



Patient Intake Policies & Procedures

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Welcome to Specialty Senior Care PLLC (“Specialty Senior Care,” “I” or “me”)! My name is Sara Brubacher, APRN. As a licensed Nurse Practitioner, I am excited to act as your provider (“Provider”) to offer you home-based primary and preventative care (“Services”). Services may include assessing your general health, providing preventive care, and helping to treat and manage acute and chronic medical conditions. I refer patients to a specialist if we discover a more serious condition.

Thank you for entrusting me to care for your health and well-being. Before starting or continuing treatment, I require all patients to agree to and sign Specialty Senior Care’s policies and procedures. They set forth the terms of our relationship while you receive these Services.

Please take time to read this document and raise any questions you may have prior to signing below. I may update these policies and procedures (“Policies and Procedures”) at my discretion, and I will provide you with a copy of any updates. By signing below, you acknowledge and agree to be bound by these updates.

If you experience a medical emergency, immediately call 911.

Information About You

**“You” refers to the patient.
(even if someone other than the patient is completing this document).**

Name: _____ Date of Birth: _____

Communications

- **Communications.** By providing me the information on this document or by initiating communication with me by unsecured email or text message, you authorize me to call, leave voicemails, and respond to your text messages. I will only contact you for non-marketing purposes, including appointment reminders, billing and invoicing updates, and treatment questions.
- **Methods of communication.** Please be aware of privacy risks when using electronic means of communication. Communicating with me by unencrypted emails and text

messages may be unsecured. Accordingly, this also means that any of your protected health information (“PHI”) that is transmitted in this way, including information about your appointments, diagnosis, progress, and other individually identifiable information, may be unsecured.

I ask that patients not communicate personal health information to me via an unsecured email. If you choose to communicate via text or email, please limit the content to general information (such as asking about available services or asking for a time to talk via phone).

Privacy, Security, Medical Records, and Mandated Reporting

- **Notice of Privacy Practices.** I comply with all state and federal medical privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). These laws require me to protect the privacy and security of your health records and personal information. I have implemented privacy policies and procedures to ensure Senior Specialty Care complies with these requirements. This information is summarized in my Notice of Privacy Practices. Please ask if you have questions about how I protect your privacy.
- **Medical Records.** I maintain records about your treatment. If you want a copy of your records, or if you want me to send your records to another provider, please ask me for a medical records request form. Please note that, in some instances, I may charge reasonable and cost-based copying, postage, scanning, or digital storage device fees.
- **Abuse.** Illinois law requires me to report all suspected abuse, neglect, or financial exploitation of adults aged 60 and older and people with disabilities to Adult Protective Services (APS). I must call APS if I have reasonable cause to believe that an adult over age 60 or someone with disabilities who is known to me in my professional capacity may be abused or neglected. It is my policy to notify you prior to contacting APS if, in my professional judgment, it is reasonable to do so.

Insurance, Payment, and Cancellation

- **Insurance.** I am a participating provider with Medicare and Medicaid. If you are a Medicare or Medicaid beneficiary, I bill Medicare/Medicaid for you, I agree to Medicare/Medicaid rates, and Medicare/Medicaid will send your benefits directly to me. You agree to be responsible for any deductible, copayment, or other charges or items or services denied by Medicare or Medicaid.

I also take many private insurance plans. Please ask me if you have questions about your coverage. You may provide your insurance information on the *Demographic Intake Form* you received along with these Policies and Procedures.

- **Payment.** I do not guarantee that your insurance will cover all my Services. Your

insurance company may not pay some fees, and these fees will be your responsibility to pay. I accept cash and check.

- **Cancellation.** While I understand that emergencies happen, I have reserved your appointment specifically for you. If you need to cancel or reschedule your appointment, please contact me during business hours and at least 1 hour before your scheduled appointment. If you cancel without providing the proper notice, you will be charged a \$100 cancellation fee. If you fail to be home for a scheduled appointment, you will be charged a \$100 no-show fee. You may need to pay any cancellation charges immediately and before resuming any Services. By signing these Policies and Procedures, you acknowledge and agree to this Payment, Insurance, and Cancellation policy.

Considerations for At-Home Services

Specialty Senior Care is a mobile practice that provides primary and preventative care services in your home. Because of this, I ask that you please consider the following:

- **Privacy.** Please be sure to have a place in your home where you feel comfortable receiving services. Your comfort is a concern, and I want you to have as little or as much privacy as you would like during home visits.
- **Interruptions.** Please be sure to schedule your appointments at times when you are free from day-to-day life interruptions.
- **Pets.** Please be sure to have any pets that reside in your home put away during home visits.
- **Responsibility.** Please note that if I use anything in your home (i.e., a chair) to help me provide you with services, you are responsible for notifying me of any potential damage or issues with those items.
- **Parking.** Because Specialty Senior Care is a mobile practice that comes to you, I ask you to acknowledge and agree that: (1) there is adequate space and parking available nearby for me to park; (2) the parking space is located in such an area that is safe; and (3) the use of the parking space or presence will not result in parking tickets, local ordinances violations, or unduly interfere with nearby residential or commercial activities. If there is *not* adequate parking near you, you agree to meet at another predetermined location. Please note that if I incur tickets or fines while rendering care to you, I may pass that cost onto you.

Prescribed Medicines

As part of my Services to you, I may prescribe you prescription or over-the-counter medications. In doing so, I rely on your representations regarding (i) your current medications, supplements, and vitamins; (ii) your medical history; (iii) your medical condition(s); (iv) your allergies; and (v) any suspected medical issues and/or conditions.

You should provide this information on the *Medical History Form* you received along with these Policies and Procedures and are responsible for keeping me updated on any changes to your health.

You are responsible for knowing your own health circumstances and conditions, including medications, supplements, vitamins, allergies, medical history and conditions, and any other restrictions related to your own health, for disclosing those to me, and for following any related directions and advice from your healthcare providers. I am not responsible for any injuries that you sustain from medications I prescribe, including but not limited to (i) injuries related to your misrepresentation or non-disclosure of your medications, supplements, vitamins, medical history or conditions, allergies, or suspected medical conditions, and (ii) injuries related to your misuse or abuse of medications prescribed by me or by other health care practitioners during the course of your Services.

If you misrepresent or choose not to disclose your medications, supplements, vitamins, medical history or conditions, allergies, or suspected conditions, you do so at your own risk. If you misuse or abuse medications prescribed to you by me or by others during the course of your Services with me, you do so at your own risk. Always work with your other health care professionals in tandem to determine what medications, supplements, and/or vitamins might be right for you, and follow any related directions and advice from your healthcare provider. You alone are responsible for knowing your own health circumstances and conditions, and for consulting your licensed medical providers when you are uncertain about how any of my offerings may impact your personal health.

Informed Consent For Services

Patient name

Date of first visit

You will complete this form with your Senior Specialty Care Provider at your first appointment.

Before I may provide services to you, the law requires that I obtain your informed consent for primary and preventative care services (“Services”). You can only provide me with your informed consent after discussing your proposed treatment, the potential risks of that treatment, the potential benefits, and information about any possible alternative treatments.

Please tell me immediately if you are post-surgery, in severe pain, develop new injuries or allergies, or begin taking new medications.

By signing this form, you represent and warrant that you have truthfully disclosed to me all your allergies, your current medication and supplementation regimen, as well as any current and past medical conditions, surgeries, allergies, and cosmetic treatments. Your signature (or e-signature) below demonstrates that you agree to update the practice of any changes to your health, medical condition(s), or medications.

Summary of Services

Primary and preventative assessment and treatment may include:

- Performing general evaluations.
- Diagnosing acute and chronic conditions.
- Treating and managing general health conditions, which may involve ordering over-the-counter and prescription medication.
- Creating patient care plans.
- Consulting with patients, other healthcare professionals, guardians, and families.
- Detecting changes in patient health and modifying treatment plans as needed.
- Promoting healthy nutrition, exercise, and lifestyle habits.
- Referral to specialists for more serious medical conditions.

Risks, Benefits, and Alternatives

The general benefits of receiving Services may include:

- Access to a wide variety of health management services;
- Improvement in your conditions or symptoms;
- Receiving preventative care;

- Receiving care for chronic health conditions; and
- Building a relationship with a healthcare professional, which can make my visits less stressful and more comfortable.

This is Not Your Only Treatment Option

Potential alternatives to receiving these services may include:

- Refusal to receive care or halt your treatment; or
- Turning to another healthcare provider, including but not limited to another general practitioner or specialist.

These Services May Pose Risks

Potential risks of these services may include:

- The possibility that general evaluations will not allow me to identify a specific cause for your condition.
 - Inability to diagnose the cause of symptoms, which can be frustrating or upsetting.
 - Inability to address or treat underlying issues causing medical conditions.
 - Inability to successfully treat all medical conditions.
-

As described above, my Senior Specialty Care Provider has explained the specific services I, the patient, will receive and their material risks and benefits. I agree and acknowledge that:

- The Services may not have the results that I expect or desire;
- Provision of Services is not an exact science;
- I have not been given any guarantees about the outcomes of receiving Services; and
- My Senior Specialty Care Provider has offered me ample time and opportunity to discuss my concerns, and all of my questions have been answered to my satisfaction.

With respect to any medication prescribed to me by my Senior Specialty Care Provider, I acknowledge and understand that:

- I agree to take my medication as prescribed to me by my Senior Specialty Care Provider;
- My Senior Specialty Care Provider is under no obligation to prescribe, or to continue to prescribe, prescription medications to me, and that at any time, my Provider may discontinue these medications;
- If I should choose to use my medication in any way other than as prescribed, my Senior Specialty Care Provider shall not be responsible for any damage to my health or well-being.

I further acknowledge and agree that:

- I have read and understood this entire document;
- I have truthfully and to the best of my knowledge provided the information requested;
- I am bound by this whole document;
- I authorize Senior Specialty Care's use of my personal health information to obtain treatment; and
- I have received Senior Specialty Care's Notice of Privacy Practices.

I understand how to contact my Senior Specialty Care Provider should additional questions arise. My Senior Specialty Care Provider has offered me ample time and opportunity to discuss my concerns, and all my questions have been answered to my satisfaction.

This document may be electronically signed. Electronic signatures on this agreement are the same as handwritten signatures for validity, enforceability, and admissibility purposes.

Patient Name

Legal Guardian (if applicable)

Signature

Date