

BURLINGTON PEDIATRICS/ MEBANE PEDIATRICS POLICIES AND CONSENT

Patient Name(s) & DOB: _____

Thank you for choosing Burlington Pediatrics/ Mebane Pediatrics as your medical home. The following is a statement of our Office Policies. By signing below, you acknowledge that you have reviewed, understand, and agree to abide by these policies.

PAYMENT Copays and deductibles are expected at the time of service. Please be prepared to present your insurance card at each visit. You may be asked to reschedule your appointment if you do not have your card and/or payment. Overdue payments may be turned over to a collection agency and this may result in termination of services. We network with many insurance plans and we will file insurance claims on your behalf. If you have an out-of-network insurance policy, payment must be made at the time of service and we will provide you with information needed for you to file for your benefits directly.

MISSED APPOINTMENTS We request at least 24 hours notice to reschedule or cancel an appointment. If three appointments are missed without adequate notification of cancellation, this may result in termination of care for your child and siblings. If you do not cancel or reschedule your appointment with at least a 24-hour notice, we may assess a \$50.00 No Show service charge to your account. The No Show charge is payable by the patient and not reimbursable by your insurance company.

MEDICAL RECORDS If you are transferring to our practice from another physician, we require receipt of your child's medical records before we can schedule an appointment or treat your child. A completed medical release form with your signature and the complete name and address of the former physician are needed. Your child's medical records are confidential and will not be released to anyone without your written consent except as permitted by law. For release of medical records to another physician or practice, this information will be sent within 30 days of request. There is a fee to copy records for attorneys, insurance companies, and for personal use. We require 48 hours notice to prepare these copies. There is a \$25.00 charge to complete FMLA or DOT forms and require a processing time of up to 10 business days.

HIPAA NOTICE OF PRIVACY PRACTICES & PATIENT RIGHTS I have reviewed and consent to the *HIPAA Notice of Privacy Practices and Patient Rights*.

CODE OF KINDNESS I have reviewed and agree to abide by the *Code of Kindness for Patients, Parents and Visitors*.

RECORDINGS Audio or video recordings of appointments are prohibited during any and all visits.

VACCINES Burlington Pediatrics believes that immunizations are one of the most important health interventions a parent can consent to on behalf of their children. We believe vaccinations are an essential part of medical care. I have reviewed and agree to abide by the *Vaccine Policy*. I understand that refusal of required vaccinations indicates a significant difference in views of medical care standards and I will need to seek a different medical home for me or my child. Burlington Pediatrics/ Mebane Pediatrics does not accept new patients that have not been or do not intend to be vaccinated.

SCRIBE TECHNOLOGY Our providers use HIPAA-secure ambient listening technology to aid in chart documentation during the visit. I consent to this use and understand I can revoke this consent at any time. Usage is governed by the Business Associates Agreement with the third party vendor. No patient information or recordings are stored outside of the patient medical record.

DIVORCE, SEPARATION, FOSTER CARE & CUSTODY AGREEMENTS I have reviewed and agree to abide by the *Divorce, Separation, Foster Care & Custody Agreements* policy.

WELL VISITS AND ADDITIONAL SERVICES Your insurance plan has defined criteria for services that constitute a well visit. The evaluation or management of new, chronic, or complex conditions rendered at the time of the well visit may require a copay or deductible payment by your insurance.

UP-TO-DATE WELL VISITS As a medical home focused on whole-person care, we advise that all patients stay up-to-date on the well visit schedule. To be eligible for premium service offerings like walk-in clinics, we require patients to be up-to-date on well visits or have an upcoming scheduled appointment. Patients who do not meet this requirement may be asked to schedule an appointment during the regular clinic day.

PRESCRIPTION REFILLS Prescription refill requests will be completed within 3 business days. Refills may be denied if you or your child is due for a well visit or follow-up management visit. We will not call in antibiotics without an assessment, as this is not consistent with appropriate medical care standards.

CONSENT TO TREAT Being an adult patient (18 years or older) or as the parent or legal guardian of a minor, I have entrusted the following adults to consent to any health care for myself or my minor child and do hereby request and authorize Burlington Pediatrics, PA to perform necessary services for myself or my minor child which are deemed advisable by the physician, including vaccinations, whether or not I am present at the actual appointment. Individuals listed below may be expected to present a form of identification. *COVID vaccine requires direct consent from parent/guardian only.*

NAME	RELATIONSHIP	NAME	RELATIONSHIP
1) _____	_____	2) _____	_____

YES NO By marking the check box "Yes" I authorize my minor child to present to appointments without an adult and authorize Burlington Pediatrics, PA to perform necessary services for my minor child which are deemed advisable by the medical provider, including vaccinations, whether or not an accompanying adult is present during the visit

I have reviewed, understand, and agree to abide by the above Office Policies and the *HIPAA Notice of Privacy Practices and Patient Rights*. I have been given the opportunity to obtain a printed copy of all policies noted above.

NAME	SIGNATURE	RELATIONSHIP TO PATIENT	DATE
_____	_____	_____	_____