Miscellaneous Policies/ Consent Form

Consent for Electronic, Voicemail Communication:

We use text and email services to inform of appointment reminders, important clinic updates and closures etc. Voicemails may be used as above and to relay various lab or radiology results. Urgent medical information will not be relayed in these modalities as we will make every attempt to discuss in person, on live phone call, or secured portal message. There are always risk of unintentional disclosure of information when using electronic communication and we ask you password protect your phone and computer as we make every attempt to keep personal health information confidential. Please see our Notice of Privacy Practices for additional privacy expectations or request a copy at the front desk.

Please initial one of the following:

____I DO consent to electronic communication. ____ I DO NOT consent to electronic communication.

Preferred Email: _____

Preferred Text cell number: _____

Electronic medication prescribing:

At Kinder Haus Pediatrics we use electronic prescribing with our electronic medical records system (ePrescribing). With ePrescribing, the provider will have access to your drug formulary from your insurance company, medication history from other providers for current and previous medications, and prescription Fill Status notification. By initialing below, you acknowledge enrollment in ePrescribing and that medication history can be obtained from other providers and 3rd party pharmacy facilities for the purpose of treatment.

****Please allow 3-5 business days for medication refills to be processed****

_____Initial in agreement _____Initial if refusal

Immunization Policy

Preventative care is the hallmark of pediatric care. Vaccinations are of utmost importance to keep our children and population healthy and free of communicable diseases. We at Kinder Haus Pediatrics, follow the American Academy of Pediatrics, Center for Disease Control and American College of Immunization Practices recommended guidelines for vaccinations. If you do not plan to vaccinate your child based on these guidelines, we respectfully request finding another health care provider that may align with your personal beliefs on medical care.

Initial for Acknowledgement: _____

Patient/ Guardian Conduct:

At Kinder Haus Pediatrics, we make every attempt to provide excellent care while providing great customer service. As we are all setting the example for our next generation, we expect our patients and guardians to conduct themselves in a respectable manner while in the office. We have a zero-tolerance policy on disrespectful/ dishonest or dangerous behavior. If this policy is not followed, we have the right to refuse to continue this patient/ physician relationship and you will be asked to find another provider.

Initial for Acknowledgement: _____

Schedule of Visits to Maintain Continuity

Well visits- To continue adequate care of your child, we ask that you remain up to date on well visits at the following intervals:

3-5 days old, 2 weeks and the following 2, 4, 6, 9, 12, 15, 18, 24, 30 months

Yearly starting at age 3 -age 18

Once your child has reached the age of 19 years old, we recommend your child to transition to an Adult Medicine Provider. Records can be sent upon request.

ADHD or Mental Health Visits: These visits must be at least every 3 months while on medication when stable. While starting or changing medications, please follow providers requested follow up instructions**. *When requesting medication refills for controlled substances (ADHD meds) please request when 5-7 pills are left as these medications frequently require prior authorization from the insurer. *Controlled substances can only be given in 30-day supply.** Intermittent urine drug screening may be performed to ensure compliance with medication and to assess risk of diversion of medications.

Asthma or other chronic illness: If stable on medication every 6 month visits. If worsening or changes interval may change. Please clarify with provider follow up schedule if specific questions.

Acknowledgement of communication, ePrescribing, Immunization, conduct and appointment schedule policies:

Sign: _____Date:_____relationship:_____

Children Names/DOB:_____

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