TRENT C. HOLMBERG, M.D.

12481 South Fort Street, Suite 275

Draper, Utah 84020

Phone: 801-432-2077 **Fax:** 801-432-2079

Email: tchmdpc@gmail.com **Web:** www.trentholmbergmd.com

General Information

Office Hours:

- Tuesday 9:00 am-5:00 pm (Away for lunch from 12:00-1:00)
- Thursday, Friday 9:00 am-12:00 pm
- Patient appointments on Tuesdays and Thursdays only

Contact Us:

- **Life-threatening emergencies**. Dial 911 or go to the nearest emergency room.
- **Appointments or Questions**. Call 801-432-2077 or email at tchmdpc@gmail.com. You may also sign up for our patient portal by requesting an invitation and communicate via secure messaging.
- **Urgent Matters After Hours:** Call: **801-432-2077 and press "8" at any time** during the greeting and wait to be connected to Dr. Holmberg or the Dr. on call.
- **Prescription Refills:** Have your pharmacy fax us a refill request to 801-432-2079. If your prescription does not allow refills, please request refills by calling, emailing or messaging us through the portal.

Policies and Procedures: Please Read!

Initial Evaluations:

An initial evaluation generally lasts one hour. If reasonably obtained, please have any prior psychiatric records faxed to our office before your appointment. On the day of your appointment, please bring an up-to-date and complete medication history, including your most current prescription bottles. New Patient forms will need to be filled out completely prior to your appointment, which should have been emailed or mailed to you. They may also be downloaded from our website at trentholmbergmd.com. If you wish to fill them out in the office please arrive 45 minutes early.

Scheduling Policy:

It will be your responsibility to schedule follow-up appointments as instructed by Dr. Holmberg. Please schedule enough time for your specific needs. 15 min. appointments are for medication management only. If you are in need of any therapy or extensive medication management, please schedule a 30 or 60 min. appointment. If you are being prescribed a controlled substance, Dr. Holmberg requires you to make an appointment every three months.

Prescription Refill Policy:

It is your responsibility to schedule an appointment or request a refill PRIOR to the date you will run out of medication. Dr. Holmberg makes every effort to prescribe enough medication to get you through to your next recommended appointment. However, in the event that you do need a refill, please have your pharmacy fax us a refill request. Make sure you do not have any refills on file first. Certain controlled substances do not allow refills and you will need to request a refill by contacting our office. **DO NOT WAIT** until your last dose or until you are completely out of medication as refill requests can take up to two **business** days to process or more if a prior authorization is required**. Please be aware that Dr. Holmberg may not authorize a refill if you are due for an appointment and don't have one or if you request an early refill for a controlled substance.**

Important! Prescription refills are <u>not</u> considered an urgent matter and will not be filled after regular business hours (Mon-Fri from 9 am-5 pm), on weekends or major holidays. Please plan accordingly if you think you will run out over the weekend or if you are going on vacation.

Urgent Matters/After Hours Policy:

Emergencies:

Your safety and well-being are very important to us. If you are suicidal, have a life-threatening emergency, feel you are a danger to yourself or others, or if you think you are having a severe allergic reaction to a medication, please call "911" or go to the nearest emergency room. Please have the ER notify Dr. Holmberg of any such occurrence.

Urgent Matters After Hours:

If you have an urgent matter after hours that is not worthy of calling 911 and need to speak to Dr. Holmberg, please call 801-432-2077 and press **"8"** at any time during the recording to be forwarded to Dr. Holmberg's cell phone or the doctor on call. If for some reason you have to leave a message on Dr. Holmberg's personal voicemail and you do not receive a call back within a reasonable amount of time, please try your call again, contact your primary care provider or go to the nearest emergency room. You may also call the 24-Hour UNI Crisis Line at 801-587-3000.

If You Need Dr. Holmberg to Write a Letter or Fill Out Forms:

If you need Dr. Holmberg to write a letter or fill out forms/paperwork, you will need to schedule an appointment. This will help him to work with you on your specific requests more efficiently than if you are not present.

Payment Policy (See Fee Schedule):

Please be aware that this is a "fee-for-service" practice and payment in full is due at the time of service. Fees are based on the time scheduled. If your appointment goes over the time scheduled you will be billed accordingly.

New Patient Fees: New patients must provide a valid credit card number. New patients who "no show" will be charged the full fee for their appointment to the card on file. Cancellations for new patient appointments less than 24 hours in advance will be charged half the fee to the card on file. Cancellations made 24 hours in advance will not be charged.

Keeping Credit Cards on File:

Credit card numbers will not be kept on file after the first appointment unless a credit card authorizations form is filled out. If the patient is over 18 and the card is not the patient's, an authorization to release information will also need to be filled out by the patient.

Established Patient Fees: Fees are based on your scheduled appointment time. Face to face time may be slightly less than your scheduled appointment time to allow for documentation, prescriptions, lab ordering etc.

Missed Appointments/Late Cancellations Fees (Established Patients): Cancellations must be made 24 hours in advance of the scheduled appointment time to avoid a late cancellation fee. It is fine to leave a message even when we are not in the office as long as it is received 24 hours before your appointment time. The simplest way to notify us is by replying to the text message you receive just days before your appointment. If you are more than 15 minutes late for your appointment, you may be asked to reschedule. If you miss your appointment without giving any notice, you will be charged the full fee for the time scheduled. Multiple missed appointments or cancellations may result in a referral to another provider.

Returned Check Fees/Unpaid Balances: Your account will be charged a fee for any returned checks (see fee schedule) and your account will be placed on a "no checks" status for one year. If your account is unpaid for over 120 days and all efforts to obtain payment have been exhausted, Dr. Holmberg reserves the right to turn your account over to a collection agency, cancel any future appointments and refer you to another provider.

Insurance Reimbursement Policy:

Unless you are informed otherwise, Dr. Holmberg is not a participating provider for any insurance company. However, as a courtesy, you will be provided with a Super Bill (invoice) which contains the necessary information needed for your reimbursement. Some insurance companies may reimburse at the provider rate on a case by case basis if you just call and ask so make sure you call them before your first visit and at the beginning of each year to renew any previous prior authorizations. It might be worth your time and your money!

Medicare Patients!

Dr. Holmberg is an "Opt-Out Provider" for Medicare. If you are on Medicare, you must sign an agreement which states that you agree to not submit any claims to Medicare for reimbursement. If you have Medicare and do not sign this agreement, you cannot be treated by Dr. Holmberg. **This is Medicare's policy (not Dr. Holmberg's) if you choose to see a "non-Medicare provider."** If you are a Medicare member and you have not signed our Medicare Opt-Out Agreement, please let us know as soon as possible.

Request for Records:

Patients wishing to obtain their medical records either for themselves or another party will need to fill out an "Authorization to Use and Disclose Protected Health Information" form. You can request a form from our office or it can be download on our website. By law Dr. Holmberg can withhold medical information, including psychotherapy notes, if he reasonably determines that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm him/herself or someone else. Please note that this office reserves the right to charge a reasonable fee for the cost of copying, mailing or the time it takes to copy, fax or scan and email records. Please see our privacy policy regarding your health information and your rights associated with their use and disclosure.

Other Providers Sharing Common Area or Office Space With Dr. Holmberg:

Please be aware that although Dr. Holmberg shares a common area or even the same office with other providers, all providers located in this office practice independently and are in no way affiliated or partnered with Dr. Holmberg or his private practice. Other providers or their staff sharing office space with Dr. Holmberg are also in no way responsible for the billing of Dr. Holmberg's patients or forensic evaluations. Dr. Holmberg and his staff neither control nor supervise the services that other doctors, psychologists or therapists provide to their patients or clients. **Please direct any questions you may have to Dr. Holmberg or his staff only**. We appreciate your cooperation and understanding in this matter.

Please sign the required signature page after reading this entire document stating that you have read and understand the above policies.

TRENT C. HOLMBERG, MD, PC

Health Insurance Portability and Accountability Act

Notice of Privacy Practices

Effective August 2009; updated December 13, 2016

Your health information is highly personal and we are committed to safeguarding your privacy. We are required by law to maintain the privacy of patient protected health information (PHI) and to provide patients with notice of our legal duties and privacy practices regarding protected health information. Please read this Notice of Privacy Practices thoroughly as it describes how we may use and disclose your protected health information as well as your legal right to access and control its use and disclosure.

How We Will Use Your Health Information:

We are permitted to use or disclose your health information without permission for three basic types of activities:

- **Treatment -** We may use your health information or disclose it in order to provide proper medical and psychiatric care to you. This means we can provide your health information to pharmacies, nurses, doctors, resident doctors, medical students, nurses, laboratories, or other mental health providers involved in your care. In some circumstances we may require you to complete an Authorization to Release Information form for disclosure of your protected health information to an outside health care provider.
- **Payment -** We may use your health information or disclose it in order to submit bills or insurance claims, by mail, fax or electronically, for the care and services you receive. For example, your information may be sent to your insurance company that processes the information and submits it for payment or direct patient reimbursement. We may also provide information to your health plan about treatment you may receive so they may approve or disapprove whether you are covered for that care.
- **Practice Operations -** We may use your health information or disclose it in order to practice and ensure high quality care. For example, we may use your information to review how we provide care to you; to obtain consultation to help us improve how we operate the practice; or to meet compliance or licensing requirements.
- **Other uses and disclosures of such information that the law allows**

Specific situations or circumstances where we may use your personal health information or disclose it without your permission may include, but are not limited to:

- **Appointment Coordination -** We may use or disclose your health information to send you reminders about appointments, reschedule appointments, or information about the practice that may affect your appointments. This may be done by phone, email or text messaging. Please notify us immediately if you do not wish to be reminded or if you want to specify how we contact you.
- **As Required By Law -** We will disclose your information when required by law. Examples of this might include, but are not limited to: a medical examiner to investigate a suspicious death; state authorities to report child or elderly abuse; in response to a court order; government agencies to report a breach of health information privacy; a worker's compensation program.
- **To Avoid a Serious Threat to Health and Safety -** We may use and disclose your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Business Associates** - These are entities that we do business with that may have access to or store your personal health information. Examples of this might include, but are not limited to: Electronic prescribing programs; Internet-based scheduling or billing programs; Insurance companies; Clearinghouses. The law requires these business associates to protect your health information and obey the same privacy laws that we do.
- **Emergencies** - Please let us know who to contact in case of an emergency. If you do not list an emergency contact, we may ask public authorities to help find a family member to help you in the event of an emergency.

Uses of Health Information with Your Authorization: In order for us to use or disclose your information, other than as described above, we will generally need to obtain your written Authorization, which you may revoke at any time. Remember that any authorized disclosures made before the authorization was revoked cannot be undone. Reasons why you may need to sign an Authorization to Release Information may include, but are not limited to:

- authorize someone, including parents, spouse or significant other to make appointments or payments on your behalf. This does not apply if you are under 18.
- authorize someone to discuss your health information with Dr. Holmberg or his office staff.
- obtain a copy of your own records (must be notarized and include a copy of your driver's license)
- send copies of your health information to a new provider or other third party not involved in your care
- send copies of your health information to a life insurance company

Please be aware that federal and state laws require extra protection of certain types of health records, which may include addiction treatment, genetic information, or psychotherapy notes and our office complies with those rules. You may request that these records not be included when authorizing a release of your information.

Your Rights Regarding Your Health Information:

- **Right to Have Access to Your Information -** You have the right to inspect or have a copy of your health record. Exceptions include any type of psychotherapy note; information that may be used in a civil, criminal or administrative action or proceeding, or where prohibited by law. Requests must be in writing, notarized and directed to Trent C. Holmberg, MD, PC. We may charge a reasonable, cost-based fee. A response will be given within 30 days.
- **Right to Amend Your Information -** If you believe the information, we have in your file is incorrect or if important information is missing, you have the right to request in writing that we correct the existing information or add the missing information. If the provider does not agree with the request, you have the right to submit a statement of disagreement that will be added to your record and included in any future disclosures or requests for records.
- **Right to Request Confidential Information be Provided in a Certain Way -** You may request that we send your information to you in a specific way, such as email or fax or that we communicate with you by only using a work or cell phone number. Please notify us immediately if you have any specific requests regarding communication. Otherwise we will use our best judgment on how we communicate with you regarding your health information. We are not required to follow your request, but will make every effort to do so, or find a mutually satisfactory alternative.
- **Right to an Accounting of Disclosures of Your Information -** You have the right to receive a list of instances where we have disclosed your health information to others for reasons other than treatment, payment or health care operations, or as Authorized by you. The request must be in writing and directed to Trent C. Holmberg, MD, PC.
- **Right to Limit Our Use or Disclosure of Your Information -** You may request in writing that we not use or disclose your information for treatment, payment, health care operations or any other purpose except when specifically authorized by you, when required by law or in emergency circumstances. We will consider your request and respond within 30 days, but are not legally required to accept your request.
- **Right to Restrict Release of Information to Your Health Plan When You Pay for Services Out of Pocket and in Full** - You may request in writing that we not disclose your PHI to your health plan when you are paying out of pocket and in full. Please note that health insurance companies may request your records from your pharmacy and you will need to contact them separately regarding information about medications paid for out of pocket.
- **Right to Receive Notice if We or Any Business Associates Have Breached the Confidentiality of Your Health Information** - We will notify you of any known breech of unsecured protected health information.
- **Right to Request a Paper Copy of Our Current Notice of Privacy Practices** - may print from website as well.
- **Right to Report a Privacy Concern**

Practice Right to Deny Access to Your Protected Health Information:

This office may deny you access to your protected health information if a licensed health care provider determines that:

- Releasing it could endanger you or someone else;
- Your protected health information refers to a third party and releasing it could harm that person; or
- Providing access to a personal representative could harm you or another person.

If you are denied access under these circumstances, you may appeal that decision in writing. Please be aware that you do not have the right to access a provider's psychotherapy notes unless authorized by that provider.

How to Make a Complaint About How Your Information is Used:

If you believe we have not properly protected your privacy, have violated your privacy rights or you disagree with a decision we made about access to your protected health information, you may contact our Privacy Officer at:

The Office of Trent C. Holmberg, MD. PC
12481 S. Fort Street, Suite 275
Draper, Utah 84020
Attention: Privacy Officer

Or call: 801-432-2077

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a complaint with the U.S. Department of Health and Human Services.

Please sign the required signature page after reading this entire document stating that you have read and understand this privacy policy.

Trent C. Holmberg, M.D.
Patient-Provider Email Agreement

The use of email for patients to communicate with our office is available as a convenience. However, there are some important things to remember. Email is not the same as calling our office because there is not a person on the other end of an email - just a computer. You can't be certain when your message will be read, if it will be read, or if the office staff is in the office or on vacation. Nonetheless, we believe that the ease of communication through email is a benefit to patient care. Below are rules and guidelines for communicating with our office using email:

1. Email is never appropriate for urgent matters or emergencies! Please call our office instead. If you are calling after hours, dial 8 to reach the after hours, emergency line or go to the nearest emergency room.

2. Emails should be limited to office matters such as appointments, refills, medication or billing questions, etc. Personal issues should be addressed during your appointment or communicated by phone as email is not guaranteed to be confidential.

3. Email should not be used to communicate sensitive medical information, such as information regarding mental health issues, substance abuse, sexually transmitted diseases, AIDS/HIV, etc.

4. Emails may be printed and become part of your permanent medical record. Do not email anything you would not want to be a part of your permanent medical record.

5. The email account we use to communicate with patients is an office email account used by Dr. Holmberg's staff. However, Dr. Holmberg may respond personally to an email if necessary. Please do not email information that you want to remain private.

6. Email communication can be intercepted or misdirected due to computer or human error. This office uses the secure (https) setting and the email provider we use claims to be secure. However, we do not encrypt our emails and we cannot guarantee that it won't be read by a third party or hacker. Your use of email to communicate with this office indicates that you acknowledge and accept the possible risks associated with such communication.

7. If the use of email is abused or if we receive any offensive or inappropriate emails, we reserve the right to block the email address it came from as well as take other actions, including legal, if necessary.

8. Appointment reminders, changes or questions will often be emailed if we cannot reach you by phone. Updates to our office policies, fee schedules, days of operation etc. may also be periodically emailed to our patients. If you do not wish to have any information sent to you by email, please contact us immediately.

Please sign the required signature page after reading this document stating that you understand the risks associated with email communication. If you send an email to communicate with our office, even if you haven't signed the signature page, this action indicates that you acknowledge and accept the possible risks associated with such communication.

Important! Please make sure you have read and understand all of these policies and procedures completely before you sign the following required signature. Please keep this page and all of the previous pages and return only the signature page below.

TRENT C. HOLMBERG, MD, PC

12481 S. Fort Street, Suite 275
Draper, Utah 84020
Phone: 801-432-2077
Fax: 801-432-2079

Notice of Policies and Procedures Acknowledgement

By signing below, I acknowledge that: 1) I have received a copy of the Policies and Procedures for this office. 2) I have read this document completely and thoroughly. 3) I understand these policies and procedures completely and agree to abide by them as stated.

Signature of Patient or Authorized Representative:

_____

Date: ____/____/_____ Relationship to Patient (if not patient): _____

Notice of Privacy Practices Patient Acknowledgement

I acknowledge that I have received, read and understand the Notice of Privacy Practices for this office.

Name of Patient: _____ Date of Birth: ____/____/_____

Signature of Patient or Authorized Representative: _____

Date: ___/____/_____ Relationship to Patient (if not patient):_____

Notice of Patient-Provider Email Agreement Acknowledgement

By signing below, I acknowledge that: 1) I have received a copy of the Patient-Provider Email Agreement for this office. 2) I have read this document completely and thoroughly. 3) I understand this agreement completely and understand the risks associated with unencrypted communication over the internet.

Signature of Patient or Authorized Representative:

_____

Date: ____/____/_____ Relationship to Patient (if not patient): _____

If you do not want our office to use email as a means of communication with you, please let us know immediately. However, if you send us an email and you have requested that we not use email to contact you, you may not get an answer back through email.

If unable to obtain signature of patient or authorized representative:

I, _____was unable to obtain patient's signature. Date: ____/____/_____
(member of office staff)

Reason: _____

Signature of Office Staff _____