



Emmanuela Wolloch, M.D.  
Holistic Women Care

## Office Policies and Procedures

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In order to ensure the Health and deliver the highest Quality of Care to all of the Patients in our practice, we have established the following policies and procedures. Please do not hesitate to ask our staff of caring professionals if you have any questions. Thank you.

### **Hours of Operation:**

Monday to Friday from- 8:30am to 4 pm – We are closed for lunch from 1:00 to 2:00 pm. We do have Saturday hours, usually once a month. Please call for more details.

### **Your Appointments and cancellations:**

Time is valuable for everyone. As a courtesy to others on the waiting list, Please notify us 24 hours in advance of a cancellation as we book your time especially for you. **We have a no – show fee of \$60.00 for Established Patients and \$100.00 for new Patients.** that you will be responsible for if you do not follow these guidelines. Patients who arrive more than 10 minutes late may have to wait as other Patients who arrive on time may be seen. Patients who arrive more than 10 minutes late may shorten the length of their visit with the Doctor.

Established Patients; Please arrive 10 minutes before your scheduled time to ensure all your needed information is up to date.

New Patients; Please arrive 15 minutes prior to your scheduled appointment to complete the registration process. .

### **Emergencies:**

If you feel you have a life – threatening emergency, Please call 911.

### **Prescription Refills:**

For monthly Medications, **Please contact our office no later than 7 days in advance of when you need your medication.** This allows the Medical Staff to review your records and ensure that everything is in order for your refill.( you will be notified that your Prescription has been called in) **Please check with your Pharmacist that a refill order is needed** and that the Pharmacy and our office has the same Surnames (last name) on file to facilitate your needs.

As part of our Bio Identical Hormone Replacement Therapy (BHRT) protocol, which insures your highest quality of care; **Annual Pap and Mammography must be completed and reviewed by the Doctor before prescriptions will be refilled. Please see our protocol for more information on these treatment options.**

### **Emails to the Office:**

Please use only the secure Patient Portal link to contact the office via electronic methods. This is per **Federal guidelines.** You will be given information as to how to set up this confidential link for your privacy. If you send us a regular Email, you will be re - directed to the secure portal. Our goal is to respond within



72 business hours. (This excludes requests for Prescription refills as noted above) Please be advised that general E Mail accounts are not guaranteed to be totally secure for transmission of PHI (Protected Health Information), and we will not utilize them for that purpose. Please note that some electronic consultations with the Doctor directly may be billable.

**Please DO NOT use the Secure Patient Portal or Regular Email for urgent Medical issues.**

#### **Calls to the Office:**

*Please be specific with your message / need and leave detailed information.* Our Staff of Nursing Healthcare professionals are well – skilled to note your most confidential information. Our Nursing staff may also return your call as appropriately directed by Dr. Wolloch.

As determined by the Doctor, we will make phone conference appointments for you to discuss your issue / questions in detail. Please note that these may be billable consultations with Dr. Wolloch.

#### **Electronic Medical Records/HIPAA:**

Our Practice uses a state of the art certified, secure and approved Electronic Medical Records system to document your healthcare. We will be able to generate a secure account for you to also access this information. Please follow the process to ensure your privacy and safety outlined on the automated Email / or documentation that you will receive.

#### **Disclosures / confidentiality:**

As a new Patient, you will be asked to fill out a record of disclosures. This is in accordance with the HIPAA privacy rule that gives you the right to restrict the use and disclosure of your protected health information (PHI). You may also specify the manner (s) in which you wish us to contact you. You may update Your information and choices at any time, and / or receive a copy of our Privacy Practices. Please notify our Staff should you wish to do so.

#### **Newsletters:**

Occasionally we send out Email Newsletters to our Patients letting you know what is new in our practice and informational articles for your healthy wellbeing. We also share information regarding the Patient Portal, Vacation days, etc. *Please add our office to your contacts so you will receive these important notices* and feel free to share them with your friends and family.

#### **Letters of Medical Necessity / Release of Medical Records:**

Please notify us 7 days advance to ensure Medical Review and preparation is completed.

