



Welcome to Rekindle Family Medicine.

We are glad that you decided to become a member and hope that you have a refreshing and positive experience with our practice. If any any point you have any questions, please don't hesitate to call the office at 302-565-4799.

We prioritize you.

Our practice is built around the tenants of authentic, relational and quality medical care. You are more than a number to us and we look forward to caring for you and your family. Our providers strive to be accessible and the phones forward to a cellphone after hours and on weekends. This means no complicated phone trees or after hours on call service. We will respect your time by seeing you within 15 minutes of your appointment time whenever possible.

A new way of thinking.

You no longer have to worry if you are sick enough to come to the doctor. It's all included. Call us anytime. We can actually handle a lot over the phone once you are established as a patient. We will go over some other details of the practice when you come in for a visit. There is also a medicine dispensary on site. If you are on long term medications that you would like to have available at your first visit, please email back and we can let you know our wholesale pricing ahead of time and let you know whether we can order that particular medication to come in by the time you are seen.

What happens now?

You will not be charged until your first visit. There is a one time registration fee of \$60 individual and \$100 for family. Your membership will begin when you come for your first visit and monthly billing occurs at that time unless you select to prepay for the year (at a 5% discount). Within the next few days if you put your bank info into our registration page, the practice will deposit two small amounts into your checking or savings account. You can verify your account online by following the email prompts and inputting those small deposit amounts. Basically this is a fraud safeguard put in place by Hint Health which is our billing partner. Your account or credit card will be charged the registration fee but your membership begins on the day of your initial visit to the clinic. Please note that patients will be unable to receive phone, email or video visits until after their first in person appointment.

Your part:

1. Go to the following link to sign up and input your personal and financial information. You will also be able to review and sign the membership agreement contract at this time.

<https://rekindlefamilymedicine.hint.com/signup/membership>

If you are interested in the internet security details from their site, click on the heart on the bottom right of the screen.

2. Please print out the paperwork attached or you can input your medical history online through a link which will be provided by the office. If you have any questions, please call the office or make sure your questions are answered at the time of your visit. Please initial & date all pages of the contract if printing and scan/email, fax or mail all of the attached forms back to us.

Call to schedule.

You may call the office anytime to schedule your appointment to establish care with Dr. Nalda. Please bring any health records that you have as well as list of your current medications and prior doctor's information so we can request your records and have continuity of care. Once you have your first visit, you are a full member of our practice and may start to reap the many benefits.

Again, thank you for joining. We look forward to hearing from you.

Warmly,

Dr. Kimberly Nalda

A. INCLUDED SERVICES

1. Wellness Visits
 - Annual wellness/physical examinations
 - Well baby and child care
 - School and sports physicals (and form completion)
 - DOT physicals (and form completion)
 - Gynecological examinations
 - Weight loss counseling
 - Stress Management
 - Fitness counseling
 - Smoking cessation
 - Travel consultation
 - Vision screening
 - Cancer screening
 - First trimester OB care

2. Visits due to illness or Injury
 - Sick and follow-up visits
 - Orthopedic services –strains, sprains, joint injections, simple fractures
 - Repair of lacerations and suturing
 - Treatment of burns
 - Removal of lesions, cysts
 - Drainage of abscesses
 - Cryotherapy for removal of warts, skin tags
 - Treatment of rashes and other skin disorders
 - Treatment of eye injuries

3. Chronic Disease Management
 - Diabetes
 - High blood pressure
 - High cholesterol
 - Thyroid disorders
 - Asthma & COPD
 - Allergies & eczema
 - Migraines
 - Mental health counseling including depression & anxiety

4. In-office testing:
 - Urinalysis
 - Rapid strep test
 - Rapid flu test
 - Fingerstick glucose (sugar) testing
 - Urine pregnancy test
 - Hemoccult (testing for blood in stool)

5. Diagnostic testing:
 - EKG with interpretation
 - Peak flow meter
 - Pulse oximetry and spirometry

6. Procedures:
- Abscess drainage
 - Ear wax removal
 - Simple sutures (complex cases ex. involving nerve or tendon repair will be sent to specialist)
 - Wart freezing
 - Cyst removal
 - Ingrown toenail removal
 - Joint injections (steroid shots)
 - Joint aspiration (taking out fluid)
 - Basic wound care and supplies
 - Skin biopsy *
 - Pap smear *
- *Patient is responsible for all fees associated with pathology and specimen analysis

B. EXCLUDED SERVICES - See "[Clinic Price List](#)" for updated pricing

1. Vaccines:
 - Flu shot
 - Tdap (tetanus and pertussis) - depending on availability
 - Other vaccines/immunizations may be ordered and charged at cost
 - No administration fees charged
2. Laboratory testing (drawn on site and sent out to the lab)
 - STD testing
 - HIV test
 - Gonorrhea/Chlamydia
 - Bacterial Vaginosis/yeast infection testing
 - Blood draw available in the office for all blood tests
 - Patient is responsible for all insurance fees associated with laboratory testing done outside of clinic negotiated cash pricing
3. Medication Dispensary (at the clinic):
 - Medications at wholesale prices - can be ordered if we do not have in stock
 - No dispensing fee charged
4. After hours care/house calls (within 10 mile radius) - depending on availability
5. Durable medical equipment at wholesale cost
 - Arm sling, Crutches, Finger splints, Knee braces, Tennis elbow brace
6. Healthcare services performed outside of Rekindle Family Medicine including but not limited to: emergency room visits, hospital and specialist care, and imaging and laboratory tests performed by third parties not prearranged with Rekindle Family medicine.

WHAT SETS REKINDLE FAMILY MEDICINE APART FROM OTHER PRIMARY CARE PRACTICES

- * Same day or next-business-day office appointments Monday through Friday, excluding holidays (Dr. Nalda will inform you in advance if she is going out of town, but can be contacted electronically)
- * More time spent with the physician - 30 minute appointments instead of 7
- * One hour long annual wellness exam
- * Care when you need it: we offer appointments at your convenience, even outside normal business hours when appropriate
- * 24/7 communication directly with your physician via text, email, video and phone services (Please limit after-hours calls/texts to medical urgencies.)
- * Labs and radiology at significant discount
- * Many in office tests included free with membership
- * Prescription medications filled in the office at wholesale prices and savings passed directly to the patient
- * Laboratory and radiology test results can be emailed to you along with explanations and recommendations in plain language
- * Health problems can be addressed before they become major and more costly
- * Less paperwork - we work for you (the patient) and not the insurance company
- * Reduced number of office visits - some routine or simple issues may be safely handled via video-conferencing such as through Skype or via telephone, text messaging or email.
- * Increased access to your physician: the need for emergency room or urgent care visits is lessened
- * No scheduling fees or co-pays
- * No obligation: you may cancel your contract with Rekindle Family Health anytime (though we don't think you will want to)



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(O) 302-565-4799 (F) 302-342-8855
info@rekindlefamilymedicine.com

REKINDLE FAMILY MEDICINE DIRECT PRIMARY CARE (DPC) CONTRACT

Decision to join: I acknowledge and understand that I am voluntarily becoming a Rekindle Family Medicine member, as offered by Rekindle Family Medicine, LLC, and that this agreement is non-transferable. The effective date of my Rekindle Family Medicine membership is the date on which I sign this document. I have reviewed the Rekindle Family Medicine Services Guide and I have had the opportunity to ask questions and receive answers regarding its content.

Fee Schedule: I acknowledge and understand the following Rekindle Family Medicine membership fee schedule:

- \$60 one time - Registration fee (\$100 for families**)
- \$25/month - Age <18
- \$65/month - Age 18-44
- \$85/month - Age 45-64
- \$105/month - Age 65+

Charge responsibility: I acknowledge and understand that I am responsible for any charges incurred for health care services performed outside the physical location of Rekindle Family Medicine, including but not limited to, emergency room visits, hospital and specialist care, and imaging and laboratory tests performed by third parties. Additionally, I acknowledge and understand that I am responsible for any charges incurred for health care services provided by Rekindle Family Medicine but not specifically described in the Rekindle Family Medicine Services Guide.

Billing: After paying my registration fee, I acknowledge and agree to pay my monthly care fee(s) on or before the due date. Monthly fees will be assigned on the sign-up date and continue monthly. This payment will cover the following month's membership fee. Any additional labs and medications will be charged at the time of service and payment in full is expected at that time. In the event that I am unable to pay my fee(s) on time, I understand that I will be charged a \$30 late fee and that my service agreement may be terminated.

DPC is NOT insurance: I acknowledge and understand that this agreement does not provide comprehensive health insurance coverage, nor is it a contract of insurance and that it provides only the health care services specifically described in the Rekindle Family Medicine Services Guide. Rekindle Family Medicine will not bill insurance carriers for any services specifically described in the Rekindle Family Medicine Services Guide on our behalf. If patients wish to seek reimbursement, they will be provided with office notes and superbill (if appropriate) which patients can submit for reimbursement. Rekindle Family Medicine does not guarantee any reimbursement from insurance companies and will not be able to provide administrative support for these matters. It is highly recommended to maintain health insurance for unpredictable and catastrophic expenses is necessary as well. Your membership to Rekindle Family Medicine along with a catastrophic policy will meet the Affordable Care Act (Obamacare) requirements to avoid the income tax penalty. (HR 3590-sec 1301a).

Quitting the practice: I acknowledge and understand that I may terminate my membership at any time and for any reason, by providing written notice to Rekindle Family Medicine. Termination will take effect at the end of the month. Until written termination notice is received, monthly fees will continue to accrue.

Termination: I acknowledge and understand that Rekindle Family Medicine may terminate my membership at any time and for any reason by providing me at least 30 days written notice. Rekindle Family Medicine will not terminate this Patient Agreement solely on the basis of health status. Rekindle Family Medicine will assist transferring records and care to the new primary physician.

Rejoining: I acknowledge and understand that in the event that I terminate my Rekindle Family Medicine membership after receiving initial services that I will be allowed to reestablish my membership only after payment of the rejoining fee of \$200.

Out of office policy: On occasion, Dr. Nalda will be out of the office. Patients will be notified at least 48 hours before these dates, if possible, to allow ample time for refills and routine matters to be taken care of. Whenever possible, she will be accessible via cell phone, though response time may be delayed. If she will be out of the office for more than 2 consecutive business days, she will set up an alternate provider in case of emergencies.

HSA, HRA, FSA accounts and Direct Primary Care: At this time, the IRS does not consider primary care monthly membership fees eligible for these accounts, since Direct Primary Care did not exist when these accounts were rolled out. Legislation is being actively considered. As these laws are prone to change, please always consult with your tax accountant to determine the best way to use your HSA funds.

Change in service: I acknowledge and understand that Rekindle Family Medicine may add or discontinue services, or may increase my fee schedule at any time (but no more than once per year), and that I will be given, in writing, at least sixty (60) days notice of such fee schedule changes.

Privacy of Communications: I acknowledge that Rekindle Family Medicine will comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) privacy requirements. I also understand that communications with the physician using e-mail, facsimile, video chat, cell phone, texting, and other forms of electronic communication can never be absolutely guaranteed to be secure or confidential methods of communications. I further acknowledge that all such communications may become a part of the electronic medical record. By providing an e-mail address upon registration, I authorize Rekindle Family medicine and its Physicians to communicate with me by e-mail regarding my "protected health information" (PHI) knowing that e-mail is not necessarily a secure medium for sending or receiving PHI and there is always a possibility that a third party may gain access. I also understand that email is not the preferred communication if an issue is time sensitive or urgent/emergent. I agree to contact Rekindle Family Medicine via phone if I have not received a response to an email within 48 hours.

Addressing concerns: I agree to bring any complaints about services I receive as a Rekindle Family Medicine member to the attention of Dr. Nalda to be addressed as quickly and completely as possible. We strive for excellent customer service and would like to know if something is not right.

If you agree to the terms of this Agreement, please sign and date this Agreement where indicated below. Agreement is for 1 year from date of signature unless otherwise noted.

REKINDLE FAMILY MEDICINE

By: _____
Kimberly Nalda, M.D.

Date: _____

Accepted and agreed upon by:

Patient printed name

Patient signature

Date: _____

** For the purposes of this contract, a family is defined as 1 or more dependent children (age <18) living at the same address of 1 or 2 parents. Children over age 18 will be treated as individual members at the individual rate.

Family members included in this membership:

Parent #1: _____

Parent #2: _____

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____



Communication Policy

As a member of Rekindle Family Medicine, you want the most out of your healthcare plan and appreciate a team to help manage your health. We do too! In order to provide this high level of care for all of our patients, we have developed the following guidelines to assist our patients in knowing the best time and way to reach out to us. We hope it helps.

Medication Refills:

Medication refill requests should be emailed through Elation portal and will be completed within 48 hrs. This includes medications that we fill in-house, as well as call in or fax to a local pharmacy, and hand-written prescriptions. Please specify in your email 1. 30,60 or 90 day request. 2. If you would like to pick up your refill at the office or have it mailed to you. If not specified, we will assume you want 90 days and will send it the last way it was sent in your chart. If you request we mail it, it will be in the mail by close of business within 48 hours after your request. Please always plan ahead and ensure you have at least a week's supply of your medication left when you request a refill to prevent running out due to unforeseen circumstances.

Routine Appointments:

Routine appointments such as well-child checks, annual exams, and sports physicals should be booked in advance. We generally schedule 2-3 months out for physicals. These can be booked by calling 302-565-4799 or emailing debbie@rekindlefamilymedicine.com.

Portal messages:

For routine messages, requests and inquiries, please email using Elation portal. These are checked throughout the day, multiple times a day by the nurse and the doctor. We use the portal to send reports, documents, orders and handouts and it is our preferred method of communication because it stays as a part of your medical record for future reference.

Urgent Matters:

An urgent matter is one that needs to be addressed within the next few hours. If you have an urgent issue, please call or text the practice at 302-565-4799. Any urgent texts should start with URGENT, followed by a brief explanation of what is wrong. If you do not receive a response within a reasonable amount of time for your situation, please CALL THE OFFICE. If you require a same day appointment for a concern, please call the office. When in doubt, call the office. (Once you have called, you do not also need to text and leave a portal message.)

Emergencies:

For any true emergency, including, but not limited to heart attack, stroke, anaphylactic reaction, immediate suicide risk, near drowning, etc, ALWAYS call 911 to receive immediate medical attention and notify our office as soon as it is safe to do so.

After Hours Matters:

Our providers have their cell phone near them at nearly all times but on occasion they may have family responsibilities, or go to an event or service which prevents immediate answering of texts and messages. Thank you for respecting this. After hours matters will be handled in a manner based on the specific need and urgency level.

Cancellations:

If you have to cancel your appointment please let us know as soon as you can so we can free up your spot for someone else. Please give at least 24 hrs notice for cancellation. Repeat cancellations will incur a no show fee of \$50. If you have to cancel, understand that it may take some time to find a new spot particularly for extended visits like physicals.

Methods of Communication:

Office - 302-565-4799

info@rekindlefamilymedicine.com

Kim Nalda (MD) - drnalda@rekindlefamilymedicine.com

Laura (PA)- laura@rekindlefamilymedicine.com

Diane (RN) - nurse@rekindlefamilymedicine.com

Debbie (MA, front desk) - debbie@rekindlefamilymedicine.com

Billing questions - billing@rekindlefamilymedicine.com

Normal Business Hours:

Mon/Friday 9 am-5 pm

Wed 10:30 am-7:00 pm

Tues/Thurs 9 am-3 pm

Patient portal Elation EMR:

<https://www.app.elationpassport.com/passport/login/>

If you have forgotten your password, simply go to this page and click "forgot password".

This is by far the best way to communicate with our practice. A link is also conveniently located at www.RekindleFamilyMedicine.com.

Please note that these guidelines are not meant to discourage contact with your physician. The intention is to streamline communication so that we can provide the best care possible to all of our patients at all times.



Authorization for the Use / Disclosure of Protected Health Information

Patient Name: _____ Date of Birth: _____

Patient address: _____

Patient phone number: _____

Release Information From:

Release Information To:

<input type="checkbox"/> Rekindle Family Medicine ; 5590 Kirkwood Highway; Wilmington, DE 19808 Ph: 302-565-4799 Fx: 302-416-6748 <input type="checkbox"/> Other (Specify facility / individual & address below, including phone / fax, if known.) _____ _____ _____	<input type="checkbox"/> Rekindle Family Medicine ; 5590 Kirkwood Highway; Wilmington, DE 19808 Ph: 302-565-4799 Fx: 302-416-6478 <input type="checkbox"/> Other (Specify facility / individual & address below, including phone / fax, if known.) _____ _____ _____
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The protected health information to be used or disclosed is as follows:
[Please check off all that apply or record other information the space provided.]

- Entire Medical Record
- X-ray or other imaging reports from _____ to _____.
- Office Notes from _____ to _____.
- Other information (please describe): _____.

This information is being disclosed for the following purpose: at my request / continuity of care.

I understand the information to be released may include records related to behavior and/or mental health care, alcohol and drug abuse treatment, HIV/AIDS, and genetics. This authorization may be revoked at any time except to the extent that action has been taken in reliance upon it. Revocation must be made in writing to the provider/facility releasing the information. The provider/facility will not condition treatment on whether I sign the authorization. **I may be charged for copies in accordance with the state law.** Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal law.

This authorization will expire one year from the date of signing unless I indicate an earlier date or event here: _____.

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority

Print Name of Personal Representative



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. Please review it carefully.

Your Rights

You have the right to:

- Get a digital copy of your electronic medical record
- Correct your electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our Organization
- Bill for your services
- Help with Public Health and Safety Issues
- Do Research
- Comply with the Law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workman's compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information (we do not do this without your written permission)

Your Rights:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic copy of your medical record and other health information we have about you.
- We will provide a free digital copy or a summary of your health information, usually within 30 days of your request.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us directly per your contract.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint

Your Choices:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures:

How do we typically use or share your health information?

- Treat you - We can use your health information and share it with other professionals who are treating you.
- Run our organization - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for your services - We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Help with public health and safety issues- We can share health information about you for certain situations such as: Preventing disease, Helping with product recalls, Reporting adverse reactions to medications, Reporting suspected abuse, neglect, or domestic violence, Preventing or reducing a serious threat to anyone's health or safety
- Do research
- Comply with the law- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions- in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice:

Effective Date of this Notice - January 1, 2016

Privacy official - Dr. Kimberly Nalda, owner - 302-565-4799, drnalda@rekindlefamilymedicine.com

I have received a copy of this Notice of Privacy Practices.

Date: _____

Signature: _____

Printed Name: _____