



## NOTICE OF PRACTICE POLICIES

Welcome to NAB Life Health. We are excited and honored that you have chosen us for your healthcare needs, and we look forward to walking alongside you in your journey towards a healthier life. Please read this document in its entirety, as it outlines certain practice policies that we believe set us apart and help us to care for you with the best, most up-to-date medical practices and give us the foundation to provide comprehensive ethical and compassionate care.

First and foremost, we are a Catholic Christian medical organization. As such, we operate our practice in accordance with the Ethical and Religious Directives for Catholic Healthcare Services authored by the United States Conference of Catholic Bishops. The foundational principle of this document (and our practice) is that every human life has unrepeatable value and dignity - from the moment of fertilization until natural death. Because of this, we do not offer medical services in our practice that would undermine that value and dignity or potentially place a human life at unnecessary risk. **Specifically, we do not provide contraceptive medications, abortion, gender transition therapy, or euthanasia. We also do not refer for these services.** As an alternative to contraceptive medications, we do offer referral to natural family planning classes in the area for methods of family planning and birth regulation that do not potentially place the life of a conceived child in jeopardy. We also are committed to caring for you completely in your time of need if a situation were to arise in your life where you might be inclined towards one of these other options. Our care will always be directed toward supporting you and helping you to find God's meaning and purpose for any difficult situation that you might find yourself in.

\_\_\_\_\_ (Please initial to indicate that you have read and understand the paragraph/policy above.)

Additionally, we believe that the best medical care is proactive and readily available. Because of this, we have built a robust monitoring and chronic care management program that will give you the tools to manage any chronic disease that you may be dealing with to achieve optimal control and prevent unnecessary trips to the emergency department or admissions to the hospital. In order to achieve this, however, **we require active participation in these programs for all patients who qualify.** These programs require active and regular participation on your part and will require you to interact with members of our healthcare team on a consistent basis. Also, we will attempt to work with your insurance provider to help to cover the costs associated with these programs, but please be advised that **there usually will be some out-of-pocket expense** even if your insurance does provide coverage.

\_\_\_\_\_ (Please initial to indicate that you have read and understand the paragraph/policy above.)

**Our practice also does not provide recurrent prescriptions for opiates (for example – morphine, oxycodone, hydrocodone, etc.) or benzodiazepines (for example – Xanax, Ativan, Valium, Restoril, etc.).** We comply with all laws of the State of Florida regarding the prescribing of these medications in acute circumstances. For our patients who do suffer from chronic pain, anxiety, or other

conditions that require close monitoring for continued use of these medications, we will partner closely with your pain management specialist or psychiatrist to ensure a cohesive approach to your management plan. If needed, we can also help you to establish care with these specialties.

\_\_\_\_\_ (Please initial to indicate that you have read and understand the paragraph/policy above.)

Lastly, we ask that you abide by our **No-Show/Cancellation Policy**. In order to ensure timely access to care for all our patients and to use our time to the best of our ability, **we request that all schedule changes or cancelations be made no less than 24-hours in advance** of your scheduled appointment time. We also ask that you arrive no later than 15 minutes prior to your scheduled appointment time so that we can appropriately check you in and update your information in our system. **Anyone arriving more than 10-minutes after their scheduled appointment time will be considered a No-Show. For all late cancelations and No-Show appointments, we charge a fee of \$75 per appointment, and this fee must be paid prior to rescheduling.**

\_\_\_\_\_ (Please initial to indicate that you have read and understand the paragraph/policy above.)

We understand that every person and situation is unique, and because of this, we reserve the right to make exceptions to these policies or modify them as we see fit. We are happy to answer any questions that you may have about these policies at any time.

By signing below, you acknowledge that you have read and understand these policies and agree to abide by them while enrolled as a patient in our clinic.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Patient Name