



DRS MEDICAL ASSOCIATES LLC Policies

HIPPA

I acknowledge receipt of DRS MEDICAL ASSOCIATES LLC's Notice of Privacy Practices and I consent to the Provider's use and disclosure of health information and insurance/payment information which specifically identifies the patient identified above or which can reasonably be used to identify the patient identified above for treatment, payment and health care operations of the Provider in accordance with the Notice of the DRS Medical Associates Privacy Practices. I also consent to the restrictions contained in the Notice of Privacy Practices.

I hereby authorize DRS Medical Associates LLC to release my patient health information ("PHI") to the named individuals ("Recipients") on my registration packet.

I also understand that this consent is voluntary and that DRS Medical Associates LLC may not condition treatment on my execution of this Acknowledgement. I understand that I have the right to request that DRS Medical Associates LLC restrict how the patient's health and insurance/payment information is used or disclosed to carry out treatment, payment or healthcare operations.

I understand that I may revoke this consent at any time by notifying DRS Medical Associates LLC in writing, but if I revoke my consent, such revocation will not affect any actions that DRS Medical Associates LLC took before receiving my revocation. I understand that the information used or disclosed pursuant to this consent may be subject to re-disclosure by the Recipients listed above and, in that case, will no longer be protected by HIPAA (as defined in the Notice of Privacy Practices).

The consents hereunder expires when I am no longer a patient of DRS Medical Associates LLC or have revoked this consent

Other than those releases authorized by HIPAA as described in the Notices of Privacy Practices, PHI will only be released to the persons listed on this consent. If you choose not to authorize any family members or friends for disclosure of PHI, DRS Medical Associates LLC will not be able to release any information, including appointment or patient billing questions to anyone other than the patient.

External Prescription History

I authorize DRS MEDICAL ASSOCIATES LLC and its affiliated providers to access and view the external prescription history for the patient listed above.

I understand that a prescription history from multiple unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by the providers and staff of DRS MEDICAL ASSOCIATES LLC and may include past prescriptions from several years ago.



Controlled Substances Policy

1. No refills of controlled substances will be given on the first visit.
2. There must be a separate visit to assess the need for the chronic controlled medicine.
3. We will ask you to obtain prior notes and testing that support the diagnosis which requires a chronic controlled medication.
4. A referral to the appropriate specialist may be made after the evaluation, who will then be the only physician who can prescribe the controlled medication.
5. You may receive an alternate medication to help control your chronic medical problem.
6. After hours and on weekends, the doctor on call WILL NOT call in any additional prescriptions or refill medications over the phone.
7. You are responsible for your prescriptions. Stolen or lost refills will not be replaced.
8. NO early refills will be given.
9. You must only use one designated pharmacy-NO EXCEPTIONS.
10. You must inform us of any prescription drugs you are obtaining through other physicians. Failure to do so may result in discharge from our practice.
11. It is illegal to share prescription drugs and to alter or forge prescriptions. We reserve the right to discharge patients engaging in such activities.
12. We reserve the right to obtain random drug testing. There is a zero tolerance policy for illegal substance use.
13. We reserve the right to discharge patients engaging in activities considered “drug-seeking”, such as persistent medication use past the period indicated by the physician; repeated visits to emergency rooms with pain complaints; use of illegal substances; and other activities in this category at the discretion of our physicians.

Vaccination Policy

• We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives. • We firmly believe in the safety of our vaccines. • We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and Prevention and the American Academy of Pediatrics. • We firmly believe, based on all available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities. • We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities. We offer thimerosal free vaccines for children. • We firmly believe that vaccinating children and young adults may be the single most important health promoting intervention we perform as healthcare providers, and that you can perform as parents/caregivers. The recommended vaccines and their schedule are a result of years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

In some cases, we have a modified vaccine schedule to accommodate parental concerns or reservations. Please be advised that delaying or “breaking up vaccines” can put your child at risk for serious illness, or death. Such additional visits may not be covered by insurance and will be the financial responsibility of the parent/caregiver. Please realize that you will be required to sign a “Refusal to Vaccinate” acknowledgement in the event of lengthy delays.

Finally, if you should absolutely refuse to vaccinate your child despite all our efforts, we will ask you to find another healthcare provider who shares your views. We do not keep a list of such providers nor would we recommend any such physician. Please recognize that by not vaccinating, you are putting your child at unnecessary risk for life-threatening illness and disability, even death.