the CLINICS

1587 N. Bolton, Alexandria LA

Cenla Family Medicine Associates, LLC
Central Louisiana Foot and Ankle Specialists
Alexandria Gastroenterology Associates
Access Health

Michael J. Screpetis, M.D., William McGinty McBride III, M.D., Dr. Michael G. Buck, M.D., Dr. Jonathan D. Hunter, M.D., Michelle N. Beurlot, M.D., Dr. Noah L. Miller, M.D., Paul T. Sunderhaus, DPM, Dr. Maria N. Saucier, DPM, Joseph D. Hollier, M.D., Kim Sills, FNP, Tina Billberry, FNP, Dana Fontenot, FNP, Frances Turregano, FNP, Jessica Townley, FNP, Indria Kendrick, FNP, Jeanie Ponthier, FNP, & John Lombard, FNP

1587 North Bolton Avenue, Suite 1100, Alexandria, LA 71303
(318) 445-9823 (Dr. Screpetis & Frances Turregano, FNP-C)
(318) 445-9823 (Dr. Hunter, Dr. Miller, Jessica Townley, FNP-C, & John Lombard, FNP-C)
(318) 448-8905 (Dr. McBride & Dana Fontenot, FNP-C)
(318) 473-4500 (Dr. Buck & Tina Billberry, FNP-C)
(318) 445-9210 (Dr. Saucier & Dr. Sunderhaus)
(318) 473-8188 (Dr. Hollier & Kim Sills, FNP-C)
(318) 709-9051 (Dr. Beurlot , Jeanie Ponthier, FNP-C)
(318) 409-4073 (Indria Kendrick, FNP-C)

Alexandria Access Health / Extended Hours: Monday – Thursday 7:00 am – 5:00 pm
Friday 7:00 am - 12:00 pm (Noon)
Office Hours Alexandria: Monday – Thursday 7:45 am – 5:00 pm Fridays 7:45 am – 12:00 pm (Noon)
Marksville: Monday – Thursday 6:00 am – 2:00 pm Fridays: CLOSED
All Locations Closed on Saturday and Sunday

After Hours, Weekends, & Holidays

For Holidays, weekends, and after clinic hours, call your provider's phone number as listed above. Your call will be directed to the on-call provider. For routine matters such as refills, scheduling, and billing questions, please place your call during regular office hours.

If clinical advice is requested or required, your phone call may be converted into a telehealth visit. The provider on call will inform you at the time your call is placed. This visit will be billed to your insurance. Any associated out of pocket expenses will be the responsibility of the patient.

Preparation for your visit

CENLA Family Medicine is committed to providing you with thorough, evidence-based care. To accomplish this, we need good communication between patients and providers. We request that you provide us with a complete medical history, any test results obtained outside of this office, and information regarding recent hospitalizations, urgent care visits, and specialty visits outside of this practice.

Refills

Routine refills should be requested at the time of your visit or during regular business hours. For the occasional telephone request, have the following available for the office staff: Your name, date of birth, Drug name, drug strength, frequency, requested quantity (30 or 90 day), and pharmacy. Please leave only one message. For paper prescriptions, you will be notified when the prescription is available to pick up. Please do not come to the clinic area to pick it up if you have not been notified. The doctors are in clinic during the day and are unable to complete refill requests between patients. Please be aware it may take up to 24-48 hours for your request to be completed.

For narcotics and controlled substances refill, place your refill request at least 2 business days before the prescription is needed. Please only leave on message. You will be called when your prescriptions is ready for pickup. Narcotics and other controlled substances will not be filled early, after hours or on weekends.

You may also request your refills via the Patient Portal. If you have not logged into the Patient Portal before, please ask an associate to set up your account. All we need is a valid email address. Avoid hold times. Sign up today!

Test Results

You will be called with test results are they have been received and reviewed. You may also view your test results through the online patient portal. Please inquire for more information regarding this service.

Requests for Written Correspondence

Requests for letters or other correspondence from the Doctor may take a week or more to be completed. You may also make this request through our online patient portal. Please inquire for more information regarding this service.

Online Electronic Communication

CENLA Family Medicine Associates are able to provide you with access to your health record and information through a secured and encrypted web site. Form this side, you are able to request refills, view lab results, problem lists, current medications, and allergy information. You can also send a private e-mail message directly to your providers, as well as request specialty referrals and a complete copy of your health record. If you have provided an email address on your information sheet, you will be automatically enrolled in the patient portal. You will receive an email with further instructions.

CommonWell / Care Quality

As part of your continuum of care, Cenla Family Medicine Associates, LLC participates in CommonWell. This service allows the network of participants to securely identify, send, and receive your accurate and approved medical information. This free service is offered so that your health information may be quickly and securely available to your doctors who participate in the CommonWell/Care Quality network.

With your consent, your protected health information will be available to participants of CommonWell. Your enrollment will bring you better care with fewer delays and hassles and in turn, greater peace of mind. With timely access to information from other doctors you have seen, your doctors can make the best decisions possible to optimize your health.

Please note that many providers "Opt In" which means that if you do not want your information to be disclosed by a provider you have to notify their office as such.

As members of CommonWell, we will be able to view your information from other providers whether you choose to participate in CommonWell with Cenla Family Medicine Associates.

Payment Policy

1. Payment is required for services at the time they are rendered. For insured patients covered by plans in which we are participants, we will collect applicable copays and deductibles at the time of service. We accept payment in the form of personal check, cash, money order, Visa, MasterCard, American Express, and Discover. A $25 fee will be charged for any NSF checks returned to this office.

2. We respectfully request that you inform us of any changes to your insurance coverage prior to seeing the provider. An image of your current insurance card is required to facilitate submission of your claim to insurance. From time to time, you will be asked to produce your current insurance card, to verify that we have the most recent card on file.

3. Should medical claims be denied for any reason, other than physician office error, payment will become the responsibility of the patient or responsible guarantor.

Commercial Insurance Wellness Benefits/Preventive Care

This office must be informed prior to your visit with the physician if you plan to use your commercial insurance wellness benefits. It is your responsibility to know what medical services (if any) will be covered by your insurance's wellness policy. Neither the physician nor his/her staff can determine these benefits for you. If you receive medical services that exceed the limits of your wellness benefits, you are responsible for payment.

If your claim for wellness benefits/preventive care is denied by your insurance company, the balance will be your responsibility.

Do not ask the physician or office staff to change a medical diagnosis for the purpose of securing payment from your insurance carrier. This is an inappropriate request, at best unethical and at worst fraudulent.

Hospitalization

In case of hospitalization, your insurance company will be billed directly, and you will be billed for any amount not paid by insurance.

No Show Policy

We reserve the right to charge a $25 fee for any missed appointment that occurs without timely prior notice. Cancellations must be received by 5 pm on the business day prior to your appointment to avoid a no-show fee. This fee is not covered by insurance.

Authorization for Care

By signing that you have received these documents, you are authorizing and consenting to treatment necessary or desirable to the patient's care, including, but not restricted to whatever medication, performance of procedures, laboratory studies, x-ray or other studies that may be used by the Practitioners of **Cenla Family Medicine Associates, LLC, Central Louisiana Foot and Ankle Specialists, or Alexandria Gastroenterology Associates**. You are also authorizing and consenting for Cenla Family Medicine Associates, LLC to furnish information to insurance carriers concerning your illness or accidents. You further authorize your insurance company to pay benefits directly to Cenla Family Medicine Associates, LLC for charges relating to your medical care, whether in the office or hospital.

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for **Cenla Family Medicine Associates, LLC, Central Louisiana Foot and Ankle Specialists, or Alexandria Gastroenterology Associates** 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 **Cenla Family Medicine Associates, LLC, Central Louisiana Foot and Ankle Specialists, or Alexandria Gastroenterology Associates** has been given to me and described such uses and disclosures more completely.

I have the right to review the Notice of Privacy Practices prior to signing this consent. **Cenla Family Medicine Associates, LLC, Central Louisiana Foot and Ankle Specialists, or Alexandria Gastroenterology Associates** 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 The Office Manager Cenla Family Medicine, 1587 North Bolton Ave, Suite 110, Alexandria, LA, 71303.

With this consent, **Cenla Family Medicine Associates, LLC, Central Louisiana Foot and Ankle Specialists, or Alexandria Gastroenterology Associates**, may call my home or other alternative location and leave a message on voicemail 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, **Cenla Family Medicine Associates, LLC, Central Louisiana Foot and Ankle Specialists, or Alexandria Gastroenterology Associates,** 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.

I have the right to request that **Cenla Family Medicine Associates, LLC, Central Louisiana Foot and Ankle Specialists, or Alexandria Gastroenterology Associates,** 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 Cenla Family Medicine Associates, LLC, Central Louisiana Foot and Ankle Specialists, or Alexandria Gastroenterology Associates, 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, Cenla Family Medicine Associates, LLC, Central Louisiana Foot and Ankle Specialists, or Alexandria Gastroenterology Associates, may decline to provide treatment to me.

the CLINICS
1587 N. Bolton, Alexandria LA

Cenla Family Medicine Associates, LLC
Central Louisiana Foot and Ankle Specialists
Alexandria Gastroenterology Associates
Access Health

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 describes how we 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 described 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 or condition and related health care services.

1. 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, coordinates, 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, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

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 may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operation: 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 activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For examples, 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.

We may use or disclose your protected health information in the following situations without your authorization. These situations include as required by Law; Public Health issues as required by law. Communicable Disease: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceeding: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Worker's Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when

required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this 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 is a statement of your rights with respect to your protected health information.

1. You have the right to inspect and copy your protected health information. Our practice may charge a fee for the cost of copying, mailing, labor, and supplies associated with your request for a copy of the medical record. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

2. You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members of friends who may be involved in your care of for notification purposes as described in this Notice of Privacy Practices. Your request must state specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosures of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

3. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

4. You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

5. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

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 privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2021.

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. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.