Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Policies and Procedures

Thank you for choosing Cannon Family Health as your primary care practice. The staff at Cannon Family Health strives to make this office a welcoming medical home for you. We want your experience with us to be as comfortable and stress-free as possible. This brochure will tell you who we are and how we operate. Please feel free to contact our office if you have any questions regarding our policies.

Office Hours: Monday to Thursday 8:30 am – 5:00 pm and Friday 8:30 am – 12:00 pm

Phone hours: Monday-Thurs 8:00 am – 12:30 pm, 1:30 pm – 5:00 pm and Friday 8:00 am – 12:00 pm

Our office phone number is **(828) 250-0898**. An on-call doctor is available to assist you after scheduled office hours if needed. That number is (828) 251-4848. In case of emergency do not call the doctor on call, call 911. If you need to make an appointment, call us during our regular office hours.

Appointments and Scheduling

When you call for an appointment, please provide our staff with your name, date of birth, phone number, main complaint/visit reason, and any updated contact or insurance information. If you have regular follow-up visits, be sure to schedule your next visit at check-out. **** If you scheduled an appointment for an illness, please note that a full checkup cannot be done on that appointment. Please schedule separate appointments for that purpose.**

Same-day dating

As your medical home, Cannon Family Health offers same-day urgent appointments. On most days, an appointment space is available for last-minute appointments. If there is no appointment space available, we'll schedule it for the next available appointment.

Cancellations

We require a 24-hour notice if you need to cancel or reschedule your appointment. If you do not give us 24-hour notice or are not present by your scheduled appointment time, you will be charged a **$75.00 no-show fee. You will be asked to pay for this before** another appointment can be scheduled.

Late for an appointment

We are a very busy practice and the staff's time is very valuable. It is important for our office and other patients that you arrive on time for your appointment. If a patient is 15 minutes late for an appointment, you will be rescheduled.

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Missing an appointment

We can't stress enough how important it is for you to come to your appointments. We send out reminder calls, texts messages and email reminders 1-2 days before your appointment as a courtesy. However, you are still responsible for maintaining your appointment time, even if we are unable to contact you. You will be charged a no-show fee of $75.00 if you do not show up for a scheduled appointment and do not call. Payment will be required to reschedule future appointments. After 4 no-shows you will be dismissed from the practice.

Appointment Notes – We do our best to run on schedule. There are many ways you can help us stay on time.

- Please arrive on time for your appointment
- If you have two siblings who need to be seen, for example, be sure to schedule two appointments
- Remember that SICK/URGENT appointments don't allow enough time for a physical exam and are seen outside in the cars. Please DO NOT COME INTO THE OFFCE.

****We make every effort to stay on time, but emergencies happen from time to time, and we could get behind as a result. Please be patient and know that we are working hard to give you the best health care possible****

Check-in

When you arrive at the office, check-in at the front desk. We will verify and update all your contact and insurance information. You must bring your insurance card and photo ID **to each appointment.** It is your responsibility to provide us with any changes to your health coverage. Payments are expected at the time of service.

We accept cash, credit cards and checks

Returned checks: A $30.00 fee will be charged for all returned checks.

Copayments

As part of our contract with insurance companies, we are legally bound by the terms of the contract to collect any co-payments from you at the time of service.

Paperwork

All new patients will need to complete a new patient package for Cannon Family Health. The new patient package can be accessed on our website at www.cannonfamilyhealth.com. If you do not have Internet access, we will provide you with the paperwork at the time of you visit. All forms in the patient's new package must be completed prior to their scheduled appointment; otherwise, new patients must arrive 15 minutes early to fill the package. In addition, we will need a current copy of your insurance card and a photo **ID.**

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Insurance

As a courtesy to our patient, Cannon Family Health is happy to file insurance claims on your behalf. If you also have a secondary insurance, please let our staff know, we will also need a copy of this card for billing. It is your responsibility to call your insurance company before your first appointment and make sure our office is in network. It is also your responsibility to inform our office of any changes in insurance coverage. Failure to do so will cause delays in or denial of insurance payments.

You will be billed for any co-pay, deductible or fees for services not covered by your insurance.

Medicaid Patients

If you or your child (ren) are on Medicaid, your Medicaid card must have Cannon Family Health listed as a provider. We are unable to see patients until the card is corrected.

Prescriptions

Cannon Family Health strongly recommends using only one pharmacy for all your prescription needs. Please be sure to let the staff know if you change pharmacies so that your chart can be up to date.

Please allow 24-48 hours for refills to be called into the pharmacy. Please note that narcotic medications require a paper prescription signed by the Physician and cannot be called or faxed to the pharmacy. Early refills will not be given.

If you are requesting a new prescription this will require an appointment with the Physician.

Lab Services

Cannon Family Health uses PathGroup for our in-house lab for our patients' convenience. Patient will be billed directly from the lab for any services performed. Medicare patients may be asked to sign an Assignment of Benefits.

Lab hours: 8:30am – 4:30pm Monday – Thursday and Friday 8:00am – 12:00pm.

The lab closes for lunch from 12:30pm – 1:30pm Daily

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Referrals

Referrals can only be made by the Physician. If you haven't been seen for the issues you are seeking a referral for this will require an office visit. Once a referral order is placed, please allow 3 business days for the referring office to contact you directly. Please contact our office if you have not heard from the referring office within 4-5 business days.

Messages

All phone messages received after 3pm will be answered the next business day. All messages sent via the portal will be responded to within 24 hours of receiving the message.

Automated Calls

Cannon Family Health uses an automated reminder system for appointment reminders, lab results and important messages from our office.

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

HIPAA 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 IT CAREFULLY.

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates, and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health Information may be provided to a physician to whom you have been referred, DME vendors, surgery centers/hospitals, referring physicians, family practitioner, physical therapists, home health providers, laboratories, worker comp adjusters and nurse case managers, etc to ensure that the healthcare provider has the necessary information to diagnose or treat you.

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay, surgery, MRI or other diagnostic test, injection procedures, injection series, physical therapy, etc., may require that your relevant protected health information be disclosed to the health plan to obtain approval for the procedure.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you abouttreatment alternatives or other health-related benefits and services that may be of interest to you. If we use or disclose your protected health information for fundraising activities, **we will** provide you the choice to opt out of those activities. You may also choose to opt back in.

This notice also applies to the health care providers, such as physicians and/or their staffs, who are not employed by Cannon Family Health but participate in the Mission Health Partners network or Accountable Care Organization (ACO), to provide this care along with Cannon Family Health through an "organized health care arrangement" under HIPPA. All these care providers are also referred to as "we" in this Notice.

We may use or disclose your protected health information in the following situations without your authorization. These situations includes as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures.

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

You may revoke the authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS

The following are statements of your rights with respect to your protected health information.

- **You have the right to Inspect and copy your protected health information (fees may apply)**
- **You have the right to request a restriction of your protected health information**
- **You have the right to request to receive confidential communications**
- **You have the right to request an amendment to your protected health Information**
- **You have the right to receive an accounting of certain disclosures**
- **You have the right to receive notice of a breach**
- **You have the right to obtain a paper copy of this notice**

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

COMPLAINTS

You may complain to us or to the Secretary 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 our Compliance Officer of your complaint. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of, and provide Individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Please sign the accompanying "Acknowledgment" form. Please note that by signing the Acknowledgment form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Policies & Procedures Acknowledgment

By signing below, I acknowledge that I have received, reviewed and understand the policies and procedures explained in the Cannon Family Health office policies and procedures packet.

_____
Printed Name

_____ _____
Signature Date

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Appointment Cancellation Policy

Your quality of care is very important to us. We strive to make sure every effort is made to ensure that our patients receive the best quality care.

Our office requires a 24hr notice if you need to cancel your appointment. If you do not give us 24hrs notice or are a no show for your appointment, you will be charged a **$75.00 no show fee.**

We are a busy medical office, and the providers understand your time and theirs is very important. It is important for our office and the other patients that you be on time for your appointment. If you are 15 minutes or more late for your appointment you will be rescheduled to the next available appointment time.

We cannot stress enough how important it is that you come to your appointments. Our automated system calls, texts and emails you reminders of your appointment 1-2 days prior as a courtesy. However, it is your responsibility for keeping your appointment or calling to reschedule even if we can not reach you. After 4 no shows you will be dismissed from the practice.

_____ _____

Signature Date

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Please answer all questions

Patient Name: _____ Date of Birth: _____ SS#_____

Address: _____ City: _____ St: _____ Zip code: _____

Home Phone# : _____ Can leave a message _____ Yes _____No

Cell Phone#: _____ Can leave a message/text _____ Yes _____ No

Email: _____ With the patient portal located on our website www.CannonFamilyHealth.com, you will be able to request appointments, pay bills, receive appointment reminders and health information.

Please circle your preferred method of contact: Home Phone Cell Phone E-Mail Work:_____

Preferred Language: _____

Are you Hispanic/Latino Yes No

Race:_____ Ethnicity:_____

Marital Status: Single Married Divorced Widowed Separated Partnered

Previous/Maiden Name: _____ Preferred First Name: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about us: _____

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Billing

Primary Insurance: _____ ID#: _____ Group#: _____
Policy Holder: _____ Relationship: _____ Date of Birth: _____
Date Issued: _____

Secondary Insurance: _____ ID#: _____Group#: _____
Policy Holder: _____ Relationship: _____ Date of Birth: _____
Date Issued: _____

Employer: _____ Phone:_____
Occupation: _____

If patient is a minor, please answer the following:

Mother's Name: _____ Phone#: _____
Father's Name: _____ Phone#: _____
Legal Guarantor: _____ Phone#: _____

I understand that I am authorizing treatment by Cannon Family Health and that I am financially responsible for all charges of service rendered to me, including the balance remaining after payment from my insurance company. I authorize payment of medical expenses to the provider of professional services tendered. I authorize release of any medical information to process claims.

I have been presented with a copy of Cannon Family Health's Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal law.

Patient Signature: _____ Date: _____
Legal Guarantor if patient is a minor: _____ Date: _____
Relationship: _____

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

HIPAA Authorization

The privacy of your medical information is important. Our Notice of Privacy outlines how we may use or disclose your medical information on a regular basis. This authorization is for situations not included in the Notice, when you may want us to share your information with someone else such as a spouse, other family member or a caregiver. This authorization allows the individual(s) listed to have access to all of your information as a patient of this practice and will be all-inclusive unless otherwise specified in the limitations below. This authorization will remain in effect until written notice is given to the practice staff.

Who may receive your health information and pick up information from the office?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Limitations:_____

_____

I understand that once disclosed to the individual(s) names above, Cannon Family Health cannot guarantee that the individual(s) will maintain the confidentially of such information as described by law.

Revocation
This Authorization will be in effect on the dates signed. You have the right to revoke this Authorization at any time as long as it's in writing and is received and acknowledged by Cannon Family Health. Such revocation will restrict disclosure of your medical information but cannot affect past disclosure or disclosures already underway at the time of receipt.

Patient Signature: _____ Date: _____

Legal Guarantor: _____ Date: _____

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Medication History Authorization

Our medical practice uses Athena Health as our EMR (electronic medical record) to improve the quality of our services. This system also allows us to collect and review your medication history. A medication history is a report of prescription medications that we or other physicians have recently prescribed for you.

An accurate medication history is very important to helping us treat you properly and avoid potentially dangerous drug interactions.

By signing this consent form, you give Cannon Family Health permission to access and collect information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medications to treat HIV/AIDS and medication used to treat mental health conditions and pain management. This information will become a part of your medical record.

I hereby authorize Cannon Family Health to access my medication history without limitation or exclusion as is required and/or reasonably advisable to disclose, process, retrieve, transmit and view for the purpose of transmission of an electronic prescription issued by a provider authorized by law to prescribe, as necessary for my care and treatment.

Primary Pharmacy: _____ Address: _____
Phone#: _____

Patient Name: _____ Date of birth: _____

Patient Signature: _____ Date: _____

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Medical Release of Information Form

Patient Name: _____ Date of Birth: _____

Social Security Number: _____ Previous Name/Maiden Name: _____

I request and authorize: _____
(Name of previous physician/location of records)

Reason for release: _____

To release the medical record of the above-named patient to:

Cannon Family Health
6 Brooklet St.
Asheville, NC 28801

This request and authorization applies to: (initial all appropriate lines)

_____ Specific healthcare information relating to the following treatment conditions or dates of treatment: _____.
This information may contain x-rays, lab results, EKG reports any other reports and/or consults, etc.

_____ All Healthcare information, including information relating to HIV/AIDS testing, sexually transmitted Diseases, psychiatric disorders/ mental health or drug and alcohol use.

_____ All Healthcare information, excluding information relating to HIV/AIDS testing, sexually transmitted Diseases, psychiatric disorders/ mental health or drug and alcohol use.

_____ I understand I have the right to revoke this authorization by providing a written request to the above-named physician or organization. I understand that the revocation will not apply to information that has already been sent.

Patient Signature: _____ Date: _____

Authorized Representative: _____ Relationship: _____ Date: _____

Unless otherwise revoked this authorization will expire six months from the date signed. I understand that authorizing the disclosure of this health information is voluntary. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by confidentiality rules. If I have questions about disclosure of my health information, I can contact Kyley Burse, Practice Manager @ 828-250-0898 ext. 106.

Daniel Cannon, MD
Gary Curran, MD

6 Brooklet S
Asheville, NC 28801
P: 828.250.0898
F: 828.251.4671

Patient privacy Notice

All patient over the age of 18 will be taken back for intake by themselves. Family members will be asked to join the visit after intake, if the patient desires. This is for safety and privacy.

If you have questions, please let us know.

Thank you for your understanding.

Patient signature: _____ Date: _____