



The Children's Clinic of Klamath Clinic Policies

"Growing Up Together"
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Thank you for choosing The Children's Clinic of Klamath for your child's medical care.
Please review the following policies and procedures below and sign where indicated.

Patient Name: _____ Date of Birth: _____

- Patient's must arrive 15 minutes before their scheduled appointment time. Please provide their insurance card and insurance copay if applicable at check in. We have a contractual obligation to your insurance company to collect copays at the time of service.
- Any outstanding balances due to deductibles, co payments and services not covered by your insurance are your responsibility. All balances must be paid promptly. If you are unable to pay the balance in full please contact our billing office at 541-882-1540 to make payment arrangements. Non-payment of charges will result your account being turned over to a collection agency and your family may be discharged from the practice.
- A no show or late cancellation fee of \$50 may be charged to patients who do not provide a 24 hour notice to cancel an appointment or for patients who have "no call no showed" their appointment. After 3 no shows or late cancellations you may be discharged from the practice.
- If you arrive more than 15 minutes late for your appointment you may be asked to reschedule depending on the offices availability for the day.
- If your child is being seen for a well child check up and you have other concerns that are not related to routine wellness care, those concerns may generate additional charges to your insurance and you may be asked to schedule another appointment to discuss these concerns.
- Our office is open Monday through Friday 8:00am to 5:00pm. After hours we offer a telephone triage consultation that puts you in touch with a pediatric trained nurse. You may reach this service by calling our office and following the prompts. We offer this service to help save on costs and high wait times for possibly unnecessary trips to Urgent Care or the Emergency Room. You may also find the answers to your questions on our website at cckonline.com.
- Please allow 3 business days for all requested forms and prescription refill requests.
- The Children's Clinic of Klamath will only use and disclose health information about the patient in compliance with the HIPAA Act. You are entitled to a copy of the Notice of Privacy Practices as outlined by Federal Regulations. You have the right to ask that some or all of the patients health information to not be disclosed in the manner described in the Notices of Privacy Practices. The Children's Clinic of Klamath is not required by law to agree to such requests. Your signature below acknowledges that you are aware of your rights in accordance with HIPAA.
- We keep a record of health care services that we provide to your child. You may ask to see that record (copy charges may apply). You may ask us to correct that record, although we may not agree. We will not disclose your child's record to others unless you direct us to do so or unless the law authorizes or compels us to do so. Please contact us to see the records or get more information.

I, _____ the parent or legal guardian of _____
authorize and consent to routine and emergency medical treatment for my child when deemed necessary by
qualified medical personnel. This authorization will be in effect until revoked.

I acknowledge with my signature that I have read and understand the above information.

Parent/Guardian Signature: _____ Date: _____