



## **Welcome to Stone Oak Women's Center!**

Welcome to Stone Oak Women's Center! We look forward to participating in your medical journey to optimum health. The physicians, Drs. Ash Dabbous, Michelle Harden, Kathryn Holloway and staff of Stone Oak Women's Center would like to welcome you to our practice. From childbirth to menopause, you'll find individualized care from our doctors and staff. We specialize in routine and high-risk obstetrics, female incontinence/pelvic floor reconstruction, and Women's health including an integrative wellness approach. Our group of board certified physicians, licensed nurse practitioners and staff are dedicated to offering high quality medical care in an atmosphere of caring and compassion.

In order to provide optimal care, we would like to address the following.

### **Practice Policies:**

Please be sure to provide the office with your current insurance information. This will make the check-out more efficient for our patients. Office visits require copayment upon check-in. If your office visit or any services are not covered by your insurance, you are still financially responsible. Obstetrical contract will need to be paid in full by the 20<sup>th</sup> week in pregnancy. Surgical patients will need to meet with billing representative before surgery date. We offer an easy-pay payment schedule for those that are in need of assistance. Please discuss this with our billing representative if you are in need of more information or would like to create a payment schedule. There is a \$50.00 **NO SHOW** fee if cancellation is not made at least 24 hours prior to your appointment for Surgical Consultation. There will be a **\$25.00 charge** if you do not cancel your appointment 24 hours prior to your scheduled appointment. **All** urgent work-in appointments, with the exception of obstetrical and post-op patients will incur an urgent –care cost.

### **Scheduling your appointment:**

Appointments may be scheduled by phone or requested through the web portal. Our designated scheduler reviews requests on a daily basis. While it is our mission to see each and every one of you in a timely manner, unpredictable obstetrical and gynecological emergencies occur, it may not be feasible to see you on that particular day. We apologize in advance for any inconvenience. This may require us to reschedule or ask that you be seen by a licensed Nurse Practitioner. We have physician extenders which are able to provide excellent care and assist in your comprehensive medical care. This provides each patient the time and care necessary for their unique medical needs. We ask that you make appointments when you are not rushed for time. We encourage you to use this time to relax for a positive health benefit. This will make your day a little better, but also will benefit the health of your physician and their staff.

### **Telephone encounters:**

In general, our physicians do not return routine phone calls. If you need to speak directly with your physician, please schedule an appointment. We have added provider extenders to help accommodate your medical needs. Patients who call requesting a call back from the physician may incur a telephone-encounter charge of \$50.00 for a phone consultation. If this is not covered by you insurance, you are responsible for this charge. A credit card will be required.

**Lab results:**

The following well-woman labs do not require a follow-up appointment: pap smears, cholesterol panels, screening thyroid, and vitamin D. All normal lab results will be posted to the web-portal. Abnormal lab results will be discussed via telephone or web portal, within a two week period following your lab tests.

If you have not received your results by phone or web encounter in 2 weeks please contact our office. We will not be giving results prior to this over the phone.

This will enable our employees to have more time to address your concerns while you are in the office.

All other labs and diagnostic testing results will be given at your follow-up appointment with the physician or nurse practitioner. If you do not have a follow up appointment, please request one by phone or via the web portal. **You may not retrieve any lab results by phoning the office.** Tests that require a follow up appointment include pelvic sonograms, bone density studies, biopsies, and any other blood work.

**FMLA:**

Please allow a minimum of 10 working days for FMLA forms to be completed. A **\$25** fee will be charged for each set of forms. The office will call you when forms are ready for pickup.

**After Office Hours:** There will be a physician on call for medical emergencies. We share call on weekends and holidays with physicians within other groups. There will be a charge of \$50.00 for non urgent medical calls. There will be no medication refills or pain medications called in over the phone. If you require assistance with a non-medical emergency we encourage you to seek care from an urgent care clinic. If you are in labor or have an Obstetrical Emergency then go to Labor and Delivery at Methodist Stone Oak Hospital. The nurse from Labor and Delivery will contact the physician on call. Thank you for your cooperation.

**Lifestyle Medicine:**

Wellness and Prevention has been shown to decrease 80% of chronic disease by making healthy lifestyle choices. We offer a variety of services and products that may assist you in this endeavor. All of our nutritional products are of High Quality Pharmaceutical Grade. It is important to remember that in the US the FDA does not require set standards for vitamins and herbal products. Our products are GMP; USP certified and are of the highest quality. Please feel free to go to our website or ask to speak to our Nutritionist for further information. We encourage HEALTH FOR LIFE!

**Disclaimer Required:**

There may be some financial gain from the purchase of products in our office. The offering of these products has no effect on our patient/physician relationship.

Sincerely,

**Stone Oak Women's Center**



Ash M. Dabbous, M.D. Michelle Harden, M.D. Charles Honore, M.D.

**Patient Consent**

Stone Oak Women’s Center advises most office visits are subject to medical insurance filing. Any remaining charges are to be paid by the patient in the event a claim is not fully paid by insurance or is not subject to medical insurance filing.

**Patient Out of Pocket**

As **GUARANTOR** of this account, I hereby assume all financial responsibility for the payment of the services rendered to the named patient. I confirm the insurance information I have given to Stone Oak Women’s Center is current and accurate. Stone Oak Women’s Center has been given all insurance information and coverage pertaining to my treatment.

I further understand that the information given to SOWC by my insurance company **is not a guarantee of payment and is only an estimate of the amount that may be covered** by insurance. I further understand that my **Patient Responsibility**, paid at the time of service, is only an **estimate** and the exact amount cannot be determined until final insurance payment has been received.

**If I have questions about my insurance coverage or benefits, it is my responsibility to contact my insurance carrier directly.**

I agree to make my **estimated Patient Responsibility** payment at the time of service.

I understand that any supplies or procedures not covered by my insurance are my financial responsibility.

I give Stone Oak Women’s Center consent to file all claims to my medical insurance.  
A copy of this form is available upon request.

**PATIENT/GUARANTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Guarantor Name:** \_\_\_\_\_

## Patient's Notification of HIPAA Rules For Use and Disclosure of Protected Health Information (PHI)

Quoted from the Office of Civil Rights --HIPAA website:

"In response to the HIPAA mandate, HHS published a final regulation in the form of the Privacy Rule in December 2000, which became effective on April 14, 2001. This Rule set national standards for the protection of health information, as applied to the three types of covered entities: health plans, health care clearinghouses, and health care providers who conduct certain health care transactions electronically. By the compliance date of April 14, 2003 (April 14, 2004, for small health plans), covered entities must implement standards to protect and guard against the misuse of individually identifiable health information. Failure to timely implement these standards may, under certain circumstances, trigger the imposition of civil or criminal penalties.

The Privacy Rule establishes, for the first time, a foundation of Federal protections for the privacy of protected health information. The Rule does not replace Federal, State, or other law that grants individuals even greater privacy protections, and covered entities are free to retain or adopt more protective policies or practices."

Therefore the following information is for your review and signature showing that you understand the policies set down by the Stone Oak Women's Center concerning use of PHI.

Protected Health Information (PHI) includes:

- |   |                                   |   |                                     |
|---|-----------------------------------|---|-------------------------------------|
| X | Name                              | X | Full Face Photographs               |
| X | Social Security Number            | X | Biometric ID – finger, voice prints |
| X | Medical Record Number             | X | Health Plan Number                  |
| X | Geographic Location, except state | X | Account Number                      |
| X | All dates, except for year        | X | License Number                      |
| X | Age >89                           | X | Vehicle Identification              |
| X | Phone Number (s)                  | X | Device Numbers                      |
| X | Fax Number                        | X | URL & IP Address(es)                |
| X | E-mail address                    | X | Any other unique number, code, etc. |

PHI includes any identifying elements that is linked it to a specific individual. It is not the content that makes something confidential; it is whether it can be individually identified.

### NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION [45 CFR 164.520]

#### Background

The following rules are being met by Stone Oak Women's Center:

The Privacy Rule permits certain incidental uses and disclosures that occur as a by-product of another permissible or required use or disclosure, as long as the covered entity has applied *reasonable safeguards* and implemented the *minimum necessary standard*, where applicable, with respect to the primary use or disclosure. See 45 CFR 164.502(a)(1)(iii). An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the Rule. However, an incidental use or disclosure is not permitted if it is a by-product of an underlying use or disclosure which violates the Privacy Rule.

A covered entity must have in place appropriate administrative, technical, and physical safeguards that protect against uses and disclosures not permitted by the Privacy Rule, as well as that limit incidental uses or disclosures. See 45 CFR 164.530(c). It is not expected that a covered entity's safeguards guarantee the privacy of protected health information from any and all potential risks. Reasonable safeguards will vary from covered entity to covered entity depending on factors, such as the size of the covered entity and the nature of its business. In implementing reasonable safeguards, covered entities should analyze their own needs and circumstances, such as the nature of the protected health information it holds, and assess the potential risks to patients' privacy. Covered entities should also take into account the potential effects on patient care and may consider other issues, such as the financial and administrative burden of implementing particular safeguards.

#### Minimum Necessary.

- X Covered entities also must implement reasonable minimum necessary policies and procedures that limit how much protected health information is used, disclosed, and requested for certain purposes. These minimum necessary policies and procedures also reasonably must limit who within the entity has access to protected health information, and under what conditions, based on job responsibilities and the nature of the business. The minimum necessary standard does not apply to disclosures, including oral disclosures, among health care providers for treatment purposes. For example, a physician is not required to apply the minimum necessary standard when discussing a patient's medical chart information with a specialist at another hospital. See 45 CFR 164.502(b) and 164.514(d), and the fact sheet and frequently asked questions on this web site about the minimum necessary standard, for more information.

**Business Associates - [45 CFR 164.502(e), 164.504(e), 164.532(d) and (e)]**

**General Provision.** The Privacy Rule requires that a covered entity obtain satisfactory assurances from its business associate that the business associate will appropriately safeguard the protected health information it receives or creates on behalf of the covered entity. The satisfactory assurances must be in writing, whether in the form of a contract or other agreement between the covered entity and the business associate.

- X *Business associate functions and activities include:* claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; and re-pricing.
- X *Business associate services are:* legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; and financial.

**USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**  
[45 CFR 164.506]

**General Provisions at 45 CFR 164.506.** A covered entity may, without the individual's authorization:

- X Use or disclose protected health information for its own treatment, payment, and health care operations activities.
- X "Health care operations" are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. These activities, which are limited to the activities listed in the definition of "health care operations"
- X "Treatment" generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.
- X "Payment" encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care.

Uses and Disclosures of Psychotherapy Notes.

- X Except when psychotherapy notes are used by the originator to carry out treatment, or by the covered entity for certain other limited health care operations, uses and disclosures of psychotherapy notes for treatment, payment, and health care operations require the individual's authorization. See 45 CFR 164.508(a)(2).

Right to Request Privacy Protection.

- X Individuals have the right to request restrictions on how a covered entity will use and disclose protected health information about them for treatment, payment, and health care operations. A covered entity is not required to agree to an individual's request for a restriction, but is bound by any restrictions to which it agrees. See 45 CFR 164.522(a).
- X Individuals also may request to receive confidential communications from the covered entity, either at alternative locations or by alternative means. For example, an individual may request that her health care provider call her at her office, rather than her home. A *health care provider* must accommodate an individual's reasonable request for such confidential communications. A *health plan* must accommodate an individual's reasonable request for confidential communications, if the individual clearly states that not doing so could endanger him or her. See 45 CFR 164.522(b).

RX Hub

- X Stone Oak Women's Center will include in the patient's electronic medical record any and all medications received from the RX Hub for the purpose of medication therapy and patient safety.

Patient Access to Records

- X An individual has a right of access to inspect and obtain a copy of his/her PHI with some restrictions. An individual's request to access his/her information must be in writing. These requests should always be handled by the Medical Records department or Health Information Management Service within the Stone Oak Women's Center organization. An individual also has the right to inspect or obtain a copy of billing records. These requests to be presented in writing to the financial or billing department within the Stone Oak Women's Center organization.

I \_\_\_\_\_ (Name of Patient/Guardian/Parent/Guarantor have read the above, have been supplied a copy for my records and understand the responsibilities of Stone Oak Women's Center in regards to my PHI.

\_\_\_\_\_  
Signature of Patient/Guardian/Guarantor  
Date:

Witness: \_\_\_\_\_

Date:



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### NEW PATIENT MEDICAL HISTORY

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Reason for your appointment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug Allergies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications you are currently taking?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all surgeries / hospitalizations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all pregnancies, miscarriages or terminations, including type of delivery and/or complications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NEW PATIENT MEDICAL HISTORY, cont...

### Gynecologic History:

Age of first menses: \_\_\_\_\_ Last menstrual period: \_\_\_\_\_

Age of menopause (if applicable): \_\_\_\_\_

How long do your menstrual cycles last? \_\_\_\_\_

How heavy is the flow: (heavy, normal, light)? \_\_\_\_\_

Have you ever had an abnormal pap? When? \_\_\_\_\_

Are you sexually active? \_\_\_\_\_

Are you using any form of contraception? \_\_\_\_\_

### Social History:

Do you smoke? \_\_\_\_\_

How much alcohol do you drink? \_\_\_\_\_ Do you wear sunscreen: \_\_\_\_\_

Do you exercise/what type/how many times per week? \_\_\_\_\_

Do you do yourself breast exams regularly? \_\_\_\_\_

### Family History:

Family Member	Alive/Deceased	Age	Medical Conditions
Mom			
Dad			
Siblings			
Paternal grandmother			
Paternal grandfather			
Maternal grandmother			
Maternal grandfather			
Children			
Maternal uncles			
Maternal aunts			
Paternal aunts			
Paternal uncles			

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## **PATIENT WEB PORTAL**

To Our Patients-

We now have a patient portal available for your use. This will allow you to have access to some of your medical information. This is a HIPAA secure site. You will be given a user name and password. If you become locked out of the system you will need to call our office and we will reset your account. The turn around time is 48 hours for a new password.

**Yes, I would like to be web – enabled.**

**No, I do not desire to be web – enabled.**

**Patient Name (Print):** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_