



Shanahan Rheumatology & Immunotherapy, PLLC

2222 E NC Hwy 54, Suite 200
Durham, NC 27713

Telephone (919) 405-2040
Fax (919) 405-2266

Notice of Privacy Practices and Office Policies Acknowledgement

Acknowledgement Receipt for Notice of Privacy Practices:

I have received this office's Notice of Privacy Practices Summary, which explains how medical information about me may be used and disclosed. I understand that I am entitled to receive a copy of the complete Notice of Privacy Practices.

Authorization for Release of Information and Insurance Payments:

I authorize the release of all medical records to referring physicians and my insurance company. I further authorize insurance payments to be made directly to Shanahan Rheumatology and Immunotherapy, PLLC. I understand that payment is due at the time of service.

Acknowledgement of No-Show Consequences:

I acknowledge that a no-show is defined by any patient who cancels without 24 hours notice, or any patient who leaves after being checked in by the front desk. A no-show, as previously defined, will be discharged from clinic in accordance with the North Carolina Medical Board guidelines. Patients who wish to appeal for reinstatement may do so by sending a written letter to our office at the address above, attention to "Reinstatement Appeal." Once approved for reinstatement the patient must pay a onetime fee of \$60.

Acknowledgement of Cancellation Policy:

Due to an excessive number of late cancellations among follow-up patients that leave the clinic unable to schedule new and sick patients, all cancellation and reschedule requests submitted less than 1 week before the appointment will be reviewed individually to determine the necessity and timing of additional appointments. Please understand that we depend on filling our schedule each day. Also, please recognize that access of new patients that require our services may be delayed due to late cancellations of existing patients. In some cases your follow-up appointment may be rescheduled with a significant delay, although



all standard laboratory monitoring studies will be arranged if you take a medication that requires such testing.

Acknowledgement of Charge for Form Completion:

I acknowledge that Dr. Shanahan reserves the right to charge \$5.00 per page for form completion requests and that this process may take at minimum 2 weeks to complete from the date of submission.

Acknowledgement of Refill Policy:

I acknowledge that all refills must be requested by my pharmacy electronically and may take up to 3 business days for completion. Calls and faxes will only be accepted when a medication requires a hand signature. Narcotic medication refills will only be handled Monday through Thursday.

Acknowledgement of Phone Triage Procedures:

I acknowledge that phone calls received after 2PM will be returned the following business day. Responses to queries regarding labs and other diagnostic tests, that require review prior to response, may be delayed up to 48 hours.

Patient Signature

Date