

UPPER VALLEY NATURAL HEALTH CENTER

Welcome Letter

Welcome to the Upper Valley Natural Health Center. We have created this packet to prepare you for your first visit and to familiarize you with our office policies. If you have any questions, please contact us at 802-281-6989.

In order to provide you optimal care, we set aside 60 minutes for pediatric new patients and 90 minutes for adult new patients which allows for any additional administrative work, such as arranging for laboratory testing and dispensing natural medicines, at the end of your visit.

Please arrive 5 minutes before your first appointment and bring:

1. **The enclosed New Patient Form.** Please take the time to fill out this form thoroughly before your arrival (30+ minutes for all 11 pages).
2. **A complete list of medications and supplements**, including dose and frequency. There is a place in the enclosed paperwork for this. Also, please bring the actual bottles of drugs and supplements so that the ingredients can be reviewed.
3. **Copies of any lab work or imaging reports pertinent to your complaint(s).** If you need a records release form so that records can be faxed from another provider or facility, please let us know.
4. **Health Insurance card(s)** and **Health Savings Account** or similar medical debit card (if applicable).

UVNHC Patient Policies

FINANCIAL POLICY

Payment for physician services, in-office laboratory tests and natural medicine dispensary items are due at time of service or upon receipt. Payments may be made by:

- **Health Insurance** – for approved medical and laboratory services only. You are responsible for paying all co-pay, co-insurance, and deductible amounts as determined by your plan. **You are also responsible for knowing the extent of your insurance coverage (see below).**
- **Cash, Personal Check, or Credit and Debit Cards** (*Visa, Mastercard, American Express, and Discover*)
- **Health Savings Account (HSA), Health Reimbursement Arrangement (HRA), or Flexible Spending Account (FSA)**

Please let us know in advance if you have an HRA and your employer will be paying for your deductible.

If you'd like to keep a credit card on file with us, please let us know.

LATE ARRIVALS

We work hard to stay on time, but please be assured that if we are running a few minutes late, you will still receive your full appointment. Likewise, we ask you to arrive punctually for your appointments. If you are more than 15 minutes late, we reserve the right to give your appointment to another patient.

CANCELLATION POLICY

As a courtesy to our operations and other patients waiting for appointments, we require a **minimum notice of 24 hours** if you need to cancel or reschedule your appointment. Failure to provide us adequate notice will result in a **\$50 late cancellation fee. This fee is not billable to insurance and is your financial responsibility.**

HEALTH INSURANCE BILLING POLICY

Dr. Becky is an in-network, specialist provider with the following insurance companies:

- BLUECROSS BLUESHIELD OF **VERMONT** and **FEDERAL BC BS**
- GREEN MOUNTAIN CARE (VT Medicaid and Dr. Dynasaur)
- CIGNA
- MVP
- HARVARD PILGRIM (select plans) **HP HMO plans require a referral** from your primary care provider

We are happy to bill these insurance companies if they are your Primary Insurance. However, we cannot guarantee that our services will be covered. Even though Dr. Becky may be an in-network provider with your insurer, **she may not be covered by your individual plan.**

⇒ **NOTE: It is your responsibility to determine the extent of your coverage before your visit.**

We recommend that you call your health insurance company directly to verify that Dr. Becky is an in-network provider for your plan, as well as to confirm that your plan covers naturopathic medical care. (*Some plans exclude alternative medical care in the fine print.*) When you call, provide the health plan representative with the following information and get their answers in writing, if possible.

- **Provider Name:** Rebecca Chollet, ND
- **Provider National Provider Identifier (NPI #):** 1598881989
- **Provider NPI Taxonomy:** 175F00000X (naturopath)
- **Type of Visit:** routine evaluation and management office visit or telehealth visit
- **Service/CPT Code: New patient visit:** 99202, 99203, 99204, or 99205 (The specific code cannot be determined until *after* the visit.)

We also recommend that you understand your co-pay, co-insurance and annual deductible obligations, as well as how much of your deductible you have already met before each visit.

⇒ **NOTE:** We do not bill GREEN MOUNTAIN CARE if it is your Secondary Insurance, unless you sign an agreement accepting full financial responsibility if your Primary Insurance denies coverage.

⇒ **NOTE:** MEDICARE does not cover our services. If Medicare is your Primary Insurance and you require labs or imaging services, you may have to pay out of pocket for tests Dr. Becky orders.

TEXT/SMS POLICY

We do not offer text/SMS communication services. Please do not try to text our office phone.

PHONE AND EMAIL CONSULTATIONS POLICY

Generally, all medical care is provided in person at our office or via Telehealth. Brief questions pertaining to a current condition or treatment may be addressed by phone or email for free if they require less than 5 minutes of Dr. Becky's time. **New conditions or concerns that have never been discussed with Dr. Becky always require an office or telehealth visit.**

- Emails longer than 5 minutes are billed directly to you at a rate of \$ 45 per 15-minute interval.
- Phone conversations longer than 5 minutes are billed as an audio-only telehealth visit to your insurance if covered OR if not covered, directly to you at a rate of \$45 per 15-minutes.
- Emergency / after-hours phone calls are billed as a visit unless immediately followed by an office visit.

DISPENSARY POLICY

For your convenience, we have a natural medicine dispensary stocked with herbs, nutritional supplements, and homeopathic remedies. We only dispense items prescribed to you by Dr. Becky.

- **Returns:** we do not accept returns of dispensary items except for defective items or items dispensed in error. These may be returned for a full refund.
- **Special Orders:** we endeavor to stock all of natural medicines that we might prescribe. However, on occasion, we may offer to special order an item or a compounded preparation for you. Once you have agreed to a special order, you are financially responsible for the item, as we cannot return it.

We look forward to building a partnership with you to cultivate your health naturally!
Dr. Becky Chollet and staff

UPPER VALLEY NATURAL HEALTH CENTER

REBECCA CHOLLET, ND

2456 Christian Street, Suite 102

White River Junction, VT 05001

Phone (802) 281-6989 • Fax (802) 281-6988

COVID-19 POLICIES – JUNE 2023

Because of Dr. Becky's genetic immunodeficiency disorder, we are slowly returning to our pre-pandemic practices in the face of persistent COVID-19 in the community.

- **IN-PERSON VISITS:** We are now open to in-person visits for all patients! One support person or caregiver is allowed to accompany each patient. Anyone coming to an appointment in the office must complete our COVID-19 self-screening that we send prior to the visit. **Masks are still required.** If you don't have a mask, we will provide one to you.
- **TELEMEDICINE VISITS:** We continue to offer virtual video appointments *as health insurance plans allow* for patients with acute respiratory illness or recent exposure to COVID-19, weather or transportation emergencies, and your convenience.

We use a simple HIPAA-compliant telemedicine platform called Doxy.me. We will email you this website link: <https://doxy.me/drbeckychollet>. At your appointment time, open the link in either Firefox, Safari, Edge or Google Chrome browser on a device with a microphone and a camera. At the Welcome screen, type in your name and click Check In. It's that simple!

- **NO DROP-INS:** To limit crowding in reception, we are still conducting all business by phone and email. We request that you do not enter the office to place orders, schedule appointments, or for any other business, but we anticipate opening back up to normal business in early summer.
- **OFFICE DISPENSARY:** Our dispensary is as fully stocked as backorders allow.
 - **CURBSIDE PICK-UP:** We have a bookshelf just inside the front door of the building for dispensary and test kit pick-ups. Please call us in advance to pay for your order and arrange the day of your pick-up.
 - **AFTER-HOURS PICK-UP:** If you are unable to pick up your order during our office hours, we can leave your bag in our after-hours pick-up box outside of the building. This service is first come, first served Monday thru Friday, and we are only able to accommodate a few pick-ups per evening as the size of the box allows.
 - **SHIPPING:** we still offer shipping via US Mail or drop-shipment by UPS at cost plus a \$4 handling fee.

We appreciate your understanding regarding Dr. Becky's high-risk status, and your patience and cooperation with our COVID-19 policies.

Still smiling behind our masks,
Dr. Becky and Shari

UPPER VALLEY NATURAL HEALTH CENTER

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

If you have questions concerning this notice, please contact the office of Upper Valley Natural Health Center.

We respect your privacy and understand that your medical information is personal and sensitive. Moreover, we are required by law to make sure that medical information that identifies you is kept private. This *Notice of Privacy Practices* describes how we may use or disclose your protected health information at our clinic. We are required to give you this notice of our legal duties and abide by the terms of this notice, however, we may change our notice at any time. **Please note that any new notice adopted will be effective for all protected health information maintained at the time of change.** You will not be notified individually if a change is made to our notice, however, upon request, we will provide you with a copy of our current notice. You may always obtain a copy of our current notice by any of the following means:

1. Contacting our office by mail or by phone at the address and phone number below
2. Asking for a copy at the time of your next visit

SECTION 1: We use and disclose your protected health information to carry out your treatment, obtain payment and conduct health care operations.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes disclosures to other third parties that are involved in your health care elsewhere. Specifically, we would disclose your protected health information to other physicians who may be treating you when we have the necessary permission from you to do so. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may occasionally disclose your protected health information to another physician or health care provider, such as a medical specialist or laboratory, who becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for coverage of future treatment with some medical modalities may require that your relevant medical information be disclosed to the health plan to obtain approval for future scheduling. Similarly, insurance companies may require that copies of your applicable medical records accompany any requests for payment of services already provided to you.

Healthcare Operations: We may use or disclose, as necessary, your protected health information in order to support various business activities of our clinic. These activities include, but are not limited to, quality assessment activities, employee reviews, licensing, and conducting or arranging for similar business activities.

For example, we may call you by name in the waiting room when ready to see you, and we may use or disclose your protected health information, as necessary, to contact you and remind you of your upcoming appointment(s).

We will share your protected health information with third party business associates that perform various activities—such as billing, collections, or records management—for the clinic. Whenever an arrangement between our office and a

business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our clinic and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. If you do not wish to be contacted for these purposes, please call or write to our office at the address or phone number below.

SECTION 2: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below.

Per Your Authorization: If you give us authorization to use or disclose your protected health information, you may revoke such authorizations at any time, in writing, except to the extent that our clinic has already taken action in reliance on the use or disclosure permitted in the authorization.

Legally Permitted/Opportunity to Object: We may use and disclose your protected health information in the following instances, but you will be given the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of such information, then we may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

1. To Others Involved in Your Healthcare: Unless you object, we may disclose your protected health information to a member of your family, a relative, a close friend or any other person you identify, to the extent the information directly relates to that person's involvement in your health care. For example, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

2. In Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your doctor shall try to obtain your consent as soon as reasonably possible after the delivery of treatment. If your doctor or another doctor in the practice must treat you and the doctor has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

3. With Communication Barriers: We may use and disclose your protected health information if your doctor or another doctor in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances and the use or disclosure is done in accordance with other applicable laws.

Legally Permitted/No Opportunity to Object: We may use or disclose your protected health information in the following situations without your consent or authorization:

1. When Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the applicable law(s) and will be limited to the relevant requirements of the law. You will be notified of any such uses or disclosures only if required by law.

2. For Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. We may also disclose your protected health information, if

authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

3. For Health Oversight/Compliance Monitoring: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

4. Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

5. To the FDA: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

6. Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena, discovery request or other lawful process.

7. Law Enforcement: We may disclose protected health information for law enforcement purposes, so long as applicable legal requirements are met. Such purposes generally include: 1) those required by law; 2) limited information requests for identification and location purposes; 3) those pertaining to victims of a crime; 4) suspicion that death has occurred as a result of criminal conduct; 5) those where a crime occurs on the premises of the practice; and 6) medical emergencies where it is likely that a crime has occurred.

9. Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel to authorized authorities; such as for determinations of your eligibility for benefits. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President, foreign heads of state or others legally authorized.

10. Workers' Compensation: We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

11. Coroners, Funeral Directors, and Organ Donation: We may disclose your medical information to a coroner, medical examiner or funeral director, if necessary, for them to carry out their duties should you die.

12. Inmates: We may disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of a correctional facility or under the custody of a law enforcement official and your doctor created or received your protected health information in the course of providing care to you. Such information may be released only for the following purposes: 1) to enable the correctional institution or law enforcement official to provide you with necessary healthcare services; 2) to protect your own health and safety or the safety of others; and 3) for the safety and security of the correctional institution.

SECTION 3: Specially-Protected Information

Special laws may restrict the use and disclosure of medical information related to mental health conditions, substance abuse, sexually transmitted diseases and HIV/AIDS. For example, we generally do not disclose specially protected information in response to a subpoena or other compulsory process unless: 1) you provide written authorization; or 2) a court orders the disclosure and mandates the necessary safeguards to protect the information after it is released.

SECTION 4: Your Rights

The following is a list of your rights with respect to your protected health information and a brief description of how you may exercise those rights. Should you have questions about this section or if you wish to exercise your rights, please contact the medical records office at the address listed on page one.

The right to inspect and obtain a copy of your protected health information. This means you may inspect and obtain a copy of the protected health information we maintain about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your doctor and the institution use for making decisions about you. We may deny you access to some records as state and federal laws permit, however, if you are denied access, you may request a review or designate a health care provider with equal qualifications to receive the information instead.

The right to request a restriction on the use or disclosure of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations as described in Section 1 of this notice. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes. Your request must be in writing and state the specific restriction requested and to whom or in what situation you want the restriction to apply. Please note that we are not required to agree to a restriction that you may request. If we believe it to be in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. However, if we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your naturopathic doctor at the Upper Valley Natural Health Center.

The right to request that you receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

The right to request an amendment/correction to your health record. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us, and the statement of disagreement you provide will be released along with the information challenged whenever it is released. We may also include a letter of rebuttal, which will also be released along with the challenged information. You are entitled to a copy of any letter of rebuttal we may place in your record.

The right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this *Notice of Privacy Practices*. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after July 1, 2008. The right to receive this information is subject to certain exceptions, restrictions and limitations.

The right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

SECTION 5: Complaints, Comments and Inquiries

If you believe your privacy rights have been violated, you may report the suspected violation to us by contacting Upper Valley Natural Health Center at 802-436-3800 or by contacting the Vermont Secretary of Health. We will take no punitive action against you for filing a complaint.

This notice becomes effective on July 1, 2008.