request must be made at the time of service.

Right to Request Confidential Communications. You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a special address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You can get a copy of this Notice at our website: <http://www.cookevilleobgyn.com>.

How to Exercise Your Rights:

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the beginning of this Notice. We may ask you to fill out a form that we will supply. To get a paper copy of this Notice, contact our Privacy Officer by phone or mail.

Changes To This Notice:

The effective date of the Notice is stated at the beginning. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

Optional Provisions to be included as applicable:

Foreign Language Version. If you have difficulty reading or understanding English, you may request a copy in Spanish.

Medical Residents and Medical Students. Medical residents or medical students may observe or participate in your treatment or use your PHI to assist in their training. You have the right to refuse to be examined, observed, or treated by medical residents or medical students.

Newsletters and Other Communications. We may use your PHI to communicate to you by newsletters, mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.

Research. We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. But we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual.

OB & GYN ASSOCIATES

317 N. Hickory Avenue • Cookeville, Tennessee 38501
Telephone: 931-528-7527 • 1-800-897-1898 • Fax: 931-372-8839

Dear _____

Thank you for returning to OB/GYN Associates. We are pleased that you have chosen us for your women's healthcare. We appreciate your business and strive to offer you the highest quality of care.

To expedite your visit, **please bring:**

- Your insurance card – it is our office policy to require payment in full at the time of your first visit if an insurance card is not available. If you have more than one insurance, please bring both cards.
- All completed enclosed forms
- Any pertinent medical history or records
- Any co-pay amount specified on your insurance card
- If your insurance requires pre-authorization or a referral, please bring this on the day of your appointment.
- Containers of your current medications. If this is not possible, please bring a list of your current medications and dosages.

On this visit, please arrive 15 minutes before your scheduled appointment time with the above information. If you arrive late for your appointment or without completed forms or without the above information, it may be necessary to reschedule your appointment.

We try hard to stay on time and on schedule. Unfortunately, our patients' needs will sometimes cause delays in the office. When this occurs, we try to notify you in advance, reschedule your appointment or arrange for you to see one of our nurse practitioners. We appreciate your patience and understanding.

Our office hours are 8:00AM to 5:00 PM Monday through Friday. Appointments can be made or changed by calling 931-528-7527. There is always a physician on call for emergencies. You may reach us after hours by calling 931-528-7520. If you need to change or cancel your appointment, please notify the office as soon as possible so that the appointment time can be offered to another patient. Please visit our website: www.cookevilleobgyn.com for more information regarding discrimination compliance and patient portal.

For billing questions, please call 931-646-1910. If you have blood work or pathology, such as a Pap smear or biopsy, you will receive a bill directly from LabCorp, QUEST, or Cookeville Regional Medical Center. If you have questions about those charges, please call them at the number provided on your statement.

Thank you again for choosing OB/GYN Associates. We look forward to seeing you soon and providing you with the best possible healthcare.

Sincerely,

OB/GYN Associates
Enclosures

**Your appointment is scheduled with _____

**Your appointment date is _____ at _____ AM/PM.

Paige R. Gernt, M.D.

*Fellow, American College of
Obstetrics and Gynecology*

Christine K. Pham, M.D.

*Fellow, American College of
Obstetrics and Gynecology*

Michael E. Cole, M.D.

*Fellow, American College of
Obstetrics and Gynecology*

Jose L. Rivero, M.D.

*Fellow, American College of
Obstetrics and Gynecology*

Terann Birdwell, FNP-BC

*Family Nurse
Practitioner*

Robin Bell, CNM

*Certified
Nurse Midwife*

Jennifer Lang, APN, CNM

*Advanced Practice Nurse
Certified Nurse Midwife*

Cookie Crowder

Practice Manager

OB GYN ASSOCIATES

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Cookie Crowder

Practice Manager

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