



We are delighted you chose our Practice for your medical care needs. We will do our best to ensure you have a positive experience from check-in to check-out each time you visit the office(s). We will also strive for excellence in our customer service to you because you are the reason we are here; to serve you!

As a new patient of this Practice, please take a moment to familiarize yourself to our Policies and Procedures. There are several operating policies we must share with you to ensure our office is efficient, and that all patients receive the best care possible.

**Main Office (117 W. Northside Drive):**

The main office primarily handles Dr. Griner's well visits for pediatric and adult patients, scheduled re-visits and check-ups, and procedures (immunizations, lab work, etc.). Appointments required. **Office hours M-Th 8:15a-12:00p & 1:15p-5:00p, F 8:15a-12:00p**

**Griner Medical Group - Pediatric Clinic (101-F W. Northside Drive):**

Exclusive to Dr. Griner and Dr. Madon patients only, patients can be seen on a walk-in basis. Under the supervision of Dr. Griner and Dr. Madon, the Walk-In clinic is staffed by Dr. Madon and Nurse Practitioners. If you or your child is sick, you can bring them to the clinic. No appointment needed.

**8:15a-11:30a & 1:15p-4:30p, F 8:15a-11:15a**

**Office hours M-Th**

## General Operating Policies

**Appointments:** We will do our best to provide you with an appointment that accommodates your schedule, however, please understand our schedule remains full and there will be times when we cannot accommodate a particular time slot.

Prior to your upcoming appointments, we utilize a call reminder system to provide you with a courtesy call four (4) days in advance of your upcoming appointment. Please make sure you have provided our office with a working phone number to communicate this and other important medical information to you. Please inform our office as soon as possible if you have a conflict in making/keeping your appointment, so that we may add any last minute reschedules in your slot.

**Contact Information:** We rely on our patients to keep us up to date whenever his/her contact information changes, such as an address, phone number, or emergency contact. Please notify us at your next visit or before if you experience a change to your contact information.

**Financial Policy:** We have developed a detailed policy (separate form) concerning your financial obligations relating to services rendered at our Practice. Please familiarize yourself with these obligations and we welcome your questions if you do not understand or would like clarification about a particular policy.

**Missed Appointments:** As mentioned previously, our schedule remains full, sometimes booked out as much as six (6) months in advance. It is the patient's responsibility to contact our office to reschedule/cancel an appointment. If you fail to notify our office to cancel/reschedule your appointment **at least 24-hours in advance**, your account will be charged a **\$25.00**

“no-show” fee. Please note the fee will not be billed to your insurance company. In addition, your chart will be flagged and you will receive a notice that you have missed an appointment. Accounts that accumulate three (3) or more missed appointment fees may be dismissed from the practice.

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**Medical Records/Paperwork Requests:** It is our policy not to release any medical records, including immunization records, without first having the patient complete an Authorization to Release Medical Records. Anyone of our Check In/Out staff members can assist you with this request. Please note it may take 24-48 hours (1 week for Leave/FMLA paperwork) to complete your request. In addition, it is our policy to charge a small administrative fee for such paperwork at the time of request.

**Patient Rights and Responsibilities:** At your first visit, you will be provided with our Practice’s HIPAA policy as it relates to the handling, distribution, and storage of your Protected Health Information, more commonly referred to “PHI”. You will also be provided with a document to complete which tells our staff who may receive your “PHI” and how you would like our office to communicate important medical information and appointment reminders to you and your designated parties or “Power of Attorney’s”. You have the ability to change/revoke your authorization at any time by completing another authorization form.

If you feel that your protected health information “PHI” has been inappropriately used, accessed, or released, you may file a complaint with the Privacy Officer, Brett Johnson. Please contact our office at (229) 242-6061 and ask to speak with him. We take your concerns seriously and our staff understand their obligations to protect the confidentiality of your “PHI.”