



Practice Policies

Privacy Statement

If you have questions about privacy or how we use your data, please review our HIPAA Consent Form. Bryant Integrative Medicine respects your privacy and will only release information required to further your treatment, assist you in obtaining payment, managing our own internal operations, comply with legal or insurance regulations, or specifically authorized by you.

Communications Security

Secure information/records may be shared via fax. These are submitted directly into Dr. LeCompte's electronic medical records platform.

Bryant Integrative Medicine does NOT have secure encryption for regular email. Please do not email any private information. See instructions below for emailing through our secure encrypted On Patient electronic medical record.

Patient Communications

All email communications should be submitted via the OnPatient portal. This is the preferred and fastest way to communicate with us.

You may also leave routine messages for our practitioners on our office telephone: 337-367-2567
We return phone calls during our regular business hours within 1-2 work days.

If you have an emergency, you should seek immediate help by calling 911 or going to the nearest emergency room. We do not practice acute care and do not have 24-hour coverage. During acute illness, please go to urgent care or an ER to be treated.

Permission to Leave Voicemail Messages

The staff of Bryant Integrative Medicine has your permission to leave confidential voicemail messages & text messages on the number listed as your primary number in your medical chart. Please ensure that the number you list as your primary number is appropriate for confidential messages or alert our staff of your wishes otherwise.

Prescribing Policies

Law requires that our practitioners see patients on a regular basis in order to prescribe medications. Our office policy is that all patients requesting refills must have been seen in the office within the past six months.

Supplements

It is important to us that our patients understand that they are under no obligation to purchase nutritional supplements from us.

Sourcing high quality supplements for our patients and offering them in the office is a service we offer simply as a convenience to our patients, and they are available to patients only by choice.

Whether supplements are purchased in our office or elsewhere, supplements recommended by our practitioners may consist of vitamins, minerals, amino acids, or herbs and botanicals. These are considered nutritional support and are not intended for treatment of a sickness or disease.

Supplements may not have been reviewed or approved by the US Food and Drug Administration (FDA). I also understand that my practitioner may make possible recommendations for dietary supplements based on her understanding of the nutritional, botanical and related scientific literature but that in many areas, the state of this scientific knowledge is incomplete and may be subject to future development, review and possible professional disagreement.

By signing this form, you agree not to hold Bryant Integrative Medicine accountable for any claim or responsibility for the results or lack thereof related to taking the above-mentioned supplement products.

Financial Responsibility

Payment is due at the time of service via cash, check, or credit card. Patients are required to keep a valid credit card on file. In order to focus our energy on improving your health and well-being we do not contract with any insurance carriers or Medicare. Medicare patients can see her under private contract; however, Medicare will not reimburse for these visits.

We require 48 hours' notice for a changed or cancelled appointment due to the generous amount of time allotted per visit. Last minute cancellation fees are equal to the charge for the visit. We reserve the right to charge your credit card on file for late cancellations or no-show appointments.

Since Bryant Integrative Medicine does not participate in any insurance plans your signature on this form indicates you understand and agree that we do not take assignment. This means that payment will be required at the time of each visit.

Medicare Patients

Bryant Integrative Medicine has opted out as a Medicare provider and does not accept Medicare payment. If you are a Medicare patient and you choose to see us and pay out of pocket, you will not be able to submit charges for reimbursement.

Medical Management Service

There are times when a patient request is not appropriate for a quick Patient Portal response, Such as reviewing recommendations from a specialist or making a referral for an issue we don't Often address. In these cases, we charge a small fee to cover the practitioner's time. Patients will Be notified in advance so that the patient are given the option to make an appointment for an in office, video or phone review of the issue.

Insurance

If you choose to involve a health insurance company in your care, you assume all responsibility for submitting your own insurance forms. You will be provided with a receipt in order to file a claim with your insurance company if you choose. Most insurance companies have an out-of-network benefit. You may or may not be reimbursed, depending on the benefit package of your insurance plan, although the amount of reimbursement depends upon the specifics of your policy.

Please note if you do provide our superbills to your insurance company for reimbursement of out of network expenses, the company is entitled to request your complete medical records from us.

Labs

Bryant Integrative Medicine is considered an "out of network provider" by Insurance. Some lab testing may be covered by insurance but is not guaranteed. Some labs May be ordered directly through our office at discounted rates. Note: Most specialty labs- Such as genomic and microbiome testing-are not covered by insurance at this time.

The normal rate of scheduling for testing is no more than two laboratory's tests per visit. While we respect some patients' preference to schedule all of their specialty testing at once, more than two tests ordered will require additional follow-up appointments for review. Please discuss this with Sarah if you have any questions about follow-up scheduling for lab reviews.

Complaints

Please bring any complaints or concerns about your care to Dr. LeCompte's personal attention.

Medical Records Release Authorization

By signing below, you authorize us to release your medical information to any physician or health practitioner to whom you are being referred for care, and to any insurance companies or managed care programs you authorize upon their specific request.

Treatment Authorization

By signing below, you are authorizing Brian LeCompte M.D. or his delegated practitioners to provide medical and health care treatment for yourself and/or your minor child.

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Acknowledgement

I hereby acknowledge that I have read the above Practice Policies for Brian LeCompte M.D. Bryant Integrative Medicine and agree with these important information and guidelines. I have received a copy for my own records.

Patient Name

Date