**Access Family Care, LLC**
Tazeen Zaidi, MD — Family Medicine

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# General Office Policies

*Please review the policies below. They help us provide safe, well-organized care for every patient.*

> **Please Note: Please print this completed form and bring it to your appointment. Do not return this form by email or upload it online.**

## APPOINTMENTS

Please plan on allocating at least one hour for a new patient visit, and between 15 and 45 minutes for a follow-up visit depending on complexity. We strive to keep to our schedule. If you are unexpectedly late to your appointment, please notify us as soon as possible. If you are over 15 minutes late to an appointment, it will likely need to be rescheduled.

## CANCELLATION / NO-SHOW

It is a requirement that cancellations be made at least 24 hours before the scheduled appointment. A no-show fee of $25 will be billed in the event an appointment is missed without prior notice. Emergency cancellations will be addressed on an individual basis.

Multiple cancellations or failure to show for repeated appointments could result in discharge from the practice. If this occurs, the doctor will continue to be available for treatment for a period of 30 days only from the time of discharge.

In general, patient discharge is a measure of last resort. However, if the patient/provider relationship can no longer be carried out effectively due to non-adherence to recommendations or other issues, discharge from the practice may occur.

## PRESCRIPTION AND MEDICATION RENEWAL

With rare exceptions, prescriptions will be written or renewed during your scheduled office visit. Requesting medication renewals outside of the time of visit will require a medical visit. Prescriptions for antibiotics or narcotic pain medication requested outside of a visit will require a minimum of 3 business days to process.

## MEDICAL RECORDS

You as a patient are entitled to review or request a copy of your medical record for personal use. Requests for medical records must be made in writing. Per Florida Statute §456.057, you will be charged $1.00 per page for the first 25 pages and $0.25 per page for remaining pages. This fee must be paid before the medical record is released. Please allow 7 business days for processing.

## RESULTS OF DIAGNOSTIC TESTS

The results of all diagnostic tests ordered by the practice will be reviewed with you at the time of a scheduled office visit. If a test requires immediate attention, you will be contacted directly by Access Family Care, LLC with the treatment plan. Results that are normal and require no further changes in management will not prompt a call — these results will be saved in your medical record and will be available for your review by contacting the office.

## PATIENT ACKNOWLEDGMENT

I hereby acknowledge that I have reviewed the above General Office Policies.

Patient Name (Printed) *

Date of Birth *

Signature *

Date *