



## CLINIC POLICIES

Please read the following policies carefully. After reading each policy, initial where shown indicating you understand and agree to our policies.

**CONFIDENTIALITY:** All communication between you and the clinic is held in strictest confidence and will not be released unless: (1) you authorize release of information with your signature; (2) you present with potential harm to yourself or others; (3) there is suspicion of abuse or neglect of a minor or elder; or (4) the clinic is required to do so by Federal, state or local law. \_\_\_\_\_ (INITIAL)

**EMERGENCIES:** In case of emergency, **call 9-1-1** or **go to your nearest emergency room**. For after hour emergencies you may page your resident physician with the Via Christi operator at 316-268-5000 or the physician exchange 316-262-6262 for Dr. Brumfield, Dr. Schwasinger-Schmidt, Dr. Salyers or Dr. Tofteland. For non-emergency calls you may call the office at 316-293-2622. Leave a message if necessary. Your phone call will be returned within one business day. \_\_\_\_\_ (INITIAL)

**INSURANCE, CO-PAYS, DEDUCTIBLES AND BALANCES:** Come to your appointment prepared to make a payment for co-pays, deductibles, balances and charges not covered by your insurance company. **Please call us if your coverage changes between appointments.** \_\_\_\_\_ (INITIAL)

**APPOINTMENTS:** Please arrive 15 minutes prior to your scheduled appointment. Arrivals 10 minutes or later after scheduled appointment may require you to reschedule. Please call the clinic at least 24 hours before your appointment if you need to cancel or reschedule. Three (3) missed appointments within 12 months, inclusive of cancelations less than 24 hours in advance, **may result in dismissal from practice.** \_\_\_\_\_ (INITIAL)

**INCLEMENT WEATHER:** **In the event of severe weather, please** call the clinic before you come. A recording will alert you if we are closed. We will call you the next business day to reschedule your appointment. \_\_\_\_\_ (INITIAL)

**TRAINEES:** UKSM-W is a teaching facility, therefore medical students or resident physicians may be a part of your treatment, supervised by your provider. \_\_\_\_\_ (INITIAL)

**RESEARCH:** UKSM-W also works with physicians who are performing a variety of research projects. We may discuss these projects as viable alternatives or additions to your regular care. You may be asked to participate in this research, but you are under no obligation to do so. \_\_\_\_\_ (INITIAL)

**I have read, fully understand and accept responsibility for each item described above.**

\_\_\_\_\_  
SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

\_\_\_\_\_  
DATE