



Practice Policies & Acknowledgments

Christopher L. Bray, MD, PhD, CPE, FACP — board-certified in Internal and Integrative Medicine

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Archangel Michael Health, PA is a telehealth-first Direct Primary Care practice serving patients physically located in **Florida, Georgia, Texas, Arizona, North Carolina, Tennessee, or New Hampshire** at the time of each visit, with house calls available in **Alachua County, Florida** when medically appropriate. These policies explain how we communicate, schedule, bill, and work together. Please read them and sign the acknowledgment at the end.

1. Communication Policy

We use several channels to serve you while protecting your privacy. Our official communication methods are:

- **Athena Health Patient Portal:** the primary method for secure clinical messaging with Dr. Bray about your health, reviewing lab results, requesting prescription refills (where applicable), and accessing parts of your medical record.
- **HIPAA-compliant email:** secured through our Microsoft 365 and Google Workspace platforms and used routinely for medical-care communication — clinical questions and answers, care plans, visit summaries, test-result discussions, and records you request — as well as administrative matters. Emails containing health information are sent encrypted through the Microsoft secure-message portal (a one-time code may be required to open them); messages without health details may be sent as standard email.
- **Telephone:** for direct conversations, scheduling assistance, or urgent administrative needs during business hours.
- **Telehealth platforms (Doximity, doxy.me, Microsoft Teams):** used for conducting scheduled video or audio telehealth appointments.
- **Automated reminders (via Athena Health):** with your explicit opt-in consent, appointment reminders and related notifications (for example, notice of a new portal message) may be sent by SMS text message or email through the Athena Health system.

We strive to respond to secure portal messages and emails within **48 business hours** (excluding weekends and holidays). Please use the Athena Health Patient Portal for all sensitive clinical questions. **For urgent medical matters, call 911 or seek care at an emergency facility.** For urgent practice-related needs during business hours, please call our office.

1a. Text Messaging

We send text messages only with your consent. To protect against spoofing (someone pretending to be you or us), our texting workflow is secured by a one-time passcode plus a PIN that expires every 15 minutes. For fully secure messaging, we offer Microsoft Teams; standard SMS text messaging is **not fully secure**, and we discourage its use for sensitive clinical content. Message frequency varies, and message and data rates may apply. You may reply **STOP** at any time to stop receiving texts, or **HELP** for help. Consent to text messaging is voluntary and is **never a condition of treatment**; you may revoke consent by any reasonable means, and we will honor opt-out requests within 10 business days. Marketing texts, if ever offered, would require your separate prior written consent.

1b. AI Phone Assistant

Calls to our office may be answered by an artificial-intelligence (AI) conversational assistant that identifies itself as an AI at the start of the call. The assistant does not retain call recordings and asks callers not to share personal health details; please keep clinical questions for the patient portal or your visit. Voicemail is stored on HIPAA-compliant systems. You may always ask for a callback from a human member of the practice instead of speaking with the assistant.

2. Scheduling & Cancellations

Appointments for telehealth visits (and house calls, where available) are scheduled through the Athena Health online scheduling tool — accessible through our website or patient portal — or by contacting the practice directly by phone. Appointments are allocated on a first-come, first-served basis.

If you need to cancel or reschedule, please give as much notice as possible using the scheduling tool or by calling our office. We do not automatically reschedule missed or canceled appointments; you are responsible for booking a new appointment slot if needed. **There are currently no penalties or fees for cancellations or no-shows.** However, we reserve the right to address patterns of excessive missed or canceled appointments, which may include updating this policy in the future.

3. Financial Policy & Patient Charges

Our practice operates on a self-pay basis, either through one-time visit fees or the Direct Primary Care (DPC) monthly subscription. All applicable charges — including membership fees, reinstatement fees, and one-time visit rates — are set out in the separate **Financial Agreement & Payment Policies** document. Please review that document carefully for complete details on costs, payment timing, and responsibilities.

4. Professional Boundaries & Respect

We are committed to maintaining a mutually respectful and professional environment. This includes:

- **Courteous communication:** we expect polite and respectful language in all interactions (portal messages, emails, phone calls, telehealth visits).
- **Appropriate telehealth conduct:** please ensure you are in a private, quiet location and appropriately dressed for video consultations.
- **Zero tolerance:** verbal abuse, harassment, threats, discriminatory remarks, or any form of disrespectful behavior toward Dr. Bray or any practice representative will not be tolerated and may result in immediate termination of the provider-patient relationship and your DPC membership (if applicable).

Respect runs both ways: patients who believe the practice's conduct has fallen short of these standards may raise their concerns with the Practice Manager (352-441-9110 or manager@archangelmichaelhealth.com) and will receive a response. We appreciate your cooperation in upholding these standards.

5. Accessibility & Accommodations

We strive to make our care accessible to everyone. If you need auxiliary aids or services, an interpreter, large-print materials, extra visit time, or help completing any form, please contact the practice at **352-441-9110** or [**manager@archangelmichaelhealth.com**](mailto:manager@archangelmichaelhealth.com) and we will work with you to arrange reasonable accommodations. Our website accessibility statement is available at archangelmichaelhealth.com. **No patient will be turned away because of accessibility needs.**

ACKNOWLEDGMENT & SIGNATURE

☐ I confirm that I have read, understood, and agree to the Archangel Michael Health, PA Practice Policies & Acknowledgments outlined above.

☐ I have read but do not agree to the Practice Policies & Acknowledgments.

PATIENT NAME (PRINT)

PATIENT SIGNATURE

DATE (MM/DD/YYYY)

PARENT/GUARDIAN/REPRESENTATIVE SIGNATURE
(IF APPLICABLE)

RELATIONSHIP TO PATIENT

DATE (MM/DD/YYYY)

For office use only

RECEIVED BY (STAFF MEMBER)

DATE RECEIVED