

Rights and Responsibilities

Since 1975, Riordan Clinic has served its patients as unique co-learners who are striving to create real and lasting health in their lives by identifying and correcting hidden root causes that would otherwise perpetuate their illnesses. This process of co-learner care was instituted by Riordan Clinic's founder, Dr. Hugh Riordan. The Riordan Clinic staff has created the following guidelines, which aid in the day to day delivery of this ideal vision of patient care. We strive to make these ideals living realities in each patient's experience at the Riordan Clinic.

The following rights and responsibilities are offered as a template for the expression of this co-learner care. We ask you to bear in mind that co- as a prefix to co-learner implies mutuality. Riordan Clinic patients should expect to be treated with dignity and compassion. Similarly, Riordan Clinic staff will expect you and your family/friends/advocates to show us the same reasonable and responsible behavior as we strive together to achieve excellent results.

Riordan Clinic is a specialty healthcare provider used in conjunction with medical care and therefore cannot take the place of a primary care doctor.

CO-LEARNER RIGHTS AND RESPONSIBILITIES

As a Riordan Clinic co-learner, I agree to use my knowledge, skill, and experience to the best of my ability in the best interest of my own physical, mental, and spiritual health. I believe it is my responsibility to:

- Provide my Riordan Clinic provider(s) with information that is relevant to my health.
- Be willing to sort through my health-related challenges.
- Ask questions related to information that is provided by my practitioner, including treatment options.
- Take mutually agreed upon supplements, as part of my treatment plan, only according to directions given to me and discontinue use if side effects ensue and report this to my Riordan Clinic practitioner(s).
- Work together with Riordan Clinic health professionals to develop a plan of care that incorporates goals that are meaningful to me and will promote my physical, mental, and spiritual health.
- Make conscious decisions to nurture intrinsic healing and promote balance in my life.
- Evaluate the effectiveness of my plan of care.
- Participate in all scheduled treatment sessions.
- Be willing and open to investigate my health-related challenges, understanding that the treatment we provide is not a quick fix to your health challenges.
- To provide complete health information asked of the Riordan Clinic prior to my first and each appointment.
- To have all your health information be kept in compliance with all confidentiality laws.
- To have the complete attention of all Riordan Clinic health professionals during my appointments.

PRACTICE POLICIES

As a reminder: Riordan Clinic is a specialty healthcare provider used in conjunction with medical care and therefore cannot take the place of a primary care doctor.

APPOINTMENTS

- Please arrive promptly at the "arrival time" given to you when scheduling your first new patient appointment.
- Please arrive 15 minutes before all subsequent appointments.

RC Rights and Responsibilities 07/15/2022



WICHITA

316-682-3100
3100 N Hillside Ave
Wichita, KS 67219

HAYS

785-628-3215
1010 E 17th St.
Hays, KS 67601

OVERLAND PARK

913-745-4757
6300 W 143rd Street, Suite #205
Overland Park, KS 66223

1-800-447-7276

Rights and Responsibilities

- If you arrive more than 15 minutes late for an appointment we reserve the right to reschedule your appointment to avoid inconveniencing other patients and you will be charged for a missed appointment per the **Cancellation Policy** as outlined on page 31.

LABORATORY/OTHER RESULTS

- When test results are received they are placed into our EHR (“Electronic Health Record”) and the provider will review the results. The provider often waits for all of your tests to come back so they can review the whole picture.
- An appointment is required to review lab testing results so you as a co-learner can have a complete understanding of the results and, with your Riordan Clinic provider, can formulate an updated treatment plan.
- Please keep copies of all test results that are mailed or given to you.
- Self-referred laboratory results cannot be reviewed with recommendations by a Riordan Clinic provider without a doctor’s visit.
- Any laboratory testing covered by traditional Medicare will be filed directly.
- Copies of your test results will be provided to you via the Patient Portal (see page 35), in person, mailed, or emailed.

CLINIC THERAPIES

- All co-learners receiving any therapies by Riordan Clinic medical staff (IVs, injections, PEMT, UBI, Chelation, etc.) must be seen by a Riordan Clinic provider **every six (6) months**.
- IV and injection appointments must be cancelled at least 24 hours in advance.
- Same day cancellations will be charged a \$50 USD no-show fee as that IV time slot was reserved for you.

PRESCRIPTIONS

- All co-learners receiving pharmaceutical prescriptions by a Riordan Clinic provider must be seen by a Riordan Clinic provider **every six (6) months**.
- Certain prescriptions (thyroid, hormone therapy, blood pressure, chelation, and IVs) require follow-up lab work and must be checked **every six (6) months**.
- Please make sure that all prescription renewal requests are made at least **one (1) week before** your prescription runs out.
- Our providers often must review your chart and authorize the renewal before it can be sent in. In addition, compounding is sometimes required. Allow **24 hours** before calling to see if we have received your request. Please plan accordingly.

HOME IV INFUSIONS

- All home IV infusions performed off-site must be administered by a licensed medical professional.
- All co-learners receiving home IV infusions must follow up with a Riordan Clinic provider **every three (3) months**.
- A maximum of three (3) months’ supply of IVC kits can be purchased at a time and must fall within the 3-month window of a scheduled follow up visit.
- **All home IV products purchased are non-refundable, non-returnable, and cannot be brought back into the clinic to be rendered for services at our clinic.**

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CANCELLATIONS/RESCHEDULING

- New Patient Appointments: We require your cancellation notice no later than two **(2) business days** (Monday – Friday) prior to your scheduled appointment. If notice is not received two (2) business days prior to your scheduled appointment we will charge you a non-refundable \$150 USD non-cancellation fee.
- Follow-up Appointments: Follow-up visits require cancellation notice of **one (1) business day** (Monday – Friday). If notice is not received one (1) business day prior to your scheduled appointment, we will charge you a non-refundable \$50 USD cancellation fee.

INSURANCE

- As of September 1, 2014, Riordan Clinic has opted out of Medicare. No clinic services will be filed by Riordan Clinic.
- Services are paid for at the time of your visit. We will give you an itemized bill that you can submit directly to your commercial insurance company. Please keep in mind that many of the services we offer are not considered medically necessary by traditional insurance companies.
- We cannot change any diagnosis or coding on the sole basis of insurance coverage.
- We do not contract with any commercial insurance company. Therefore, reimbursement would be sent to you directly and would be paid at a non-network level as this relationship is between you and your insurance company.
- If your insurance company requires prior authorization for any services our providers order, it is your responsibility to make sure that this is done prior to such services being performed.
- Any laboratory testing covered by traditional Medicare will be filed directly.

OTHER

- Form(s) Completion: Disability, Insurance Forms, Travel Forms, Release from Work, Prior Authorizations, and other forms are not required by all insurance plans or employers. If you require a provider to complete these forms, you will be required to schedule an office visit at an additional charge.
- Paper Records: We will provide to you, upon written request, a paper copy of your medical record. We charge a base fee of \$25 USD. Please submit this request to:

Medical Records

Riordan Clinic | 3100 N. Hillside Avenue | Wichita, KS 67219 USA
Phone 316-682-3100 Extension 300 | Fax 316-618-8537
medicalrecords@riordanclinic.org

Printed Name of Patient

Signature of Patient, Next of Kin, or Legal Guardian

Date

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