

ACADEMY PARK PEDIATRICS PATIENT RIGHTS AND RESPONSIBILITIES

Uses and Disclosures of Protected Health Information:

- **You will be asked by our office to sign this consent form. Information to be used as follows:**
- We will use and disclose your protected health information to provide, coordinate or manage healthcare and any related services. Examples: Information sent to another physician to whom your child has been referred, emergency treatment situations, Public Health Authority, Workmen's Compensation, Legal Investigative Units or other legal entities.
- Protected health information will be used as needed to obtain payment for services.
- Information required by school, daycare, camp or sports organizations regarding the health status of a child for the child's participation and attendance.
- Well child/health maintenance exam post-card reminders may be sent to the parent/guardian utilizing charting information to determine status.
- We may disclose protected health information in order to support business activities. Examples: Quality assessment, liability insurance coverage, medical review, underwriting, licensing, employee review, and billing or health insurance audits, investigations or inspections.
- Office representative may leave clinical or financial messages on phone numbers provided on my registration form.
- Signed request for records by parent or guardian for personal use or to be sent to an outside source. Chart copies carry a charge for copying and postage.

Parent or Guardian has the right to:

- Request that certain parts of the patient charting information NOT be copied or disclosed to outside sources. Specific restriction must be stated in writing. Physician is not required to agree to restriction if best interest of patient is not represented by withholding specified information.
- Request to review (by appointment only and in presence of office employee) charting information belonging to their child. Copies of charting information may be requested in writing and supplied at a charge by physician's office.
- Request that any incorrect charting information be amended by the medical office staff as agreed upon by the physician/providers. Parent and provider should initial amended portions.
- Restrict all copying and disclosure of patient's information. This would mean that we could not bill insurance carriers. We would also be unable to fill out health forms or copy charts to send to specialists or other medical providers. Office is not required to agree to this restriction as it may apply to protecting the welfare of a child under child protection laws which supersede this agreement. (Should patient ask that NO information be released to any outside agency, parent must present a written notice signed by the parent/guardian).

Reporting:

- Should a parent or guardian of a minor, or a patient who is 18 years or older, feel that our office has performed any illegal transmission of protected information or other infraction, a report may be made to Academy Park Pediatric's Compliance Officer on a Confidential Incident Report Form. These forms may be obtained by contacting compliance officer or office manager, who will mail one to home address.

Parent/Guardian Responsibilities:

- **Call 24 hours in advance to cancel well care appointment. \$25 charge per child, payable by parent or legal guardian may be posted if not cancelled one day prior.**
- Provide and keep office updated with current insurance and demographic information.
- Contact insurance carrier or workplace benefits coordinator for clarification of coverage.
- Call ahead for and obtain referrals as needed.
- Pay for services not included as benefits by office contracted insurance carriers.
- Pay for services in full if insurance is not contracted by office or self-pay status.
- Pay copayment at time of service. If office has to mail a bill, additional \$6 may be charged.
- Understand that office can only bill diagnosis as documented in patient record. Office will not change or fraudulently falsify a diagnosis to secure insurance payment.
- Submit written request for transfer of records when required. Records are destroyed following approved clinical/legal guidelines.

Please note: You may be asked to sign a separate record release form for requests which might not be covered by your signature on this consent form.

****My signature on this document implies that I have read and understood its contents. I am giving my consent to this office to release information as specified above. I may rescind my consent in writing at any time.**

*****Office representative may leave clinical and/or financial messages on phone numbers provided on registration form*****

Signature of Parent or Guardian _____ **Date** _____

Printed Name _____ **Relationship to patient** _____