

FORM COMPLETION POLICY

For patient requesting forms to be completed by our practice there will be a fee of **\$10 per page**—*with few exceptions*—in addition to applicable office visit fees. For example, if you request your physician to complete a two-page, double sided form for your employer the form completion fee charge will be \$40, in addition to applicable office visit fees.

Please initial here _____ acknowledging you read, had an opportunity to ask questions and understand the above.

MEDICAL RECORDS RELEASE POLICY

It is the policy of Riverside Family Physicians, APMC to charge for requested copies of a patients' medical records. A reasonable fee may include actual costs for copying, labor, mailing, shipping or delivery. A medical release form must be properly completed prior to medical release request being processed.

Please initial here _____ acknowledging you read, had an opportunity to ask questions and understand the above.

I, _____, have read, understand, and agree to the provisions of this Patient Financial Policy Form. I understand that this policy replaces any prior financial policy signed and will be strictly enforced.

Authorization for treatment and financial agreement

I authorize treatment for myself and/or patient. I agree to pay fees and charges for such treatment at the time they are incurred, unless previous arrangements have been made in advance. If I have health insurance I agree to bring my health insurance card and government identification to every visit, as well as confirm that I am eligible for coverage on the date of visit. I authorize Riverside Family Physicians, APMC to use any and all medications and/or anesthesia deemed necessary during the course of treatment up to and including emergency services.

Authorization to pay benefits to physicians

I hereby authorize payments directly to Riverside Family Physicians, APMC for Medical/Surgical Benefits otherwise afford me. I authorize Riverside Family Physicians, APMC to relates any/all medical records to my insurance company which are deemed necessary to secure payment for services rendered.

Patient/Guardian Signature

Patient/Guardian Name

Date of Birth

Date

Witness Signature

Witness Name

Date



Riverside Family Physicians

Your wellness is our business

4310 Orange Street, Riverside, CA 92501
4244 Riverwalk Parkway, Suite 150, Riverside, CA 92505
TEL: 951.781.6335 FAX: 951.781.6365
www.famdoc.org



PATIENT COMMUNICATION POLICY

[Patient Name: _____ Patient Date of Birth: _____]

Thank you for choosing Riverside Family Physicians, APMC, as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of your Patient Communication Policy is important to our professional relationship. Please understand that the way we communicate with each other is a part of that relationship. Please ask if you have any questions about our policies or your responsibilities.

CELL PHONE USE IN OFFICE POLICY

For patient safety and confidentiality purposes we ask that your cellular phone be in (a) silent mode (not vibrate), or (b) powered off while in our facilities. Our group appreciates your immediate compliance with this policy.

Please initial here _____ acknowledging you read, had an opportunity to ask questions and understand the above.

PRACTICE TO PATIENT COMMUNICATION POLICY

For patient safety and confidentiality purposes our practice will need to communicate to you—i.e. laboratory results, visit follow-up. We require that you check the following boxes for all approved communication methods with you regarding your care, as well as your preferred method:

- Phone, Preferred communication method: Yes No, if yes, phone: _____
- Mail, Preferred communication method: Yes No
- Email, Preferred communication method: Yes No, if yes, email address: _____
- Webview/Patient Portal, Preferred communication method: Yes No

Please initial here _____ acknowledging you read, had an opportunity to ask questions and understand the above.

WEBVIEW PATIENT WEBPORTAL POLICY

Webview Patient Web portal is an exciting method of:

- ✓ having updated and around the clock access to important information in your medical record
- ✓ using a secure means of communicating with your healthcare provider

All patients using Webview Patient Web portal agree to the following rules of use:

1. I the Patient understand that the web portal is **NOT** to be used for urgent or emergency situations. In the event of an emergency I will call emergency medical services or 911.
2. I the Patient understand that it may take 72 hours to receive a response to an email request. If I do NOT receive a response within 72 hours I will contact Riverside Family Physicians at (951) 781-6335.
3. I the Patient understand that if I lose my password or username, I may request a new one by calling (951) 781-6335 or in person at one of the Group’s locations by providing valid identification.

4. I the Patient understand that I should remember to log out and close my browser when I am finished accessing password protected Portal services. This prevents someone else from accessing my personal information if I leave, share, or use a public computer (i.e., like a library, kiosk, or internet café).
5. I the Patient understand that the terms and conditions of this disclaimer and user agreement may change periodically. Such modifications will take effect immediately upon posting on the web site. I understand that I should review this agreement routinely for changes and modifications.
6. I the Patient hereby agrees to indemnify, defend, and hold harmless the Group and its agents, employees, successors and assigns from and against any and all actions, claims, suits, demands, damages, judgments, losses, and any other costs, liabilities, and expenses, including reasonable attorneys' fees and collection costs, arising from any act, error, or omission of the Group and the provision of or failure to provide any of the Services within the scope of the Web Portal duties as outlined in this Agreement, including but not limited to, advisory and consulting services.
7. I understand that this Agreement is designed to, and by express agreement between the parties, does in fact, reach as far as California law permits.

Enroll in Webview/Patient Portal at this time? Yes No

Please initial here _____ acknowledging you read, had an opportunity to ask questions and understand the above.

I, _____, have read, understand, and agree to the provisions of this Patient Communication Policy Form. I understand that this policy will be strictly enforced.

By signing this agreement I understand and agree to all the terms and conditions in this agreement. The invalidity of any provision(s) or portions of provision(s) of this Agreement shall not affect any other provision(s) or portions thereof. In the event that one or more provisions (or portions thereof) of this Agreement are declared legally invalid, the remainder of this Agreement shall remain in full force and effect, Changes in the law affecting the terms of this Agreement shall be deemed incorporated upon their effective date. I understand that the availability and functionality of this web portal may change without prior notice. I understand and agree to not to hold Riverside Family Physicians, APMC nor its employees or officers liable for any unanswered Patient Portal requests or messages.

Patient/Guardian Signature

Patient/Guardian Name

Date of Birth

Date

Witness Signature

Witness Name

Date



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Dear Valued Patient,

Riverside Family Physicians is dedicated to providing the highest quality of care to our patients.

In an effort to improve the continuity of your care we are implementing Webview*. This Internet accessible web portal allows our patients access to their charts along with a host of other features. It is HIPAA compliant and therefore a safe and secure way to communicate with your healthcare provider. WebView is seamlessly integrated with our electronic medical record system. Along with granting you access to your chart from the comfort of your home or office, WebView gives you many convenient features.

FEATURES:

- ✓ Message your provider or any other office staff member
- ✓ View your prescriptions and request refills through messaging
- ✓ View your health record
- ✓ View your lab results

To login in to our patient portal go to our website www.famdoc.org and click on patient login. You can receive your username and password by in person at our office. If you have any questions or comments, please feel free to contact our office at (951)781-6335.

Kindest Regard,

Your Riverside Family Physicians Healthcare Team

*Webview is a product McKesson Practice Partner Product



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Webview Patient Portal Login Instructions

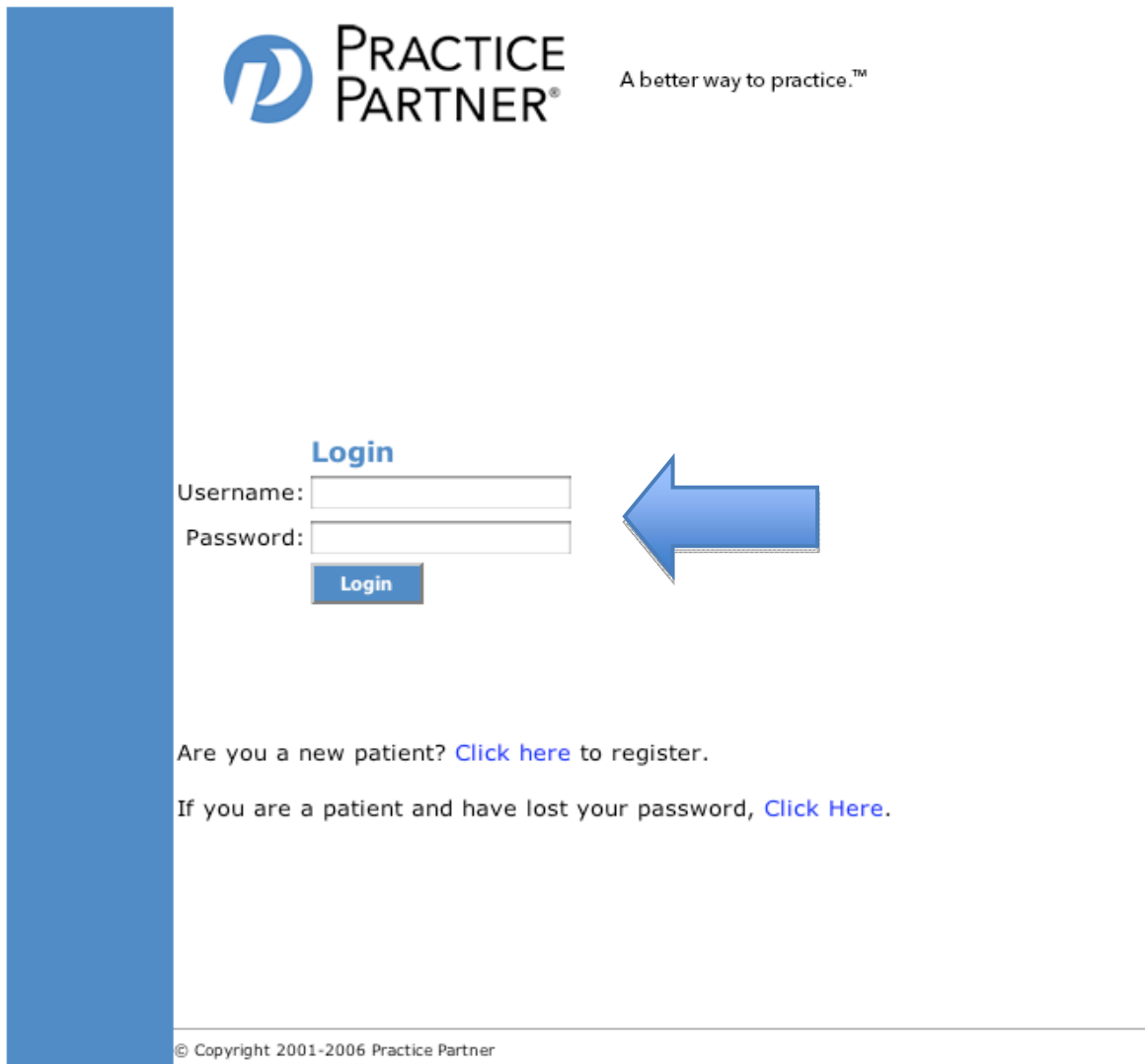
1. Go to www.famdoc.org, then select "Patient Login"

The screenshot shows the homepage of Riverside Family Physicians. At the top right, there are links for 'consultant login' and 'patient login'. A blue arrow points to the 'patient login' link. The main content area includes a 'Welcome!' message, a navigation menu, and social media links for Facebook, Calendar, Twitter, and Feedback. At the bottom, there is a 'MyDoc Anytime' logo and a 'patient privacy | job opportunities' link.

2. Read and Accept the Terms and Conditions

The screenshot shows the 'Webview Agreement' page. The text reads: 'You must agree to this "Patient Web Portal Agreement" before you use the web portal. Please read the terms of this agreement as described below:'. It lists several terms and conditions, including rules for using the patient web portal, emergency services, and indemnification. At the bottom, there are two buttons: 'I Agree' and 'I Disagree'. A blue arrow points to the 'I Agree' button.

3. Enter your username and password



PRACTICE PARTNER
A better way to practice.™

Login

Username:

Password:

Login

Are you a new patient? [Click here](#) to register.

If you are a patient and have lost your password, [Click Here](#).

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USERNAME: _____

TEMPORARY PASSWORD: _____

PASSWORD: _____

PLEASE DO NOT SHARE YOUR PASSWORD OR USERNAME WITH ANYONE.