PLEASE LIST ALL CHILDREN SEEN IN OUR OFFICE – FORM IS DOUBLE SIDED

Date: _____

Patient's Name _____ DOB _____

Patient's Name _____ DOB _____

Patient's Name _____ DOB _____

Patient's Name _____ DOB _____

Address_____ City _____ Zip _____

Home#_____ **Who is the point of contact? MOM DAD**

Mother's Name _____ DOB _____

Cell# _____ Email _____

Father's Name _____ DOB _____

Cell# _____ Email _____

Send text message appointment reminders to: _____

Preferred Pharmacy & Location _____

Emergency contact <u>OTHER</u> than mother and father.

Name _____ Relationship _____ PH# _____

If you are a new patient, whom can we thank for your referral?_____

<u>INSURANCE INFORMATION</u>

Policy Holders Name (SUBSCRIBER) _____

Insurance_____ ID# _____ Group#_____

Address_____ PH#_____

Parent/Guardians Signature_____ Date_____

All benefit plans are not alike. Services we recommend may not be covered by your insurance plan. Please be advised that any medical cost not covered or deemed not medically necessary by your insurance plan will be your responsibility and will be billed to you. Our routine schedule of services is in concordance with the recommendations of the American Academy of Pediatrics and the American Academy of Family Physicians. You can request coverage information about your or your child's benefits by calling the number on your insurance card. We ask that you familiarize yourself with your company's insurance coverage to minimize the possibility of any misunderstanding about fees.

PERMISSION OF CARE & RELEASE OF INFORMATION

My signature below indicates my permission to the doctors, nurses, and employees of Honey Pediatrics and Family Medicine to gather history and physical data, administer vaccinations, obtain labs, imaging tests, and to treat the patient according to the highest quality standards of healthcare. This also indicates your permission to fax or release copies of my/my child's vaccination record, medical record, vision and hearing screens to another physician's office, work or school.

NOTICE OF PRIVACY PRACTICES AND OFFICE POLICIES:

My signature below indicates that I have received the Privacy Practices & Office Policy Forms. If I have any questions I will discuss them with the Office Manager.

AUTHORIZATION FOR OTHERS TO SEEK MEDICAL ADVICE OR CARE:

I authorize the following person/people to seek **medical care/advice** for my child/children.

(FOR PATIENTS UNDER 18YRS OF AGE, PLEASE LIST SOMEONE OTHER THAN MOM OR DAD)

NAME:_____RELATIONSHIP:_____#_____

NAME:_____RELATIONSHIP:_____#_____

NAME:_____RELATIONSHIP:_____#_____

I DO NOT authorize anyone to seek medical care/advice on my behalf: PLEASE INITIAL _____

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND AGREE TO ALL THE INFORMATION LISTED ABOVE

Signature of patient or responsible party:_____ Date:_____

OFFICE POLICIES

OFFICE HOURS: Office hours are from 8:30AM to 5PM Monday through Friday. Urgent pediatric visits are seen on Saturday mornings with other colleagues. An after-hours answering service will give you instructions regarding the phone number to call for Saturday morning appointments. A team of Pediatric nurses are available to provide medical advice after hours through the nurse triage line. For emergencies call 911 or go directly to your closest emergency room.

Appointments: We make every effort to see patients at their scheduled time, however, delays can occur, especially with children. Arriving to your appointment on time will help us in providing you excellent care and treating our patients in a timely manner. If you are more than 15 minutes late to your appointment, you may be asked to reschedule for a later date. **Appointments not cancelled 24 hours prior to the scheduled appointment time will result in a $50 no show fee.** Saturday morning appointments are on a rotating schedule among the Doctors on call and are for acutely ill patients only. **We share after hour calls with: Dr. Russell McDonald, Dr. George Eastman, Dr. Scott Katz & Dr. Ahmad Kayass.**

Medication refills: Requests for medication refills can be called to your pharmacy**.** We make every effort to accommodate requests on the same day. Controlled prescriptions (**ADD/ADHD)** refills require a 24 hour notice. A **$10** charge will be applied for expedited same day refills.

Medical Records: Release of medical records requires a **written** authorization from yourself, parent or guardian. Verbal requests will not be honored. **FEES:** Medical records for personal use are $25 dollars up to 20 pages and 15 cents per page thereafter. Please be aware fees still apply when records are requested whether they are picked up or not.

All forms for camp, daycare, school, sports, etc. that are not presented to the staff at the time of the physical are subject to a $10 charge and will be ready for pick up in 48-72 hours. Expedited forms that need to be completed on the same day will result in a $20 charge.

Payment: Payment is **DUE** when services are rendered. As a courtesy we files charges to insurance companies we contract with, however, patients are required to pay **CO-PAYS AND DEDUCTIBLES** at the time of service**.** If a balance is due on your account when you are in the office for an appointment, payment will be collected at this time unless other arrangements have been made. A copy of your insurance card and ID is **REQUIRED** for all new patients and annually thereafter. We accept several forms of payment including major credit cards, cash and checks. A fee of $25 is applied to all returned checks and accounts referred to collection agencies. **WAIVERS** signed in the office for any tests/procedures are solely the patient's responsibility. In the case of a **divorce** or **separation** the party/parent/guardian responsible for the account remains responsible for payment unless the divorce settlement states otherwise.

DUE TO OUR CONTRACTS WITH INSURANCE COMPANIES IT IS A VIOLATION NOT TO COLLECT REQUIRED FEES AT TIME OF SERVICE.

PLEASE NOTE THAT THE DOCTORS DO NOT HANDLE PAYMENT ISSUES OR CONCERNS. WHEN QUESTIONS ARISE PLEASE CONTACT THE FRONT OFFICE AND EVERY EFFORT WILL BE MADE TO HELP YOU IN THE BEST WAY POSSIBLE.

Notice of Privacy Practices

This notice describes how your personal healthcare information may be disclosed or used by this office. Please read this notice carefully. If you have any questions, please contact our privacy officer. After reviewing this document, you will be asked to sign that you've received this notice. The terms may change at any time and the revised notice will apply to all protected health information maintained at that time. You may request a revised copy at any time. This office has taken responsible steps to safeguard the privacy and confidentiality of your protected health information. The staff of this office will only use your health information for intended patient care purpose. Conversations among staff members that reference will be conducted in a confidential/professional manner.

Uses and Disclosures of Protected Health information for TPO: This office will access your protected health information for purposes of treatment, payment and operations in accordance with state and federal law. Using & disclosing info for treatment purposes helps maintain high quality of care. It is necessary to share protected health info with all members if your treatment team. This includes employees in this office as well as other providers. **Using and disclosing info for payment purposes:** Necessary info will be shared with appropriate payer sources and their representatives for payment purposes including, but not limited to eligibility, benefit determination, and utilization review. It will also be necessary for our billing personnel to have access to protected health info to carry out their job functions. **Using and disclosing info for operations purposes:** Necessary information will be shared for the continuing operations of this office. Some examples include, but are not limited to peer review, accreditation, and compliance with all federal and state laws.

Specific Authorization required for other uses and disclosures: Other uses and disclosures of your protected health info will only be made with your written authorization. This authorization will only allow the use or disclosure of the specific information detailed on the authorization form. Some examples include but are not limited to: some marketing activities, the use or disclosure of psychotherapy records in our possession and in some instances for research purposes. The following are situations where this office may use or disclose you protected health info without your consent or authorization: as required by law, court orders, a legal process, or government agencies. Matters of public health for the purpose of controlling disease as dictated by law government agencies for the purpose of health and privacy audits or investigations, public health authorities in situations of suspected abuse or neglect and review boards for the purpose of medical research.

Patient Privacy Rights: In general you will have the right to review and copy your protected health information as well as amend your record. Some exceptions include, but are not limited to: psychotherapy notes, information compiled for use in civil, criminal, or administrative proceeding. You have the right to request a restriction of the disclosure of your protected health information for treatment, payment, or operations. This office is not required to agree to the request, but will do so at our discretion. You will have the right to request confidential communication from us by alternative means or to an alternative location. We will make every effort to honor reasonable requests. You have the right to request an accounting of the disclosures made of your protected health information by this office. This applies to disclosures made for purposes other than treatment, payment, or operations.

Privacy officer and complaints: Should you have any concerns you may contact our Privacy Officer who is responsible for privacy and confidentiality of your information in accordance with state and federal law. Any complaints or issues you have regarding the privacy or confidentiality of your information should be directed to the privacy officer.