



Welcome to White-Wilson Medical Center!

It is our sincere pleasure to welcome you as a patient to White-Wilson Medical Center. We are very proud of our medical center, its staff, and the wide range of services that we can provide for you and your family. We have been providing quality healthcare services to the greater Fort Walton Beach area for over 50 years.

As our community grows, we continue to expand our range of services, number of providers, and service locations to meet its needs. Today, we offer over 60 physicians and mid-level providers in over 20 specialties including:

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| Audiology | Cardiology | Urology |
| Dermatology | Ear, Nose & Throat | Family Practice |
| Gastroenterology | General Surgery | Gynecology |
| Immediate Care | Internal Medicine | Neurology |
| Neurosurgery | Obstetrics | Occupational Medicine |
| Ophthalmology | Orthopedics/Sports Medicine | Pain Management |
| Pediatrics | Pulmonology | Radiology |

We also offer a host of ancillary services to help your providers ensure the highest quality patient care available. These services include full-service, in-house laboratory and imaging services such as MRI, CT, digital mammography with iCAD, ultrasound, vascular ultrasound, nuclear medicine, bone density scan and x-ray. White-Wilson is the only imaging center in our area to have all imaging modalities accredited by the American College of Radiology (ACR). In addition to lab and imaging, our ancillary services include:

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| Cardiopulmonary & Stress Testing | Audiology/Hearing & Balance Testing |
| Diabetic Education Program | Pain Management |
| Physical Therapy | Pulmonary Function Testing |
| Pulmonary Rehabilitation | Urodynamics |

The people of White-Wilson Medical Center all specialize in one area – providing the highest quality healthcare services to you - our patient. We constantly strive to improve our facilities and technology, but the real difference in our care comes through the compassion and excellence of our staff.

Health care is a challenging profession undergoing great change in our nation today. We endeavor to sustain the same traditions of service that Drs. White and Wilson rendered to this community many years before most of us were born.

Your decision to obtain health care at White-Wilson Medical Center has granted us the privilege of delivering medical services to you. We thank you for honoring us in this way and trust that every encounter that you have with us will be verification of our intent to do our very best for you.

Patient Appointment Schedules

Please call to schedule routine appointments as far in advance as possible. Routine appointments will be scheduled during our regular office hours Monday through Friday.

Please arrive at least 15 minutes early for your scheduled appointment. If any of your information has changed since your last appointment, please arrive at least 30 minutes prior to your appointment so you may see patient accounts to update our system (and, thus, ensure appropriate billing to your insurance).

Please notify us at least 24 hours in advance if you need to cancel your appointment. This will allow us to schedule someone else in that appointment slot.

Prescription Refill Policy

The ***Prescription Refill Request form*** is the **preferred** way to get your prescriptions efficiently, if you have not gotten them at your last appointment. Calling the office ties up phone lines needed for patients with urgent medical needs & increases the time you must spend on hold, often by up to twenty minutes.

Please allow **72 business hours** for all refill requests. This allows the physician time to get your chart for review prior to writing your prescription. Every attempt will be made to address your need as soon as possible, but it may take up to 72 business hours.

Due to the large number of refill requests, **our office will be unable to call you when your prescription has been faxed, called or written for pickup**. Please check with your pharmacy as needed.

Patient Financial Responsibility

To enable us to serve you in the era of lowering reimbursements and increasing costs, we must request that all patients honor their payment responsibilities.

PATIENT PAYMENT RESPONSIBILITY

All patients are required to pay, or make arrangements to pay, for services when services are received.

- Patients with insurance are responsible to pay any co-payments, co-insurance and/or deductibles that may be due.
- If your insurance company denies a charge, you (or your guarantor) are responsible.
- We accept cash, check, money order, and all major credit and debit cards.
- Payment plans may be made through Patient Accounts or Collections.
- If your bill remains unpaid after several attempts by us to collect, your account will be forwarded to a collection agency for further action.
- Patients with a past-due account balance will be denied additional services until the balance is current unless appropriate arrangements are made.

IF YOU HAVE QUESTIONS

We are here to help you. Please see one of our Patient Accounts Representatives or contact a White-Wilson representative to help you make any needed financial arrangements:

Customer Service: (850) 863-8105
Insurance: (850) 863-8104
Collections: (850) 863-8107
Fax: (850) 863-8548

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. If you have any questions about this Notice, please contact our HIPAA Privacy Officer at (850) 863-8167.

This Notice of Privacy Practices describes how we may use and disclose your health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your health information. "Health information" is information about you, including demographic, that may identify you and that relates to your past, present or future physical health and related health care services.

It is the intention of White Wilson Medical Center, P.A., to protect our patients' privacy in accordance with federal and state law. White Wilson Medical Center, P.A. is required to abide by the terms of this Notice of Privacy Practices. White Wilson Medical Center, P.A. reserves the right to revise our Notice of Privacy Practices and to make the new provisions effective for all protected health information maintained at that time. Revised notices will be made available to you upon request.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose your health information. Except for the following purposes, we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to our practice's Privacy Officer.

Treatment. We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose health information to doctors, nurses, technicians, or other personnel, including those working outside our facility, who are involved in your medical care and need the information to provide treatment.

Payment. We may use and disclose your health information so that we or others can bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.

Health Care Operations. We may use and disclose your health information for operational purposes. For example, your health information may be disclosed to other members of the medical staff, quality improvement personnel and others in a continual effort to improve the quality and effectiveness of the health care we provide.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose your health information to contact you and advise you of future appointments as well as treatment alternatives or health-related benefits and services that may be of interest to you.

Research. We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information.

As Required by Law. We will disclose health information when required to do so by federal or state law. For example, our practice may disclose information for the following purposes: to comply with state laws regarding Workers' Compensation; to report information on victims of abuse, violence and neglect; in response to subpoena or court order.

YOUR HEALTH INFORMATION RIGHTS:

You have the following rights regarding your White Wilson Medical Center health information:

Right to Inspect and Copy. You have the right to review and have copies made of any health information maintained at White-Wilson Medical Center. Your written request for copies of review of your medical record must be directed to our Medical Records Department.

Right to Request and Amendment. If you feel that health information we have on you is incorrect or incomplete, you may request that we amend the information. Your written request for an amendment must be directed to our Privacy Officer in our Medical Records Department.

Right to Accounting of Disclosures. You have the right to request a list of certain disclosures we made of your health information for purposes other than treatment, payment and health care operations or for which you provided written authorization. Your written request for an accounting of disclosures must be directed to our Privacy Officer/Medical Records Department.

Right to Request Restrictions. You have the right to request a restriction on certain uses and disclosures of your health information. However, we are not required to agree to your requested restriction if we feel it necessary to provide you with services or treatment that is essential to your health care. Your written request for a restriction must be directed to our Privacy Officer in our Medical Records Department.

Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your written request for confidential communication must be directed to our Privacy Officer in our Medical Records Department and must specify how or where you wish to be contacted. We will try to accommodate all reasonable requests.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this notice.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Quality Management Director by phone at (850) 863-8299 or in writing at 1005 Mar Walt Drive, Fort Walton Beach, FL 32547. You will not be penalized for filing a complaint.

OUR LOCATIONS:

Fort Walton Beach

Main Campus – 863-8100

1005 Mar Walt Drive, Fort Walton Beach, FL 32547
(across from Fort Walton Beach Medical Center)

Gastroenterology – 863-8260

1032 Mar Walt Drive, Suite 210, Fort Walton Beach, FL 32547

NeuroScience Center – 863-8100

1106 Hospital Road, Fort Walton Beach, FL 32547

Surgery and Pain Management (East Building) – 863-8100

999 Mar Walt Drive, Fort Walton Beach, FL 32547

Niceville: 897-4400

2001 E. Hwy. 20, Niceville, FL 32578 (Bluewater Bay area)

Destin: 269-6400

990 Airport Road, Destin, FL 32541
(next door to Destin Urgent Care Center)

www.white-wilson.com