

### General Practice Information

**Office Hours:** The medical office is open Monday through Friday from 08:00am to 05:00 pm. Appointments are available Monday through Friday between 08:30 am to 04:30 pm.

**Office Phone:** 410-964-1000

**Office Fax:** 410-964-1002

**After Hours:** If you have a medical concern or question that requires attention outside of normal business hours, ***please call the regular office number (410-964-1000) and select the emergency mailbox. Your call will be returned by the provider on call in a timely manner. If you are having or believe that you may be having a life threatening medical emergency, please call 911 or go to the nearest medical facility.*** (Please do **not** use the Emergency Mailbox for non-urgent requests such as routine medication refills and appointment requests as this may slow our response to the truly urgent medical needs of other patients.)

**Website:** While on the website, please register for a **Patient Portal Account**. The Patient Portal is the absolute best way to communicate with your healthcare provider about non-urgent issues such as medication refill requests, non-urgent medical questions and to view your routine test results. You may also request or schedule your appointments and receive important reminders and messages from your healthcare team. You may also pay your bill online. We accept Master Card, VISA and American Express via a secure online payment portal. (Cash and checks are also accepted in the office.)

**Medications:** *Please bring your medications with you to your appointments.* Be sure to inform us of any changes to your medication list or medication dosages at the time of your visit. Also inform us of any over the counter medications, nutritional or herbal supplements that you may be taking.

**Medication Refills:** *Whenever possible, please request any necessary refills on your prescriptions at the time of your visit.* Refills may also be requested via the **Patient Portal** and we strongly encourage you to request refills via the patient portal as this is the safest and most efficient way to obtain your refills. You may also ask your pharmacy to call us or you may phone in refill requests during regular office hours.

- If you are requesting a refill by phone, be sure to leave your name, date of birth, the name of the medication, the dosage and how often you take the medication. Please also let us know the name, address and phone number of your pharmacy. (Make sure that your pharmacy has your updated insurance information.)
- **Please plan ahead.** It may take 48-72 hours to respond to non-urgent medication requests. If you use a mail order pharmacy, we ask that you request refills 10 days in advance.

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- **If** your insurance requires pre-authorization for a given medication, it may take a longer period of time to fill your prescription. Please plan accordingly.
- In general, we will **not** refill prescriptions for patients who have not seen the provider within the last 6 months. Depending on the medical situation and the medication(s) involved, even more frequent visits and/or clinical monitoring may be necessary to ensure patient safety.
- We do **not** refill prescriptions that were originally prescribed by another provider. If you are transferring your care to our practice, we will evaluate your medication needs at the time of your first appointment. *Prior to your first visit, please obtain all refills from the original medication prescriber.* This is a patient safety issue and we thank-you for your understanding.

**Special Note on Prescription Drug Abuse:** The entire nation, including Maryland, is currently experiencing an epidemic of prescription drug abuse with often tragic results. While prescription drug abuse almost always involves the abuse of controlled substances, such as narcotic (opiate) pain medications, prescription drug abuse can be said to occur *anytime* any patient uses a medication that was not originally prescribed for them or if they use their own prescription medications at a dose or frequency which differs from the way it was prescribed. This is a potentially lethal practice and we urge our patients to use only medications which have been prescribed to them and to always use them in *exactly* the way that they were prescribed. If you do not understand the medication instructions or if you are experiencing difficulty with taking your medications as prescribed, *please call the office as soon as possible.*

**Test Results:** We encourage you to register in the patient portal at your earliest convenience. This is a secure and efficient way to receive many important messages from your healthcare provider, including the results for all tests ordered by this practice. If you do not have access to the internet, we will contact you by the method which you indicated at the time of registration. *It is therefore extremely important to keep your preferred contact method up to date.* We will *only* notify you of any *abnormal* results and/or if a follow up visit is required.

If you have tests performed which were ordered by another facility, please ask them to fax these results to us at **410-964-1002** and/or obtain a copy of these results and mail or bring them to our office at your earliest convenience. In the case of imaging studies, please *obtain a CD copy of the studies and bring this with you to your visit.*

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**Medical Records Policy:** You must sign an **Authorization for Use and Disclosure of Protected Health Information (PHI)** if you would like to have your medical records released to you, another medical provider (transfer of care) or to any other outside entity as outlined in the **Notice of Privacy Practices**. *Please be very specific about which records you would like to have released.* We will make every effort to process your records request in a timely manner, however, we ask that you allow us 2 weeks to process all such requests. In most cases, a small, cost-based charge for copying these records will be assessed.

**Disability and Other Special Forms:** Please provide us with any and all forms that require completion as well as a detailed list of any other information that must be included in the form /report. (While we strive for completeness, we want to respect your HIPAA rights by **not** releasing any additional information that is not being requested by the third party.) You will also need to sign an **Authorization for Use and Disclosure of Protected Health Information (PHI)**. Fees for completion of these forms is on a case by case basis depending on the time involved in reviewing and compiling the necessary medical records for completion of the forms. *Please note that Lois Carani, MD, LLC is not liable for any adverse underwriting decisions made by insurance carriers or Disability Review boards as long as due diligence was exercised in the accurate completion of the medical forms.*