

Phone 720-447-8837, fax 888-531-4959

**Policy Letter**

West Denver Endocrinology is a "micropractice." Micro-practitioners operate in small unconventional clinics with minimal support staff, relying on computer systems or contract services to manage most tasks outside of direct patient care. By operating in this way, overhead is minimized, efficiency is improved, and the clinician regains time with patients. West Denver Endocrinology’s mission is to enhance and prioritize the clinician-patient element to deliver exceptional medical care that is patient centered, safe, and timely.

West Denver Endocrinology is an adult outpatient Endocrinology specialty clinic. Only endocrine concerns or other metabolic, nutrition, or hormonal abnormalities are addressed. **Patients are required to maintain a primary care provider** (PCP) to assist in “non-Endocrine” healthcare. Patients assume associated risks if they involve an Endocrinology clinician in care outside of an Endocrinology clinicians’ scope of practice. Only prescriptions necessary for hormone replacement or treatment of endocrine disease are prescribed. West Denver Endocrinology clinicians do not prescribe opioids or benzodiazepine medications. Also, West Denver Endocrinology LLC is not equipped to handle medical emergencies. For a medical emergency call 911 or report to the nearest emergency room.

Patients are expected to obtain a referral for initial consultation. If health insurance coverage is denied due to failing to get a referral, the patient will be required to pay full cost of appointment. To make your visit as productive as possible we may require you to supply lab work or other information about your Endocrine concern for your appointment(s) or may request records from other (or prior) care providers.

West Denver Endocrinology provides a comfortable waiting room stocked with reading material and refreshments. Although a staff person is not available to greet patients at the door, patients are expected to arrive by their appointment time and make themselves comfortable while waiting for a Clinician. Out of respect for patients who arrived on time, late arrivals will be asked to reschedule or may choose to be seen after on-time patients have completed their appointments. Patients are expected to attend every appointment as scheduled. I have a 24-hour cancellation policy. **You will be billed a $50 cancellation fee if you fail to provide at least 24 hours advance notice of cancellation.** Repeatedly arriving late for appointments, more than 2 “no shows,” failure to attend a new patient consult, or other attendance policy violations may also result in dismissal from West Denver Endocrinology. Depending upon patients’ needs a telehealth video chat may be offered in lieu of an in-person appointment. If appointment type needs to be changed from "in-person" to "telehealth," 24 hours advance notice is preferred, and patient must complete advance registration to use the clinic’s telehealth platform (Clocktree Telehealth).

Vaccine eligible patients are expected to be fully immunized. Patients who have not received COVID19 immunization may be denied option of in-person appointments. Clinician does not offer vaccine exemptions.

Although a clinician is nearly always available via phone, e-mail, etc..., it is still critically important to follow up with patients face to face (in person or video chat). Please adhere to the recommended visit frequency outlined in your care plan. Prescriptions and test orders will not be provided to patients not attending appointments and some insurers require patients to attend regular clinic visits to receive coverage of medications or medical supplies. Patients who cannot comply with attending recommended appointments or fail to maintain a primary care physician may be asked to find a new Endocrinologist.

**It is the patient’s responsibility to ensure timely receipt of all test results.** Patient’s will contact their provider within 7 days of obtaining testing to receive results (if results are not already received).

72 hours is required for prescription refills. Please be aware of your medication needs and allow time to get your prescriptions filled. Prescriptions are crucial to your health and well-being; please call your pharmacy for your refills well in advance of running low. Be aware that many prescriptions need to be authorized by your insurance company. Authorizations are completed in a timely manner, but it takes days to weeks to receive an insurance authorization.

West Denver Endocrinology will not dismiss a “non-compliant” patient who attends all appointments and demonstrates a genuine willingness to work with a clinician to address and overcome barriers to treatment plan compliance; however, the patient assumes all responsibility for bad outcomes due to non-compliance and any patient who willfully violates West Denver Endocrinology LLC policies, misuses or abuses medication, is verbally abusive to a clinician, or threatens a clinician will be permanently terminated from care at West Denver Endocrinology LLC.

Fees are billed for all services provided. Patients are expected to check with insurer prior to attending an appointment to verify services are covered. Prompt payment for services is expected. A fee schedule is available upon request. Patient is expected to pay copay amount deemed owed by insurance company on the day of appointment. Patient also reserves the right to forgo insurance billing and pay self-pay price. Self-pay patients receive a “prompt pay” discount when full payment for services is received on day of appointment. All insurance claims and fees assigned by insurer (such as deductibles, co-insurance, unpaid copays, etc…) are handled by West Denver Endocrinology’s billing service provider (Encompass Healthcare billing). A statement will be mailed to you. Payment or response is required upon receipt of a statement. Payment plans or other assistance may be offered on an as needed basis. Delinquent accounts will be sent to collections (United Resource Systems) and patient will be responsible for all associated fees.

Please facilitate our goal of providing ideal patient care by complying with West Denver Endocrinology LLC policies. We look forward to collaborating with you to meet your Endocrine health goals. If you have questions, feel free to call or write.



[www.westdenverendocrinology.com](http://www.westdenverendocrinology.com/)

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WHEN TO VISIT AN EMERGENCY ROOM: GENERAL GUIDELINES

## Call 911 or go to an emergency room immediately when someone experiences any of the following:

* Inability to swallow or “keep down” essential oral medications (especially for patients requiring hydrocortisone)
* wheezing, shortness of breath, or difficulty breathing
* chest pain
* Wounds, skin changes, or injuries accompanied by fever, severe pain, dark discoloration, or bone/joint symptoms
* bleeding that cannot be stopped, abnormal bleeding, blood in urine, bloody diarrhea, coughing up blood, or

vomiting blood

* intense abdominal (or pelvic) pain
* severe headache or head injury
* fainting or dizziness
* sudden numbness or weakness
* confusion, changes in mental status, or sudden inability to speak, see, walk or move
* Uncontrolled high or low blood sugar failing to respond to usual corrective measures or accompanied by changes in mentation, chest pain, abdominal pain, vomiting, shortness of breath, positive ketones, or fruity smelling breath.

The above symptoms list is **not** a complete list. Do not downplay potentially serious symptoms, if you feel an emergency room visit may be warranted, err on the side of caution and head to the nearest emergency room for evaluation. Also, consider the number of symptoms; multiple seemingly minor symptoms may be significant when they occur all at the same time.

WHEN TO VISIT AN AFTER-HOURS CLINIC OR URGENT CARE FACILITY

* If you are needing care right away but symptoms do not meet the above guidelines, you may want to report to an urgent care facility.
* If possible, call your primary care provider for advice.
* If primary care provider is not available or if you are requiring care outside of your primary care providers usual office hours, report to the nearest urgent care or after-hours clinic.

**NOTE:** West Denver Endocrinology is an outpatient Endocrinology clinic. Urgent or emergent care is not provided. All concerns outside the scope of “outpatient Endocrinology” should be addressed by a primary care provider or appropriate specialist.



phone 720-330-9760, Fax 888-531-4959

# Attendance Policy Letter

Dear member of the West Denver Endocrinology Community:

This letter is to inform you of West Denver Endocrinology’s Attendance policy.

Because missed appointments have significant impacts on the patient who no shows and the patient deprived of appointment availability as a result of an unused appointment time slot, West Denver Endocrinology adheres to a strict attendance policy. A missed appointment is more than just a missed opportunity. When a patient doesn’t show (or doesn’t provide timely notice of cancellation), it affects people who could’ve been treated instead of that patient. “An appointment missed by you, is an appointment missed by two.”

* You will be billed a $50 cancellation fee if an appointment is cancelled with less than 24 hours’ notice.
* The following actions may result in a patient being asked to find an alternate Endocrinologist and dismissal from West Denver Endocrinology:

1. Repeatedly showing up late for appointments
2. Rescheduling or cancelling appointments with less than 24 hours’ notice on multiple occasions.
3. A “no show” for a new patient appointment/initial consult

If you cannot attend your West Denver Endocrinology appointment, simply respond "cancel" to your text/email appointment reminders, or send timely notification to Clinic (phone number 720-330-9760). Responding “cancel” to your text/email appointment reminders will not unsubscribe you from notifications but will cancel an appointment you cannot use.

Your cooperation with West Denver Endocrinology’s attendance policies helps to ensure available appointments for those who need to be seen and is respectful to patients who arrive on time and keep their scheduled appointments.

Thank You!

Kimberly Rieniets D.O.



phone 720-330-9760, Fax 888-531-4959

## New Patient Health History

Please bring completed form to your initial visit OR Fax to 888-531-4959

Last name: First Name: Phone number:

Email: Street Address:

Date of birth:

City: State: Zip Code:

Reason for initial visit:

## Emergency contact person

name: phone number:

## Insurance information

Insurer name: Member ID number: Group number:

**Primary care provider/referring provider** (you must have a PCP and/or a referring provider to be seen by Clinician)

Provider Name: Phone: Fax:

## Diagnoses/medical problem list:

I have (check any applicable items):

* Diabetes or blood sugar issues
* Thyroid disease
* Autoimmune disease
* Overweight/obese
* Metabolic syndrome
* Pituitary disease
* Adrenal disease
* PCOS
* Hypogonadism: low testosterone or ovarian insufficiency/oophorectomy
* Symptomatic menopause
* Osteoporosis or metabolic bone disease
* Vitamin D deficiency
* Food intolerance
* Multiple Endocrine Neoplasia (MEN)
* Cardiovascular disease
* Eye disease/retinopathy
* Kidney disease
* History of malignancy/Cancer

Please list all other diagnoses or any other important health history below:

Name: DOB: Signature: Date: \_

**Surgeries** (please list):

**Family Health history** (Please list any pertinent family health history):

**Allergies** (please list “allergen” and reaction)**:**

**Current medications** (please list name, dosage, dosing frequency):

## Preferred pharmacy

Name: Phone number:

Address:

## For diabetic patients

Date of last dilated eye exam:

Eye doctor name and phone number:

Date of last foot exam:

If you receive care from a podiatrist, please list podiatrist name and phone number below:



phone 720-660-9760

Fax 888-531-4959

[WestDenverEndo@protonmail.com](mailto:WestDenverEndo@protonmail.com)

**Your Information. Your Rights. Your Choices. Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can access this information. **Please review it carefully.**

# Your Rights

You have the right to:

* Get a copy of your paper or electronic medical record.
* Correct your paper or electronic medical record.
* Request confidential communication.
* Ask Clinician to limit the information shared.
* Get a list of those with whom Clinician’ shared your information.
* Get a copy of this privacy notice.
* Choose someone to act for you.
* File a complaint if you believe your privacy rights have been violated.

# Your Choices

You have choices in the way Clinician uses and shares information.

West Denver Endocrinology Uses and Disclosures

**Clinician may use and share your information to:**

* Treat you.
* Run the practice.
* Bill for services.
* Help with public health and safety issues.
* Comply with the law.
* Respond to organ and tissue donation requests.
* Work with a medical examiner.
* Address disability, workers’ compensation, law enforcement, and other government requests.
* Respond to lawsuits and legal actions.

See next page for details.

# Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**

* + You can ask to see or get an electronic or paper copy of your medical record and other health information Clinician may have about you. Ask us how to do this.
  + Clinician will provide a copy or a summary of your health information, usually within 30 days of your request. Clinician may charge a reasonable, cost-based fee.

**Ask us to correct your medical record**

* + You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. Clinician may say “no” to your request, but Clinician will tell you why in writing within 60 days.

**Request confidential communications**

* + You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  + Clinician will say “yes” to all reasonable requests.

**Ask us to limit what Clinician uses or share**

* + You can ask us not to use or share certain health information for treatment, payment, or our operations. Clinician is not required to agree to your request and may say “no” if it would negatively affect your care.
  + If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Clinician will say “yes” unless a law requires us to share that information.

**Get a list of those with whom Clinician’ shared information**

* + You can ask for a list (accounting) of the times Clinician shared your health information, who Clinician shared it with, and why.
  + Clinician will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Clinician will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

* You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Clinician will provide you with a paper copy promptly.

**Choose someone to act for you**

* + If you have given someone medical powers of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  + Clinician will make sure the person has this authority and can act for you before Clinician takes any action.

**File a complaint if you feel your rights are violated**

* + You can complain to Clinician if you feel Clinician violated your rights.
  + You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877- 696-6775, or visiting [**www.hhs.gov/ocr/privacy/hipaa/complaints/.**](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
  + Clinician will not retaliate against you for filing a complaint

# Your Choices

## You may choose what health information is shared and how it is shared.

You have both the right and choice to tell Clinician to:

* Specify what information should be shared with your family, close friends, or others involved in your care
* Specify information to be shared in an emergency or a disaster relief situation

If you are not able to tell Clinician your preference, Clinician may share your information when needed to lessen a serious and imminent threat to your health or safety.

# West Denver Endocrinology Uses and Disclosures

**How does Clinician typically use or share your health information?**

Clinician typically uses or shares your health information in the following ways.

**To Treat you**

Clinician can use your health information and share it with other professionals who are treating you.

*Example: Your Endocrinology doctor asks your primary care doctor about your overall health condition.*

**To run the practice**

Clinician can use and share your health information to run her practice, improve your care, and contact you when necessary.

*Example: Clinician uses health information about you to manage your treatment and services.*

**Bill for your services**

Clinician can use and share your health information to bill and get payment from health plans or other entities.

*Example: Clinician shares information with her billing service and your health insurance plan so insurance will pay for services.*

# How else can Clinician use or share your health information?

Clinician is allowed or required to share your information in other ways – usually in ways that contribute to the public good, but many conditions in the law must be met before Clinician can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

## Comply with the law

* + Clinician will share information about you if state or federal laws require

## Help with public health and safety issues

Clinician can share health information about you for certain situations such as:

* + Preventing disease
  + Helping with product recalls
  + Reporting adverse reactions to medications
  + Reporting suspected abuse, neglect, or domestic violence
  + Preventing or reducing a serious threat to anyone’s health or safety

## Respond to organ and tissue donation requests

* + Clinician can share health information about you with organ procurement organizations.

## Work with a medical examiner or funeral director

* + Clinician can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers’ compensation, law enforcement, and other government requests

Clinician can use or share health information about you:

* + For workers’ compensation and disability claims
  + For law enforcement purposes or with a law enforcement official
  + With health oversight agencies for activities authorized by law
  + For special government functions such as military, national security, and presidential protectiveservices

## Respond to lawsuits and legal actions

* + Clinician can share health information about you in response to a court or administrative order, or in response to a subpoena.

# West Denver Endocrinology’s Responsibilities

* Clinician is required by law to maintain the privacy and security of your protected health information.
* Clinician will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* Clinician must follow the duties and privacy practices described in this notice and give you a copy of it.
* Clinician will not use or share your information other than as described here unless you tell Clinician in writing and you may change your mind at any time.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

Changes to the Terms of this Notice

Clinician can change the terms of this notice. Changes will apply to all information. A current notice is available upon request, at West Denver Endocrinology, and on Clinician’ web site.

Other

* Effective Date of Notice: 4/14/2021
* For more information about this notice contact: Kimberly Rieniets D.O., West Denver Endocrinology,720-447-8837
* Clinician never markets or sells personal information.
* Access to your health information is available through the Practice fusion patient portal (www.patientfusion.com) or by contacting Clinician.

New Patient Packet



Notice of Privacy Practices, HIPPA, received:

Name: Signature: Date:

# Information regarding email and text messages. PLEASE READ!

* HIPPA stands for the Health Insurance Portability and Accountability Act
* HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information
* All health information that West Denver Endocrinology LLC stores is encrypted
* Most text messages and most email services do not utilize encryption. When you send or receive a text message or an e-mail, the information is not encrypted. This means a third party may be able to access the information and read it. In addition, once the message is received by you, someone may be able to access your cellphone or email account and read it.
* Text messaging and e-mail are popular and convenient ways to communicate*;* however, HIPPA *(***H**ealth **I**nformation

**P**ortability and **A**ccountability Act*)* and TCPA *(***T**elephone **C**onsumer **P**rotection **A**ct*)* require that “informed consent” is received before communicating health information via text message or email. Patients must be made aware of the risks of unencrypted text messages and email and provide consent to receive health information via text message or email before a health care entity may send medical information via text or email.

**Consent to Receive Email or Text Messages from Clinician**

By signing below, I authorize Clinician to contact me by email or SMS text message to serve me better. Clinician may send me email through "protonmail secure email" or may text message me from her business cell phone or the "IO to 8" booking application including:

* reminders about upcoming appointments.
* appointment scheduling instructions or booking application link.
* forms and documents.
* replies to patient text messages or emails.
* responses to information requests.
  + Protected health information will only be sent via text or email at patient's request and/or with informed consent.
  + I know that I am under no obligation to authorize Clinician to send me emails or text messages.
  + I may opt-out of receiving email or text message communications at any time by calling 720-447-8837

Name: DOB: Signature: Date: