



Michael J. Stein, MD FAAFP

Welcome to Pinnacle Personalized Healthcare!

We hope that your experience with us is both positive and rewarding!

Enclosed you will find that we have included our new patient paperwork.

Please take the time to review the information that is provided and bring your signed paper work with you to your first visit with us.

OFFICE HOURS AND APPOINTMENTS

Our office is open varied hours to ensure your adequate appointment needs!

Every effort will be made to accommodate your appointment needs. Same day appointments are available for urgent needs.

Dr. Michael Stein is in the office Monday, Wednesday, and Friday from 8AM to 6:30PM. He is in Tuesday 8:00AM-5:00PM and some Thursdays.

Appointments can be scheduled in the following ways:

1. You can call our office at [603-458-2233](tel:603-458-2233)
2. You can email Info@Pinnacle-PHC.com
3. You can use your patient portal which can be found on the contact page of our website www.Pinnacle-PHC.com.

PUNCTUALITY OF SCHEDULED APPOINTMENTS

Please arrive at least 15 minutes early for your new patient appointment. Please be advised that if you are 15 or more minutes late for your scheduled appointment, your appointment may be rescheduled.

OBTAINING MEDICAL RECORDS

Please contact your previous primary care office to have your medical records forwarded to us. It is very helpful if we have at minimum your last office visit note, prior to being seen.

AFTER HOURS CARE

When the office is closed, we always have a physician on call that is available for your urgent needs. Urgent visits are available on Saturday and Sunday so please call us before heading off to an urgent care clinic. In the event of a true emergency, please call 911 or go to your nearest emergency room.

Please call the main office number (603-458-2233) to access these services. Please allow several rings for your call to be answered. Note that no prescription refills are issued outside of office hours and no controlled medications are filled outside of office hours.

INSURANCE

Prior to your visit please contact your insurance company to make sure that our facility is in network with your provider. We also request that you contact your insurance company to update your PCP (Primary Care Provider) information, this step is necessary PRIOR to your first visit with our office. Dr. Stein's national provider ID number is 1689711954.

PRESCRIPTIONS, REFILLS, AND PAPERWORK

Please call either your pharmacy directly, contact our office, or utilize the patient portal to request a prescription refill. To better serve you, please call during regular business hours or use the patient portal. Prescriptions are sent during normal business hours only (Monday-Friday; 8am-6pm).

Please allow up to 3 business days to process any prescription refills. For mail order prescriptions, please call at least 7 days before your prescription runs out to allow enough time to process your request and for you to receive it in the mail.

For any paperwork that needs to be filled out please allow 10 business days for us to complete. Please also note that if the provider is on vacation the request can take an extended time until they return to the office. We will try our best to accommodate your needs.

Please note, we reserve the right to decline any prescription refill request if basic care requirements have not been met such as visits or blood work. We also reserve the right to decline to fill long term controlled medications that were previously filled by another provider.

LAB WORK

Lab work can be completed at the facility of your choice as regulated by your insurance company.

REFERRALS FOR SPECIALTY CARE AND IMAGING STUDIES

- Always contact us first about a new/acute medical problem. You will likely be required to have an office visit to assess your problem, to validate the need for the referral. If your PCP determines that you need to see a specialist, and to facilitate continuity of care, you will be referred to the specialist of your choice within your insurance network. Please note, you should be aware of your individual insurance plan's contracts with specialist providers and their hospitals.
- Note that many insurers now require 14 business days notice for referral request. Please contact us well in advance of the appointment in order to allow sufficient time for your PCP to review your request.
- Please understand that many insurers do not allow us to backdate referrals, at this point, the financial responsibility for the specialty visit would be that of the patient. This includes visits to urgent care facilities.

PATIENT PORTAL

Our office utilizes the patient portal for patients to review results, submit prescription refill requests, view clinical summaries, request appointments and communicate with your healthcare providers. Upon arriving for your first visit, we will ask you to provide us with your email address so we can send you an invitation to log in.

COPAYMENT COLLECTION

All copayments are expected to be paid at time of service. We are able to accommodate payment by cash, check, or credit card.

** Please note that an annual physical generally does not require a copayment. However, if during the visit an issue other than preventative care is addressed, as per our contract with your insurance there may be a co-pay added for the extra services rendered. Examples of this include, follow up on chronic conditions or a new problem.

Thank you for choosing Pinnacle Personalized Healthcare for your health care needs!

Sincerely,
Your staff at PPHC
PINNACLE PERSONALIZED HEALTHCARE
2 Manor Parkway, Suite 5, Salem, NH 03079

HIPAA

Your Information. Your Rights. Our Responsibilities.

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 SECTION EXPLAINS YOUR RIGHTS AND SOME OF OUR RESPONSIBILITIES TO YOU.

- You and/or your representative may ask to see or get a copy of your medical information, including medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Pinnacle Personalized Healthcare, 2 Manor Parkway, Suite 5, Salem, NH 03079.
- We may deny your request to inspect and copy in limited circumstances to include information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If you are denied access to medical information, you may request that the denial be reviewed.
- There will be a fee charged for all applicable copying and producing copy of portable media (CD,USB) up to the maximum amount as prescribed by governing law. Request will be honored within 30 days.
- You can ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for amendment. We may deny your request if you fail to submit in writing or if you ask us to amend information that is in our opinion (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI that you would be permitted to inspect or copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- You can ask us to communicate with you about medical matters in a certain way or at a certain location. We will agree to this request to the extent that it is reasonable for us to do so. For instance, you may ask that we contact you at home, rather than work. We ask that you submit these request in writing to the practice's privacy officer listed on this publication.
- You can ask us to NOT to use or share certain health information for treatment, payment, or other operations. Additionally, you can ask us to restrict our disclosure of your medical information only to certain individuals involved in your care or the payment for your care, such as family members or friends.
- However, we are not required to agree to your request, and we may say "NO" if it would affect your care. In the event that you request information be withheld from your health plan for covered services, provided the disclosure is not required by other laws, you would be responsible for payment in full, out of pocket.
- You may ask us for an accounting of our disclosures of your medical information; the list will not include disclosures to carry out treatment, payment and healthcare operations. Pinnacle Personalized Healthcare will provide you the first accounting in any 12- month period without charge, upon receipt of your written request. The cost for subsequent request will be up to the maximum amount prescribed by governing law.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting us using the information provided on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instruction.

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- Marketing or Sales purposes: We never share your information for marketing or sales unless you give us written permission

THIS SECTION EXPLAINS HOW WE TYPICALLY USE OR SHARE YOUR INFORMATION.

- We may use your medical information to provide coordinate and manage your treatment or services. We may disclose medical information about you to other healthcare professionals such as physicians, nurses, laboratories or other personnel who are involved in your care. We may communicate with them and share copies of various reports and information for purposes related to your treatment.
- Our practice may use and disclose your medical information to operate our business. Examples of these services include billing and collection and software support, or to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may also contact you to remind you of your appointment by telephone or reminder cards unless you requested otherwise. You will be notified promptly if a breach occurs that may have compromised the privacy or security.
- We can use and disclose medical information about your treatment and services to bill and collect payment from you, your health plan provider or a third- party payer. This may include contacting your insurance company for verification or preapproval of covered services or referrals.
- We can share health information about you for certain situation such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
- We can use or share your information for health research
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- We can share health information about you with organ procurement organizations in responding to organ and tissue donation request
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies
- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions, such as military, national security, and presidential protective services
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Pinnacle Personalized Healthcare is committed to maintaining the privacy of your individually identifiable health information (also called protected health information or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Our practice will post a copy of our current Notice in our office and on our website, and you may request a copy at any time. If you have questions about this Notice, or to report a problem, or believe that your privacy rights may have been violated, please contact us at:

Pinnacle Personalized Healthcare
2 Manor Parkway, Suite 5
Salem, NH 03079
Phone: 603-458-2233; Fax: 603-458-2528
Email: Info@Pinnacle-PHC.com

More information may be found at www.hhs.gov/ocr. All complaints must be submitted in writing within 180 days of when you knew that the act or omission occurred and there will be no retaliation for filing a complaint.

EFFECTIVE DATE: March 1, 2017

CONSENT TO OBTAIN PATIENT MEDICATION HISTORY

I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans, and my other healthcare providers.

- Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history.
- The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions.
- It is very important that you and your provider discuss all your medications in order to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make prescription history information available, and your medication history might not include drugs purchased without using your health insurance.
- Also over-the-counter drugs, supplements, or herbal remedies that you take on your own may not be included.

By signing you are giving your healthcare provider permission to collect and share your pharmacy and your health insurer information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health issues such as depression.

CONSENT TO TREATMENT

I hereby give my permission for Pinnacle Personalized Healthcare to give me medical treatment.

I allow the Practice to file for insurance benefits to pay for the care I receive.

I understand that:

- The Practice will have to send my medical record information to my insurance company.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay or I do not have insurance or it is invalid at time of service.
- I understand that I have the right to refuse any procedure or treatment.
- I have the right to discuss all medical treatments with my provider.

NO SHOW POLICY

Thank you for trusting your medical care to Pinnacle Personalized Healthcare. When you schedule an appointment with us we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment.

Effective August 7, 2018 any established patient who fails to show or cancels / reschedules an appointment and has not given our office at least a 24 hour notice will be charged a \$75 fee for routine visits and \$150 fee for physicals or annual wellness visits.

These fees are not covered by insurance and must be paid prior to your next appointment.

Multiple no shows or rescheduling in any 12 - month period may result in termination from our practice.

As a courtesy, you receive automated reminders as well as phone call reminders for appointments not confirmed. However, it is your responsibility to maintain your appointment schedule, regardless of our reminders. Therefore, should you not receive a reminder, this policy will remain in effect.

We understand that there may be times when an unforeseen emergency occurs and you may not be able to keep your appointment. If you should experience extenuating circumstances please contact our Office Manager.

Pinnacle Personalize Healthcare has someone answering your calls 24 hours a day, 7 days a week. When we are not in the office, your call will be transferred to our answering service. There may be several rings prior to someone taking your call but someone will answer. You may also request that your appointment be cancelled or rescheduled through our secure patient portal.

Thank you for your understanding and cooperation as we strive to best serve the needs of all of our patients.

FINANCIAL POLICY

It is the policy of Pinnacle Personalized Healthcare, that payment is due at the time of service unless other financial arrangements are made in advance. We request that all patients pay their copay payment at the beginning of each visit. At the conclusion of your visits with us you may be billed for any outstanding balances. If there is a credit, you will be provided a refund promptly.

As a courtesy, our staff verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan, if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received.

Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Please remember that you are 100 percent responsible for all charges incurred: your physician's referral and our verification of your insurance benefits are not a guarantee of payment.

If your plan requires you to select a PRIMARY CARE PROVIDER (PCP), it is your responsibility to contact your insurance and choose DR. MICHAEL STEIN, 2 MANOR PARKWAY, SUITE 5, SALEM, NH 03079, as your PCP. Not doing so will result in denial of the insurance claim and you will be billed for any services rendered.

We highly recommend you also contact your insurance carrier and check into your coverage for any services that we provide.

Please note that if you are being seen for an annual physical or wellness exam and any other service is rendered on the same day, such as a follow up on a chronic or acute problem, or a new problem, this is billed as a separate service as per our contract with your insurance. Therefore, you may receive a co-payment or co-insurance bill for the separate service.