

KIDS CARE PEDIATRICS POLICIES AND PROCEDURES

Welcome to Kids Care Pediatrics! Our mission is to provide quality, caring pediatric health care to your children from birth through age 18. Our goal is to help the children and families in our neighboring communities live healthier and happier lives. We cannot accomplish this goal alone and hope that you will work with us to ensure your child reaches his or her full potential. A large part of your role includes bringing your child in for their regularly scheduled exams and for any recommended follow-ups after illnesses. Another important part of your role is to make the provider aware of any major changes in your family that may affect your child's health. Some of these changes include marital problems, divorce, job loss or another family member's illness.

We reserve the right to refuse care to any patient. The staff of Kids Care Pediatrics is trained to treat every parent and patient with respect. In turn, we request the same from you and your child. Behavior such as abusive and/or vulgar language, kicking and/or spitting will not be tolerated. Clothing with words, terms or pictures that may be offensive are unacceptable and you will be asked to leave or not wear such clothing again on our premises. Your child's compliance is important. In the event one of our staff feels in danger from a patient or parent's behavior, the treatment plan will not continue.

We have two locations to serve you, 222 Mast Drive in Garner and 101 Kellie Drive in Smithfield. Our hours are 9:00 AM - 5:00 PM weekdays.

Vaccines and Alternative Schedules We promote and follow the CDC and AAP Guidelines for Immunizations. We do not use alternative vaccine schedules.

APPOINTMENTS

Our office hours are **by appointment only**. We ask that you keep all scheduled appointments or provide 24 hours notice so that we may give another child the opportunity to be seen. You will be given 48 hours notice of your child's appointment. If you miss an appointment, a \$20.00 charge will apply if 24 hours notice is not given. If you are 10 minutes or more late, we may be unable to see you in order to stay on schedule with our other patients; therefore, we ask the staff to check with us on late arrivals to make sure you can still be seen or if you will need to reschedule. Our providers make every effort to keep the office running on time. There may be times however, when they fall behind their schedule, especially during the winter when there are many children who need appointments. In the event of an emergency, we will make every effort to contact you to reschedule your child's appointment to a time convenient for you. We appreciate your patience and understanding at these times. Please call our office for same day sick appointments and one of our telephone triage nurses will return your call to schedule an appointment or give advice on how to treat your child should they not need an appointment.

SIBLING APPOINTMENTS

We appreciate the opportunity to serve all your children. However, it is important that every patient needing medical advice or care have a scheduled appointment. Request for an additional patient appointment should be scheduled prior to your interaction with a nurse or doctor.

FORMS AND MEDICATION REFILLS

Any school, daycare, or medication forms you would like to be filled out dropped off or mailed to our office as soon as possible. We require a 48-hour turn around time for processing this type of paperwork. If your child needs a refill on medication other than a controlled substance, please call your pharmacy and have them send us a refill request. Any controlled substance prescriptions can be requested on line at info@kids-care-pediatrics.com. We ask you to give us 48 hours to process these requests. Controlled substance refills must be picked up at our office.

I have read and understand these terms and agree to them.

Signature _____ **Patient Name & Relationship** _____ **Date** _____

KIDS CARE PEDIATRICS

101 KELLIE DRIVE
SMITHFIELD NC 27577
919/938-3749
222 MAST DRIVE
GARNER NC 27529
919/779-4800

PLEASE COMPLETE THE FOLLOWING INFORMATION:

PATIENT NAME _____

Address _____ LAST _____ City _____ FIRST _____ State _____ MIDDLE _____ Zip _____

Date of Birth _____ SSN _____

Race:

(check one) American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian or other Pacific Islander White Declines to Respond

Ethnicity:

(check one) Hispanic or Latino Not Hispanic or Latino Declines to Respond

Preferred Language: _____ **Preferred Email** _____

Legal Guardian _____ Relationship _____

PARENTS INFORMATION

Mother's full name: _____ Social Security # _____

Birth Date _____ Marital Status: Single Married Divorced Separated Widowed

Home Phone _____ Alternate Phone _____
Work/Cell

Drivers License # _____

Address _____ City _____ State _____ Zip _____

Father's Full Name _____ Social Security # _____

Birth Date _____ Marital Status: Single Married Divorced Separated Widowed

Home Phone _____ Alternate Phone _____
Work/Cell

Drivers License # _____

Place of Employment _____

EMERGENCY CONTACT (other than parent)

Name _____ Relationship to Patient _____

Home Phone _____ Phone Number(s) _____

Address: _____ City _____ State _____ Zip _____

TO ALL PARENTS OF NEWBORNS: You only have 30 days to add your newborn, do not wait for their social security number to contact your insurance company!!

Please bring your insurance card to each visit. Copays and deductibles are due at each visit.

INSURANCE INFORMATION

PRIMARY

Subscriber Name _____ Date of Birth _____

Insurance Co. Name _____ Policy No. _____ Group No. _____ Effective date _____

SECONDARY

Subscriber Name _____ Date of Birth _____

Insurance Co. Name _____ Policy No. _____ Group No. _____ Effective date _____

ASSIGNMENT AND RELEASE

I the undersigned have insurance coverage with _____ and assign directly to Kids Care Pediatrics all medical benefits, if any, otherwise payable to me for the services received. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Kids Care Pediatrics to release all information necessary to secure the payment of benefits. I authorize the use of this signature for my insurance submissions. Insurance is a method for you to receive reimbursement for fees you have paid to the provider for services rendered. Having insurance is not a substitute for payment. Many companies have co-payments, deductibles which are your responsibility. We will assist you in receiving reimbursement as much as possible but you are responsible for your bill. We accept MasterCard, Visa and Discover for your convenience. There will be a \$25.00 service fee for any returned checks and we will accept cash only at any subsequent visits.

SIGNATURE OF PARENT/GUARDIAN

DATE

Persons Authorized to Request Medical Treatment for your Child

In accordance with Privacy Rules set forth by the federal government's Health Insurance Portability and Accountability Act (HIPAA), Kids Care pediatrics may disclose your child's protected Health information only within specific guidelines. If your child's grandparent, a babysitter/caretaker, or friend may be bringing your child to our office for medical treatment, you as the parent/guardian/representative must give your authorization for Kids Care pediatrics to release medical information to that person. Please indicate below the names and relationship to you child of individuals to whom Kids Care Pediatrics may discuss your child's medical information. If anyone other than the parent/guardian/representative of those individuals listed below brings the child in for care, HIPAA, by law, allows us to assume that this individual is authorized to receive health information about your child and we will release only the minimum amount of information needed to enable that individual to appropriately care for the child and to relay the information to the parent.

(Authorized Person)

(Relationship to Child)

(Authorized Person)

(Relationship to Child)

(Authorized Person)

(Relationship to Child)

(Authorized Person)

(Relationship to Child)

ASSIGNMENT AND RELEASE

I agree to be responsible for all charges incurred in connection with medical care provided to my child.

Signature _____

Date _____

Printed Name _____

Relationship to Child _____

Consent to the Use and Disclosure of Health Information for Treatment Payment of Healthcare Operations.

I understand that as part of my healthcare, Kids Care Pediatrics originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third party payer can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I have been provided with a *Notice of Information Practices* that provides a complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the Practice reserves the right to change their notice and practices and I will be informed of any changes upon my next visit. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that the Practice is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the Practice has already taken action in reliance thereon.

- I request the following restrictions to the use or disclosure of my health information.

Childs Name

Signature of Patient, Parent or Legal Representative

Date

Relationship to Patient

KIDS CARE PEDIATRICS

Title

Date

Parental Refusal of Immunizations Policy Statement – KIDS CARE PEDIATRICS

We at Kids Care Pediatrics are dedicated to providing the best care that we can for our patients. We feel to do this effectively we must enter into a partnership based on mutual trust with the parents or guardians of our patients so that together we can achieve this goal. Recently, there has been a trend of unjustified fear of side effects from vaccines by well-meaning parents. We believe that immunizations are one of the most important health interventions a parent can do on behalf of their children, and we want all of our patients to benefit from this modern lifesaving tool.

While we recognize and respect the parents' role as the ultimate decision maker for their child's healthcare, we believe strongly that we are obligated to deliver the best and safest healthcare possible for our patients and our community. We feel professionally uncomfortable caring for children who will not receive a minimal set of vaccinations. These preventable diseases can and do cause severe illness, brain damage and death. Although we strongly support all recommended vaccines, there are several series that we must insist that our patients receive in a timely manner to remain a patient in our practice.

North Carolina requires : Diphtheria, Tetanus and Acellular Pertussis (DTaP); Hemophilus Influenza Type B (Hib); Measles, Mumps and Rubella (MMR); Pneumococcal Conjugate Vaccine (Prevnar); IPV; Varicella; Meningoccal (Menigitis); Hepatitis B and Tdap. While we believe that vaccines are very safe, and clearly safer than not having vaccines, we recognize that there are risks associated with all interventions and therapies.

We hope that you take the time to read quality papers and internet sites about the benefits of vaccines. The best internet site for vaccine education can be found at www.vaccine.chop.edu, which is hosted by one of the finest children's hospitals in the country, The Children's Hospital of Philadelphia. The federal government also maintains an informative site at the CDC web site: www.cdc.gov/vaccines, the North Carolina site is Immunizenc.gov.

We hope that you will review the accurate information about immunizations here as well as on respected internet sites and consider allowing your child(ren) to receive this important protection. These and all other childhood vaccines are available through our office. As a group practice, we feel we must implement a consistent policy in regard to Parental Refusal of Immunizations. Refusal of these vaccinations indicates a significant difference of philosophy of care and it would be best that we terminate our doctor-patient relationship. It is our hope that no patient is discharged from our practice due to vaccine refusal.

If you cannot meet us halfway and obtain at least the required vaccine series, we will with great reluctance send a letter to you discharging your child(ren) from our care. If your child requires medical care within the following 30 days we will provide that care. After that period our obligation ends. When you have chosen another pediatrician, we will then forward your medical records to this new provider.

Some of us are old enough to have practiced pediatrics without Hib, Prevnar and the newer DTaP. In those days many of our journals were filled with articles describing which antibiotics work best for meningitis and whether or not we could use steroids to preserve hearing in the patients who survived. We became good at managing patients with acute meningitis as well as the complications that followed meningitis – seizures and CSF shunts. These articles and patients are quite rare now because meningitis is rare. We do not want to practice pediatrics like that again!

Unfortunately, there seems to be an increasing frequency of parents refusing all vaccinations nationally. This places children in unnecessary and potentially severe risk, and we feel obligated to do everything we can to reduce the number of children needlessly exposed. It is to this group that this letter speaks. It is our hope that the majority of families with ill-founded fears of vaccines will reconsider and obtain for their children all recommended vaccines. If not, and you are unwilling to obtain at least the minimal vaccinations we require to remain a patient with us, we ask that you find another doctor's office to care for your children. If you would like to stay with us, please schedule a visit in the next week to begin the vaccination series.

Parent/Guardian

Date