

*Jean Antonucci MD
Family Medicine
115 Mt. Blue Circle Suite 2
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Dr. Antonucci is a board certified family practitioner with 28 years of experience practicing in Maine.

She cares for patients of all ages, for all conditions, with referral to specialists as needed.

She makes house calls *if medically necessary according to your insurance*

All patients are seen the day they call.

Services include:

- Pediatric care including well child care, illness care, and Immunizations
- Management of acute illnesses for all ages,
- Preventative care, checkups and risk assessment,
- Chronic disease care,
- Routine gynecology
- Minor surgical procedures
- e-visits are available

Dr. Antonucci is especially interested in patients' personal approach to their health care, and with helping patients make the changes need to live longer, better lives. She believes that every patient should be as confident as they can be about managing health concerns .

She is on the staff of Franklin Memorial Hospital, and MaineGeneral Hospital. She is a clinical instructor at the Maine Dartmouth Family Practice Residency. She lives in New Portland with her husband and three cats. .

Jean Antonucci MD

Helpful Information for Patients

Services

-I provide out-patient family practice care. I take care of newborns through the elderly and follow people into the nursing home if they need that care. I do house calls in certain cases if they are medically necessary.

-I place an emphasis on helping you solve your health care problems, so you can get exactly the care you need when you need it.

-I see patients Monday, Tuesday, Thursday, and Friday from 9:15 AM to about 5 PM. The office is open at 8:30 AM for phone calls.

-I am most easily reached between 8 -8:30 AM and also between noon - 1 PM (no answering machine then -- I just pick up the phone!)

-You may call me at home 628 -3353, or on my cell phone 399 -2968 nights or weekends for urgent matters that cannot wait. If I am sick or on vacation, when you call the office you will receive instructions about how to get medical care in my absence. Someone will always be available.

-Amanda Gullifer is in the office on Wednesdays from 5-7 PM—no appointment is needed (ring the waiting room bell).She checks weights and blood pressures, gives shots, flushes out ear wax and can advise you about your health and getting through the health system/.

-I do have e-mail available. This can ONLY be used for requests to make an appointment. I can do some visits by e-mail for a small fee that is usually cheaper than coming in person. If you would like to know more about this, ask me or see the website above.

When you call for a visit with me, I will see you the day you call. I will schedule all the time you need-IF when you call, you tell me what we need to work on, so that I can schedule the right amount of time.

****If you say “oh by the way now that I have you here” AFTER the visit is ending, we may not have all the time you need. Communication between us is important. If you need a longer visit go ahead and ask for one when you set up the appointment,**

*****Please do not ask doctors to “call in” medication or treatment. All professional services are given in the setting of a visit either in person visit or the e-visit**

If you were to use a word that means something different to me than to you, we could have a serious misunderstanding. Please do not ask me to call something in for you. Please consider using an e - visit if you do not need an exam.

Payment is due at the end of the visit, or if you use insurance, the co- pay may be done up front and we will then be free to concentrate on your medical care.

I do not currently do hospital care. I will arrange for, and coordinate hospital care if you need it .

Why isn't there a receptionist?

Doctors pay their staff by seeing patients and asking you or your insurance company to pay for the visit .If we have to pay staff we have to see more patients and see them faster. I use technology and partnering with patients to allow me to run an office where I can slow down and give you more time. The receptionist you see in the office works for the other practice that uses the same office space. She has nothing to do with Dr Antonucci.

Why is there a doorbell and a basket in the waiting room?

If I am running very late and you have been waiting OR if something is so urgent that you must interrupt me then ring the doorbell

Please do not ring the doorbell to let me know you are here. That would interrupt me with a patient who may be revealing something personal .Just sit and wait and I will be out to get you and I will be on time!

The basket is a place to leave me things and where I can put things out for you to pick up at your convenience whenever the building is open.

Fee schedules

These are posted in the waiting room for common procedures as required by law .My fees are based on providing the best possible service I can at affordable prices that enable me to earn a living. Fees cover phone calls I make to you about test results etc., and phone calls I receive from you when you have a question. If a question is too time consuming to be answered quickly on the phone, I will make you an appointment. Fees also include the time you do not see that a doctor spends working for you- reviewing the medical literature and your old records from other doctors, double checking your medication list, speaking to a specialist - you are not charged for those things directly

Philosophy/How I work with you

This office aims to provide a medical home for patients- as a place where you see the same doctor all the time .Our job is to have a relationship with patients over time, and help coordinate all your care. Our small team uses evidence based guidelines to help you share in decision making and guide you through the medical system. We will walk along with you and help as you to make the best decisions for you and your family

I put a big emphasis on prevention. I do not think that one only goes to the doctor when sick. I believe that to be an outdated notion. I like to give information to patients and encourage patient involvement in health care. I want you to have access to me, and be comfortable managing and controlling your health care, with me as your partner. I use medicines if needed and will use cheap older medicines if possible, and new medicines when necessary. I will do anything medically necessary to help you including referring you for care that I cannot provide.

I encourage communication.

Please call me rather than stop or change the use of your own medication without advice, to avoid harmful effects to you. I would rather you call. We work together as a team.

What you can expect from me is direct communication, and prompt response to your requests. You will be seen by me and only me for continuity, and I expect to see you on time.

You will always be notified of any test results that I ordered.

The use of electronic medical records plus a smaller practice enables me to provide personal, safe, and better quality medical care.

I try to do for you at a visit everything you will need until the next visit .I set up your refills and I do any forms you need. If you need a refill it means a visit is due.

If you need a form signed please call for an appointment .Most doctors do all these extra phone calls and visits but rush through visits. I would rather give you the time you want and need. This means I cannot spend time doing forms or refills .If we work together to make your visits thorough, I find that medical care is then so much easier for patients.

Confidentiality

The recent laws called HIPPA protect patient's rights, and patients' access to their records.

Information in detail is contained in the privacy policy which all new patients are given, and which is in the waiting room manual.

Professional responsibility of the physician says that NO information will be given to ANYONE unless the patient has given permission for the physician to speak to that person. This includes spouses, and persons responsible for the bill. Respecting a patient's privacy is critical to the patient / physician relationship.

A physician will break confidentiality in limited circumstances

- If a minor has been physically or sexually abused
- If the patient is a threat to themselves or to others
- Cases in which the physician believes that failure to disclose information would seriously jeopardize the ability to provide care, or would jeopardize the health of the minor.
- Sometimes the billing and insurance processes disclose to a family member that a patient sought care.

In the event that a patient passes away information may be released to the estate executor or next of kin.

Minors

A minor is a person under the age of 18.

As a general rule, Maine law requires that minors who seek medical care obtain the permission of parent or guardian. However, minors who meet certain criteria may consent to all treatment.

Also, all minors may give consent to treatment for

- care of pregnancy
- pregnancy tests
- contraceptives
- emergency contraception
- testing and treatment for sexually passed diseases
- treatment associated with sexual assault. If the health care provider believes the minor has been sexually assaulted, this must be reported to the authorities by law
- emergency care if permission from the guardian is not available first

If a minor fits one of the following that person may consent to all care themselves:

- if the minor has been living separate from parents or guardian for at least 60 days and is independent of parental support
- if the minor is or was legally married
- if the minor is or was a member of the United States Armed Forces
- if the minor has been legally emancipated by the courts.

E- MAIL

You are welcome to use email to make an appointment, and I may send lab results this way if you prefer

I cannot answer questions, have conversation, or do anything else, however, by email.

All professional services are provided in the setting of a visit or an e-visit.

Please remember that email is not 100% secure .There is always a small chance a hacker could intercept it. If your email is a family address, a family member could read the messages. If your email is through your employer, then that person can read your emails if they choose to do so.

Please see below regarding using email visit in place of in-person visits.

E-Visits

For those that do not need to be examined I offer visits for \$30.00 by e-mail. Some visits are appropriate to e-mail, and some are not .

If you would like to do this ask me or see my website jeanantonucci.com

E-visits are unlikely to be covered by insurance –you pay me directly although you can try to submit it to the insurance company for reimbursement.

Patient rights and responsibilities

There is a requirement to state this formally

However, I, Dr Antonucci, believe that most of the information included here would be common sense

You as a patient should expect to be seen on time in a courteous manner and to have healthcare in a manner that meets the needs of your personal preferences beliefs and style if you make them known to me

In turn I should be able to expect you to call if you are not going to show up and to accept responsibility for any follow through such as but not limited to, payment or letting me know medical information important to your care.

Jean Antonucci MD

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.

Each time you visit us, we keep a record of your care and treatment. We take the protection of your personal information seriously. We are required to provide you with this Notice of Privacy Practices to tell you about our legal duties and ways we may use and share your information, and to inform you about your rights regarding your health information. We give a small number of examples to describe what the categories mean, but not every use or disclosure can be listed on this Notice. You have a right to a paper copy of this Notice of Privacy Practices. This Notice is effective as of Sept 13 2013.

We will ask you to sign a written acknowledgment of receipt of our Notice. We Reserve the right to change the terms of this Notice and post the current Notice in our office in the waiting room booklet.

You may obtain an updated Notice from our practice at any time.

If you have any questions about this Notice of Privacy Practices, please contact Dr Antonucci.

How We May Use and Disclose Protected Health Information:

For Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and related services in our office or with a third party. For example, we may share your protected health information with a pharmacy for filling prescriptions, a laboratory or imaging center if you need diagnostic services, with a specialist to whom we refer you, or with a home health agency that provides care to you. We may share information with persons involved in your care, such as family members

For Payment

We will use your protected health information to get paid for your healthcare services. We may share information with your insurance company to obtain payment for services or to seek pre approval for a hospital stay or procedure

For Our Healthcare or Business Operations

We may disclose your protected health information to support the business activities of this office, such as reviewing our care and our employees, for education and training, to support our electronic health record system, or for legal or accounting matters. We may use a sign in sheet at the registration desk so that we may call you by name when we are ready to see you, and we may contact you to remind you of your appointment. If we involve third parties, such as billing services, in our business activities, we will have them sign a "business associate agreement" obligating them to safeguard your protected health information according to the same legal standards we follow.

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We participate in a statewide health information exchange called HealthInfoNet

This means that certain of your health information, maintained electronically, may be shared with other doctors and hospitals to care for you. For example, if you were injured in an accident and were treated by a hospital or provider that is part of HealthInfoNet, that new provider would have access to your electronic medical information, including your allergies, medications, and certain test results and diagnoses.

Specially protected information including substance abuse treatment program records, mental health treatment facility records, HIV/AIDS information and genetic test results are not automatically included in HealthInfoNet. However, your mental health, substance abuse or HIV status may be learned by other HealthInfoNet providers based upon the listing of your medications, or through your services received by this office. If you do not wish to be included in HealthInfoNet, you may "opt out" by filling out a form found online at <http://www.hinonet.org/patients/yourchoices> or by calling 866-592-4352, or by completing a paper form we can provide. If you change your mind, you may choose to join again later, but your previous health information will not be included.

When Allowed by Law:

The law allows us to use or disclose your protected health information in certain situations, including:

- When required by state or federal law;
- To report abuse or neglect;
- To persons authorized by law to act on your behalf, such as a guardian, health care power of attorney or surrogate;
- For disaster relief purposes, such as to notify family about your whereabouts and condition;
- For public health activities such as reporting on or preventing certain diseases;
- To comply with Food and Drug Administration requirements;
- For health oversight purposes such as reporting to Medicare, Medicaid or licensing audits, investigations or inspections;
- Where required by U.S. Department of Health and Human Services to determine our compliance;
- In connection with Workers' Compensation claims for benefits; and

- To assist coroners or funeral directors in carrying out their duties.
 - To comply with a valid court order, subpoena or other appropriate administrative or legal request if you are involved in a lawsuit or to assist law enforcement where there was a possible crime on the premises.
- We may also share your information where necessary to prevent or lessen a serious or imminent threat to you or another.
- If you are an inmate, we may release your information for your health or safety in the correctional facility; We may share your information with appropriate military entities if you are a member or veteran of the armed forces; We may be required to disclose information for national security or intelligence purposes.

With your Authorization

Other uses and disclosures will be made only with your written authorization. For example, we will ask for your written permission before promoting a product or service to you for which we will be paid by a company, and generally before sharing your health information in a way that is considered a sale under the law .If you sign an authorization, you may revoke it at any time, except where we have already shared your information based upon your permission.

Your Rights

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Following is a statement of your rights with respect to your protected health information. You have the right to access, inspect and copy your protected health information.

- This usually includes medical and/or billing records. You must submit a written request to us, and you agree to pay the reasonable costs associated with complying with your request before we provide you with your record

- You may ask us to provide your electronic record in electronic format. If we are unable to do provide your record in the format you request, we will provide the record in a form that works for you and our office. You may ask us to transmit your record to a specific person or entity by making a written, signed request.

You may request the information be sent via our email system if you sign a statement that you understand that email comes with inherent risks for which our office is not responsible.]

- Under certain circumstances, your provider may not allow you to see or access certain parts of your record. You may ask that this decision be reviewed by another licensed professional. You have the right to request to receive confidential communications, and request contact from us by alternative means or at an alternative location.You have the right to request a restriction of your protected health information

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- This means you may ask us not to use or disclose all or part of your protected health information for certain purposes. We will consider your request carefully, and may honor reasonable requests where possible. The law does not require us to agree to every request.

- However, if you wish to restrict certain sensitive or other health information from your insurer after you or your personal representative have paid out of pocket in full for your services, please discuss this request with us. We will honor your request where we are not required by law to make the disclosure.

You will need to make a new restriction request at each office visit

If your insurance plan “bundles” your services together so that we cannot withhold only one item or service from your claim, we will discuss your options with you.

- You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You have the right to receive an accounting of certain disclosures we have made of your protected health information. Please speak with us if you have this request. You may have the right to request amendment of your protected health information. While we cannot erase your record, we may add your written statement to your protected health information to correct or clarify the record where your provider approves. If the provider disapproves, you may submit a statement of disagreement and we may submit a rebuttal, which will remain with your record.

Fundraising

We do not currently conduct fundraising campaigns. If we do so in the future You have the right to opt out of any fundraising solicitation or communication.

We are required to have safeguards in place that protect your health information. In the event that there is a breach of those protections, we will notify you, the U.S. Department of Health and Human Services and others, as the law requires.

You may file a complaint with us by notifying our

Privacy Officer-Dr Antonucci- with your written complaint. We will not retaliate against you for filing a complaint with us or the Office of Civil Rights.

You may complain to the Office of Civil Rights at the Department of Health and Human Services(OCR) if you believe your privacy rights have been violated by us. You should contact the OCR in writing at:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

. Jean Antonucci MD

POLICIES

Thank you for choosing me for your health care.

I am committed to providing the best health care in the most affordable way for you and your family.

How a doctor charges for his or her work is complicated and regulated and is based on the complexity of the work, which is not always obvious to patients and only partly based on the time involved. It is explained more on request

Insurance

Insurance coverage is between you and the company you have chosen **-it is the patient's responsibility to understand their insurance.**

Do call your insurance company with any questions you have about what is covered and how fees are paid.

Proof of insurance is required at the time of visit.

-I will accept the payment fees of Medicaid, Medicare, Cigna, Harvard Pilgrim, Aetna and Anthem (Blue Cross) products. Any co-pays, co insurance, or deductibles are your responsibility.

-If you have any other kind of insurance, there are two choices for payment.

First, and cheapest for you, is if you pay me in full at the end of our visit together. If you pay in full at that time, a discount is given to you. Then you go home and submit the bill-I give you the forms- to your insurance company, and payment comes to you.

Second, as a courtesy to you, I am happy to submit the bill for you to your insurance company. You will be billed for any difference between what your insurance pays and what my charges are.

-Co pays are due at the time of service this is required by your insurer, no matter which of the two choices you choose. WE DONOT BILL FOR COPAYS YOU MUST PAY WHEN WE SEE YOU-by credit or debit card, cash or check.

****Please be aware that some services may not be covered by your insurance. If insurance does not cover the service, or if your insurance changed, remember that you are responsible for the bill.**

If your account is overdue, you will receive a letter stating that you if do not make arrangements pay your bill, you may be referred to a collection agency or taken to small claims court, so please call the number on your bill.

PEOPLE GET INTO THE MOST TROUBLE BECAUSE THEY DO NOT COMMUNICATE. We are happy to work with you, but we must hear from you. Please note that no payment is required to be seen and no interest is charged -unlike other services in life. In return, it is reasonable to expect you to pay for the service you did receive.

Missed appointments.

Your appointment is made to provide a service to you and you only. No other use can be made of that time. If you do not show up or call, then that time is wasted. If you do not call to cancel, I may have to charge you. I generally give a warning reminder about this. The charge is 25 dollars. Insurance will not cover that charge .You will not be seen again until that is paid.

Policy regarding bounced checks

If your bank tells me that there were insufficient funds to cover your check you will be notified and will have until 5 PM at the end of that work week to pay the full amount of the check plus bank fees-the bank fee is currently \$20.00 but of course can change. In addition you will be required to pay in cash in the future and to pay your copay before you are seen. You will only be denied care if you fail to follow these rules .In any event you could still receive emergency care.

Other fees

Because it takes time, there may be a processing fee for getting your records printed for you if you want a copy or need the records transferred. This is hard for people to understand. "Isn't that why you have staff or copy machines for?" people ask.

Your visits with me are only partly paid for by insurance. No other services - forms, faxing, copying records, phone calls, etc are paid for by the partial insurance payments. No doctor can keep their doors open if they are copying papers and faxing. I try very hard to keep my fees as low as possible. Your insurance pays only for part of the actual visits. Other costs are born by the person who needs the service.

DO ask if there are any questions. DO ask if there is hardship.

The fee I am allowed to charge, by state law, is \$5.00 for the first page of your records and 45 cents for each page thereafter .

Please any ask questions you have.

General Consent and Acknowledgement Form

General Consent to Treatment: By signing below, I authorize Jean Antonucci MD, to conduct examinations, diagnostic tests and procedures to assess my health care conditions, and to provide care, services or therapies necessary to effectively diagnose and treat me. I understand that it is the responsibility of my treating health care provider to explain to me the nature of proposed care, treatment, services, prescribed medications, suggested interventions, or procedures. Before I undergo particular procedures or tests, my provider(s) will explain the potential benefits, risks, or side effects, including potential problems that might occur during recuperation, the likelihood of achieving goals, reasonable alternatives, and the relevant risks, benefits, and side effects related to alternatives, including the possible results of not choosing to undergo the recommended treatment.

a. Right to Refuse Treatment: In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by my treating health care provider(s).

b. Medical Education and Participation of Students and Trainees: I understand that *Jean Antonucci MD* is dedicated to medical education, and that authorized, appropriately supervised students and trainees may observe and assist in my diagnosis, treatment and care, unless I expressly object to their participation in my health care.

Acknowledgment of Responsibility for Payment and/or Assignment of Benefits: By signing below, I understand and acknowledge that I am financially responsible for paying all costs associated with the health care services I receive from Jean Antonucci MD. I understand that I may be financially responsible for such costs even if I have health insurance, depending on the benefits and coverage limitations of my health insurance policy. I understand that I am also financially responsible for charges not covered by my health insurance, including deductibles and co-payments. I understand that health information about me, including (if applicable) information related to HIV/AIDS, substance abuse, and mental health treatment, may be shared with my health insurance carrier(s) or other third party payers responsible for paying for my health care. I understand that I may choose to pay privately in full for particular services if I do not wish certain sensitive health information to be disclosed to my third party payer.

By signing below, I authorize *Jean Antonucci MD* to share this information, including specially protected information such as mental health, substance abuse and/or HIV/AIDS information about me, with health insurers in order to be paid for the services they have provided. I agree that the patient named in this form (myself or another over whom I have legal authority) is covered by the insurer(s) that I have shared with *Jean Antonucci MD*, and that I have received no notice of discontinuation of benefits. I authorize such health insurers or other third party payers including Medicare, MaineCare (Medicaid) and TRICARE, pay the costs associated with my health care directly to *Jean Antonucci MD* or its contracted agents.

3. Minors: If you are a minor who consents to health care services on your own behalf, but utilize your parent's or guardian's insurance policy to pay for your services, please know that your parent or guardian will receive an Explanation of Benefits describing the nature of the

services provided and, as a result, these services will no longer be confidential. Please speak with our staff if you wish to pay for your services in another manner.

Notice of Privacy Practices: I understand and acknowledge that *Jean Antonucci MD* is obligated to keep my health information confidential, but legally may use my health information for purposes of treating me, getting paid for services provided to me, or for the internal operations of the Practice such as improving care and treatment services. I understand that a detailed list of permissible uses and disclosures is included in *Jean Antonucci MD's* Notice of Privacy Practices.

By signing below, I acknowledge that I have been offered the Notice of Privacy Practice

By signing below, I also acknowledge that I have read the above information, and that

- I understand and agree to the above statements
- I have been given the opportunity to have my questions about this form answered
- I have been given the opportunity to have my questions about the Notice of Privacy Practices answered

X _____ Date _____

Signature of Patient OR Legally Authorized Representative to

consent to treatment, AND agree to the payment policy ,AND that you either accepted or declined the copy of the privacy policy , AND that you understand and accept the e mail policy

If signed by Authorized Representative, please state legal authority to act on behalf of patient, e.g. healthcare power of attorney, healthcare surrogate, guardian, parent of a minor, etc.

ASK ANY QUESTIONS YOU HAVE!