

THE CENTER FOR PEDIATRIC AND ADOLESCENT MEDICINE

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
Health Insurance Portability and Accountability Act (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IN ADDITION, HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

THE CENTER FOR PEDIATRIC AND ADOLESCENT MEDICINE is dedicated to protecting your medical information. We are required by law to maintain the privacy of your protected health information (PHI) and to provide you with Notice of our legal duties and privacy practices with respect to PHI. The terms of this notice, making any revisions applicable to all the PHI, we maintain. If we revise the terms of the Notice, we will post a revised notice at the Office. *This is a summary of our Notice of Privacy Practices according to HIPAA. A full-length version is available upon request.* By signing the policy and procedures acknowledgment form, I understand the use and disclosure of my health care information. You have the right to revoke this consent in writing at any time.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use your medical information (MI) as part of rendering patient care. For example, your medical information (MI) may be used by the health care professional treating you, by the business office in order to process your payments for the services rendered and by the administrative staff reviewing the quality and appropriateness of the care you received. We may use and/or disclose your information in accordance with federal/ state laws for the following:

- * For medical treatment
 - * To obtain payment for services
 - * In emergency situations
 - * For appointment and patient recalls
 - * To ensure quality care
 - * For research
 - * To avert serious threat to health or safety
 - * For organ and tissue donation
 - * For Workers' Compensation
 - * In response to lawsuits or other disputes
- Clinical Integrated Network (CIN) Data that is shared with the CIN and entities that participate with the CIN

You have certain rights regarding the information we maintain about your child. These rights include:

- * To Inspect and copy
- * To refuse treatment to the extent by law
- * To an accounting if disclosures
- * To request restrictions and to amend
- * To a paper copy of this notice
- * To request confidential / alternative communications

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our Office Manager. A complaint must be submitted in writing. You will not be penalized for filing a complaint.

Office Policy and Procedures

Office hours: Monday-Friday from 8am to 5pm, appointments are available from 8:00am-4:00pm. Saturday appointments are available for acute/urgent care during the months of November-April beginning at 8am-until. Saturday appointments are not pre-booked, phones open at 8am.

Routine well visit: These visits are usually scheduled 1-2 weeks in advance, unless the schedule permits otherwise according to the American Academy of Pediatrics. Please note that this schedule may be different from the one devised by your insurance company.

Sick visits: Same day appointments are usually available during office hours. Please call ahead to obtain an appointment time.

**If you schedule an appointment for an illness, please note that a full wellness checkup cannot be done at the same time, a separate appointment will need to be scheduled.

Prenatal Consultations: These visits can be scheduled with one of our physicians, free of charge, once per family as a courtesy.

Cancellations: We ask that you notify our office at least 24 hours prior to appointment time. Failure to follow this policy may lead to being discharged from our practice. We do understand that some situations are unavoidable and will be evaluated accordingly.

Appointments: We cannot stress enough how important it is that you keep your necessary and scheduled appointments. Our automated system will send you a reminder text and phone call to remind you 1-3 days prior to your appointment, as a courtesy; however, you are still responsible for keeping your appointment even if we cannot reach you. Once you no-show four (4) scheduled appointments, you will be dismissed from our practice due to non-compliance.

Late for an appointment: We ask that you arrive a few minutes early for every appointment. If a patient is 15 minutes late for an appointment, they will have two options; reschedule or fit in as a walk-in (if our schedule allows). If we can, we will fit you in as a walk-in and you will be seen when time is available. We run a tight schedule and cannot delay those who were on time.

Appointment notes: We do our best to run on schedule, as we realize your time is valuable. A parent/ guardian MUST be present at all well appointments and new patient appointments. Please be on time for your appointments. We do not see walk-in patients (without a pre-scheduled appointment), please call ahead of time to schedule your appointment. Same day visits for illnesses are usually available provided you phone first. If you schedule a visit for one child, please bring only that one child. If more than one child needs to be seen, please inform our office in advance so that enough time is allotted for both/all of them.

School Forms and Physicals: We will complete all school forms/school physicals if the patient has had a well check or an office visit within the last 12 months (private insurance) or 6 months (Medicaid insurance). All required medical forms must be submitted at least 1 week in advance to ensure that all paperwork can be completed. During peak times (summer/back to school rush) at least 2 weeks should be allowed. Patient portions of the form must be completed before we will accept them.

Prescription Refills must be requested at least 3 days in advance. Most medications will be sent in via e-prescription. Controlled substance prescriptions, once approved by the physician, must be picked up monthly from our office by a parent/guardian with an ID or their designee 18 years or older.

Phone Calls: A nurse is available for questions, problems, and medication refills during office hours; he/she will return your call within 2 hours. A Physician or Nurse Practitioner is also available after hours for urgent needs and will return your call within 2 hours. If you are having an emergency, you should call 911 or proceed to the nearest ER/Urgent Care.

Referrals should be requested at least 3 days prior to your scheduled specialist appointment. If you do not request your referral prior to your scheduled specialist appointment, they may not receive it same day. All referrals must be approved by our physicians prior to being sent, unless your insurance does not require referrals.

Medical Records: Your medical records are strictly confidential. The Health Information Portability and Accountability Act (HIPAA) restricts us from releasing any information without your written permission. There is no charge for records being sent to another physician; however, there will be a \$5.00 fee for a certified copy. If you need a copy of your medical records for personal reasons, we charge a fee of \$1.00 per page up to 25 pages then .50 cents per page for all other pages. Legally, we have 15 days to respond to a request for medical records after receiving the written authorization to release from the patient/guardian. New patients to our practice, that have previously been seen by another provider, will be asked to complete a medical records release form at their first office visit in order to request all previous medical records.

Vaccine Policy: This practice strongly believes in the importance of vaccinating children. The immunization of children against a multitude of infectious agents is the most important health intervention of the 20th century. Weighing the pros and cons of immunizations and based on current medical evidence, we fully support the current complete immunization schedule. We will no longer accept new patients whose parents won't permit vaccinations (not including COVID at this time). In addition, our physicians may ask current families who do not wish to immunize their children according to CDC guidelines to find another provider. Exceptions to this policy may be made for a documented allergy to substances in one or more of these vaccines or on the basis of a sincere and genuine religious beliefs prohibiting a particular immunization. Feel free to discuss immunizations questions with your physician.

Consent for treatment: We require every patient/guardian to sign consent for treatment. A parent/guardian or other approved listed adult must be present at each visit. At the Provider's discretion, patients 16 years and older can be seen without a parent/guardian present as long as verbal permission was obtained and documented prior to the office visit.

Insurance/Payment Policy: It is your responsibility to know all your insurance benefits at the time of each visit. We may assist you on verifying your benefits; however, we are not responsible if your insurance determines the services rendered are not covered. Payment for services rendered are expected at the time of your visit. This includes co-pays, co-insurances, deductibles, and any previous balances due from prior visits. The accompanying parent/guardian or approved listed adult is responsible for providing and updating current insurance information as well as providing full payment at the time of service.

Custody papers/agreement: This office will not get involved in any custody or parenting agreements. Our focus is on the treatment of your child. It is the parent/guardian's responsibility to provide our office with the most up to date legal/court documents. Without proper documentation, your appointment may be delayed or rescheduled.

Patient Portal: By providing our office a valid personal email address, you may obtain access to view your Healow portal. The Healow portal allows access to view medical records, request non-controlled medication refills, send and receive nurse messages, request referrals, view labs, etc. *Healow Portal should never be used during emergency situations. Call 911

Website: <https://health.eclinicalworks.com/CPAMED>

Smartphone app: HEALOW

Cell Phone: Cell phones must be turned off or silenced when in the office. We all want to capture every moment of our children's lives as they grow; however, videoing and taking photos are not allowed at any time during office visits!

Patient Responsibility Agreement: You must provide the most recent/up-to-date insurance information and certify that your child/children are covered by the insurance that you have provided. You are financially responsible for all charges, whether paid or not paid by your insurance company. In addition to your financial obligation, you must understand that a 1.5 % monthly (not to exceed 18 % annually) interest fee will be applied to any balance owed to the practice past 30 days.

E-Prescription or Electronic Prescriptions are computer generated prescriptions created by your provider and sent electronically through a private, secure and closed network to your participating Pharmacy. Please confirm your pharmacy on file at every visit.

All patients must stop at the receptionist desk before leaving the office!

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