



CHURCHVILLE-CHILI FAMILY MEDICINE

4201 Buffalo Road, Suite 1 ■ P.O. Box 505, North Chili, NY 14514

Tel (585) 594-5995 ■ www.ccfmedicine.com

WELCOME

Dear Patient,

Welcome to Churchville-Chili Family Medicine. In order for us to serve you better, we have put together this letter of introduction with the basic information on what is most commonly asked by patients entering our practice. We hope you find it useful.

Our current **office hours**:

Mondays	8am to 8pm
Tuesdays	8am to 8pm
Wednesdays	8am to 8pm
Thursdays	8am to 8pm
Fridays	8am to 5pm
Saturdays	9am to 1pm

Our **New Patient Registration Packet** includes everything we need to know about each other to ensure a long and mutually respectful relationship and to help us provide you with the best quality of care. Please answer all sections.

1. Patient Registration Form – Personal and Demographic Information.

Next, we like to get all the required acknowledgements and signatures out of the way, so please review, sign and date the **Notice of Privacy Practices, PPP2023, Records Release Form** and **HIPAA Authorization form**.

- 2. Notice of Privacy Practices** – If you are completing the registration online, you may ask for a hard copy of this at your first visit, but please acknowledge that you have read it by signing and dating it as indicated.
- 3. PPP2023**, (our Practice Policies & Procedures) is an important document which outlines all policies regarding appointments, medications and refills, billing and insurance. Please read it carefully to make sure our office is the right fit for you. This document is updated at the beginning of each year or as necessary to include changes. Initial each section, sign, and date it at the bottom. This will be saved to your electronic chart and you may request a copy at your first visit.
- 4. Records Release Form** – authorizes Churchville-Chili Family Medicine to securely obtain medical records on your behalf.
- 5. HIPAA Authorization** we are unable to discuss ANY information pertaining to your health with **anyone** other than those legally mandated (for example, other doctors as needed for continuity of medical care, insurance companies or legal entities). Please specify details of who you permit us to discuss your information with. **This is to protect your privacy.**
- 6.** The next few pages will ask for your **Medical Information** such as surgeries, immunizations, medications, health maintenance checks, past medical history, etc. Your new provider at CCFM will review this before your first appointment.

Once we receive your completed registration, we will process it in the order it is received and contact you asap for your first appointment. **IMPORTANT:** To ensure you have enough of your refill medications until you're seen, please request these from your existing/old PCP office as we are unable to fill meds until you're seen.

Typically, our providers spend **30 minutes on a new patient visit**. PLEASE NOTE: We do not usually do a CPE (comprehensive physical exam) at the time of an initial visit and may do so for individuals under age 30 at the provider's discretion.

At CCFM, we practice preventive medicine as well as caring for you and your whole family's chronic and acute medical needs. Our practice philosophy is to aim for early detection, early intervention, and prevention. Regularly scheduled office visits allow us to better assist you in identifying and managing any health problems you may have. We believe this is in your short and long-term best interest, as being proactive about your health care can often help us prevent the onset of future health problems. Experience has proven that those patients who are consistent in health maintenance enjoy better health overall and are less likely to have difficulty with unstable chronic illnesses later in life.

If you have any questions, please don't hesitate to call our office at 585-594-5995 menu option 1. We'd be happy to help!