



Practice Policies

Welcome to Our Practice

Our goal at Real Results is to provide you with the highest level of personalized care. We are committed to helping you achieve your weight loss and wellness goals.

It is important to read all of the enclosed information and fill out your forms prior to your visit. To further expedite the review and processing of your paperwork, you may mail email or fax the items to the office prior to your appointment. If you are unable to complete your paperwork prior to your visit, please arrive 15 minutes early to allow time for completion and review of paperwork. Otherwise, this time will take up a portion of your initial consultation.

Contact Information:

More information, specials, updated fee schedule and forms can be found on our website at: www.realresultsforlife.com

Mailing address:

1275 Shiloh Road, Suite 2031
Kennesaw, Georgia 30144

Phone number: 678.607.7325

Fax number: 678.607.7325

Email address: info@realresultsforlife.com

Consultations and Fees:

Your initial visit for physician guided weight loss includes a 30-45 minute consultation with the weight loss director. This will allow time to review your medical history, discuss your primary concerns, and establish goals for your treatment. If needed or desired, you will be scheduled with the physician for a brief consultation, where you will undergo a physical examination and review of medical history. Upon completion of your visit, any necessary labs will be ordered and medications prescribed. The fees charged for each visit will vary depending on the depth of consultation required. Please see our website for detailed information about our plans and pricing.



Cancellation Policy:

We understand that your plans can change suddenly and unexpectedly. We do our best to accommodate all of our patients' needs. Help us to provide the best service we can by kindly providing 24 hours notice for appointment changes. If you are unable to provide 24 hours notice or unable to show for your appointment, you may be charged up to 100% of the fee of your scheduled consultation, including loss of any pre-paid items such as injections. Failure to provide a minimum of 24 hours notice prior to cancelling an appointment or missing an appointment more than three times may result in dismissal from the practice.

Payment Options:

We accept payment through cash or credit card. We do not accept checks at this time. At the time you book your initial consultation, we request a credit card be placed on file to hold your appointment. No charges will be placed on your card unless you miss or cancel an appointment without proper notice. On the day of your visit, all charges will be reviewed with you. Full payment is due on the day of service.

Insurance:

We do not accept insurance and cannot assist you in claim resolution. We are not Medicare providers. If you would like to submit your visit charges to your insurance carrier for possible reimbursement, we can provide you with a billing summary.

Labs:

At this time, we do not offer in-house lab draws. If you are required to obtain labs as part of your treatment, we will refer you to an outside lab that can accommodate you. Alternatively, if you have had labs performed in the past six months, you may bring a copy of your results to your initial visit, or have them faxed or mailed to our office for review. This may help in avoiding duplication of labs and charges. If specialized testing is appropriate for you, we will discuss the recommended tests and individual costs with you prior to ordering the tests. In most cases, your insurance will cover the majority of the expense. Some specialized tests may take up to six weeks to be finalized. The results will be available to you via email, mail, or follow up consultation. If follow up consultation was not booked at your initial consultation, please call us to book a follow up consultation for review of your labs and treatment plan. If you choose to have your labs reviewed via phone, the same rate of in-office consultation applies and must be paid in advance of the phone consultation.



Phone Calls and Messages:

You may reach our office at any time by calling 678.607.7325. If you are calling after hours, please leave a message and someone will return your call on the next business day. When leaving a message, be sure to include your full name with the spelling of your last name, date of birth, reason for your call, and the best number and time to call you back. Please call 911 or go to the closest emergency room for emergencies.

Prescription Refill Requests:

Please allow 48 hours to process a prescription refill. Please allow 5-7 business days for compounded medications. Please plan ahead to avoid any interruptions in your medications. Prescription refill requests can be performed by calling our office to set up a follow up appointment. If calling outside business hours or do not reach a staff member, leave a message with our office, including your full name with the spelling of your last name, date of birth, and appointment availability.

Medications and Supplements:

Prescription medications and over the counter supplements may be a part of your treatment plan. For your convenience, we dispense many medications and supplements from our office, where you may pick them up or have them shipped for an additional fee. If compounded medications are recommended, we will refer you to a reputable compounding pharmacy, though you may choose any compounding pharmacy to fill your prescription. Our compounding pharmacy of choice is Innovations Compounding, located at 6095 Pine Mountain Rd NW #108, Kennesaw, GA 30152. You may choose to pick up your compounded prescription at the pharmacy, at our office, or have your medications mailed to you for an additional fee. Nutritional supplements may also be prescribed based on your lab results and concerns. We do considerable research to recommend and supply you with reputable brands creating supplements from reliably sourced ingredients, backed by scientific studies. You can choose to buy supplements from any source, but keep in mind that a cheaper supplement may also result in a cheaper, diluted product that may be less effective. We cannot ensure that supplements or medications obtained from sources other than those we recommend will be as effective in delivering the results you want.



Refunds and Plan Expiration

All services are non-refundable. Prescription medications cannot be returned or refunded. Supplements and perishable goods may only be returned and refunded if sealed, unopened, and undamaged. Contact us regarding the return, exchange, or refund of non-perishable goods. If you are unhappy with any goods or services, please discuss this with the provider in order to come to an amicable solution. Our primary goal is patient satisfaction, but we must also uphold the standards and regulations set forth by our suppliers and government agencies. Each of our plans and packages carries an expiration date. Failure to utilize the services or goods paid for prior to the expiration date results in forfeiture of any unused goods/visits/services. Extreme circumstances preventing completion of your plan or package in a timely manner may allow for exemption from the expiration date. Please discuss this with your provider. HCG diet plans expire 60 days from the date of purchase. Slim program packages paid in full expire 30 days after the conclusion of the prepaid term. For example, a six month pre-paid plan purchased on May 15 should conclude on November 15 and expires on December 15. Month to month plans expire at the conclusion of each month, as there is no rollover into the next month. Injection packages purchased as a set of 12 expire 16 weeks from the date of purchase.

Primary Care Physician:

Please understand the importance of regular medical care with your primary care physician. Dr. Mildred Santorufo is not your primary care physician and recommends keeping all regularly scheduled appointments with any other medical providers you may have. In addition, it is important that all of your providers are aware of any medical conditions, treatments, and medications that you may be receiving so they may adjust your treatment plans accordingly.



Informed Consent Regarding Email and Internet Privacy

Real Results provides patients the opportunity to communicate with their physicians, health care providers, and administrative staff by e-mail. Transmitting confidential health information by e-mail, however, has a number of risks, both general and specific, that should be considered before using e-mail.

1. Risks:

- a. General e-mail risks are the following: e-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients; recipients can forward e-mail messages to other recipients without the original sender(s) permission or knowledge; users can easily misaddress an e-mail; e-mail is easier to falsify than handwritten or signed documents; backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy.
- b. Specific e-mail risks are the following: e-mail containing information pertaining to diagnosis and/or treatment must be included in the protected personal health information; all individuals who have access to the protected personal health information will have access to the e-mail messages; patients who send or receive e-mail from their place of employment risk having their employer read their e-mail.

2. It is the policy of Real Results that all e-mail messages sent or received which concern the diagnosis or treatment of a patient will be a part of that patient's protected personal health information and will treat such e-mail messages or internet communications with the same degree of confidentiality as afforded other portions of the protected personal health information. Real Results will use reasonable means to protect the security and confidentiality of e-mail or internet communication. Because of the risks outlined above, we cannot, however, guarantee the security and confidentiality of e-mail or internet communication.

3. Patients must consent to the use of e-mail for confidential medical information after having been informed of the above risks. Consent to the use of e-mail includes agreement with the following conditions:

- a. All e-mails to or from patients concerning diagnosis and/or treatment will be made a part of the protected personal health information. As a part of the protected personal health information, other individuals, such as Real Results physicians, nurses, other health care practitioners, and assistants will have access to e-mail messages contained in protected personal health information.
- b. Real Results may forward e-mail messages within the practice as necessary for diagnosis and treatment. Real Results will not, however, forward the email outside the practice without the consent of the patient as required by law.



- c. Real Results will endeavor to read e-mail promptly but can provide no assurance that the recipient of a particular e-mail will read the e-mail message promptly. Therefore, e-mail must not be used in a medical emergency.
- d. It is the responsibility of the sender to determine whether the intended recipient received the e-mail and when the recipient will respond.
- e. Because some medical information is so sensitive that unauthorized disclosure can be very damaging, e-mail should not be used for communications concerning diagnosis or treatment of AIDS/HIV infection; other sexually transmissible or communicable diseases, such as syphilis, gonorrhea, herpes, and the like; Behavioral health, Mental health or developmental disability; or alcohol and drug abuse.
- f. Real Results cannot guarantee that electronic communications will be private. However, we will take reasonable steps to protect the confidentiality of the e-mail or internet communication but Real Results is not liable for improper disclosure of confidential information not caused by its employee's gross negligence or wanton misconduct.
- g. If consent is given for the use of e-mail, it is the responsibility of the patient's to inform Real Results of any types of information you do not want to be sent by e-mail.
- h. It is the responsibility of the patient to protect their password or other means of access to e-mail sent or received from Real Results to protect confidentiality. Real Results is not liable for breaches of confidentiality caused by the patient.

Any further use of e-mail initiated by the patient that discusses diagnosis or treatment constitutes informed consent to the foregoing. I understand that my consent to the use of e-mail may be withdrawn at any time by e-mail or written communication to Real Results. I have read this form carefully and understand the risks and responsibilities associated with the use of e-mail. I agree to assume all risks associated with the use of e-mail.