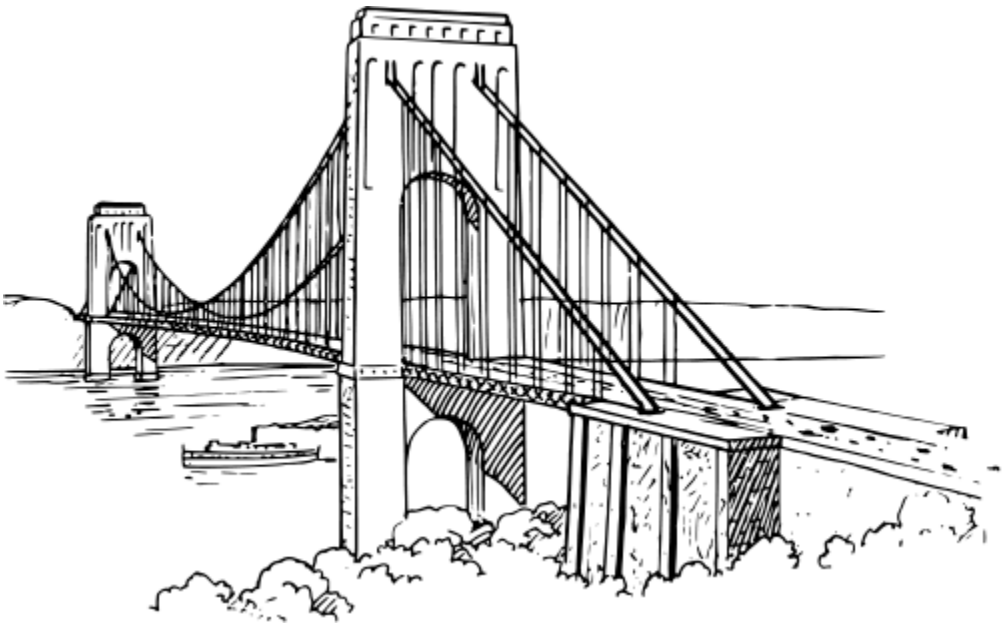
Pediatric Associates of Wylie P.A.

Lovejoy Pediatrics

THE BRIDGE TO ADULTHOOD



www.pawylie.com

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THE BRIDGE TO ADULTHOOD

Becoming an adult is a rite of passage that many people look forward to, but with this new sense of independence also comes a new set of responsibilities. Through the following information and tips, we hope to give you the jump start necessary to begin taking your healthcare into your own hands.

FOR PARENTS

If you need access to your child's records, your son or daughter must consent in writing to provide you access. Under HIPAA, medical providers are no longer permitted to discuss health issues with you without expressed consent from your young adult. This is important to keep in mind when trying to call a health care provider with questions when your young adult is away at college. Your child will need to call himself or herself.

CHECKLIST FOR TURNING 18

___ Maintain insurance coverage.
___ Obtain a copy of your immunization records.
___ Get a pre-college health exam.
___ Make sure you are up to date with immunizations.
___ Record and evaluate your prescriptions.
___ Complete a consent form designating what information we can discuss with anyone other than yourself.

SEEKING MEDICAL CARE

When you turn 18, seeking medical care on your own is a new responsibility. Your parents can help guide. However, as an adult, you have the right and responsibility for your own medical care. This means that you now may seek medical care without your parents' consent and call to make your own appointments, as needed.

Here are a few things you need to know about being responsible for your own medical care:

- Pediatric Associates of Wylie, P.A., can continue to provide medical care for you during the next year. Consider talking with your provider about when it may be best for you to find an adult provider who is more knowledgeable about adult health issues
- When calling for an appointment, let the receptionist know who your provider is, why you need to see him or her and when you need the appointment. Be sure to provide the most honest description of why you need to be seen so the appropriate amount of time is scheduled.

Sample Script for scheduling an appointment:

"Hello, my name is _____ (use your legal first and last name – not your nickname). I need an appointment to see _____ (provider's name) because _____ (reason why – example, " I need a physical, I'm going to college.")

- Your parents may come to the appointment with you, but you will need to check in and sign any forms yourself. You will be asked to sign forms to verify your contact information, financial responsibility and medical treatment consent.
- You will need to provide insurance information and a copy of your insurance card at each visit.

- You will be financially responsible for your account. This means you will need to pay any co-payments or billing portions required. If you would like us to discuss your account with your parents, you will need to provide consent.
- You will give medical consent for any medical treatments received. You have the right to be informed of your medical care and treatment. You also have the right to refuse medical treatment.

MEDICAL RECORDS AND PROTECTED HEALTH INFORMATION

FOR YOUNG ADULTS

Under the federal Health Information Portability and Accountability Act, or HIPAA, medical records are private information that is kept between you and your health care provider. Access to your health records and any discussion about your health is only provided to people you consent to, including your college and your parents. If you would like your parents to discuss your health on your behalf, you must provide consent to your health care provider. You will be asked to complete a form to document your consent. These forms are called the "Consent to Discuss Medical Information and Protected Health Information."

TALKING TO YOUR PROVIDER

When you were little, your parents talked to your provider about your medical needs, picked up your prescriptions and made sure you took your medicine. Now that you're getting older, your healthcare care is your responsibility. As you mature, the issues you face may become more complicated and personal. It's important to find someone to talk to who is both knowledgeable and who you can trust. That's where your provider can help you out.

Providers are trained to help you with your health and emotional concerns. You can talk with them, they can answer your questions and they can check out what worries you. Even if you feel embarrassed at first about discussing personal subjects (such as physical development or sexual health), it's helpful to know that providers deal with those concerns – and all sorts of things- every day.

A few things to keep in mind when talking with your provider:

- **Be honest.** It's your job to openly discuss your symptoms and concerns. A provider can't help you unless you tell the whole story. Even if you're uncomfortable, being open and honest will only benefit you. Most providers realize that people can feel uncomfortable about raising sensitive issues, and they try to be good listeners.

- **Provide complete and truthful information.** Providers make decisions about what needs to be done and how to answer your questions and concerns based upon the information you provide. Providing all of the information helps the provider to help you. Your provider will know which information is relevant to any medical decisions.

- **Do not be embarrassed.** It's perfectly normal to feel nervous when talking with your provider about personal issues. You should be able to talk to your provider about everything. Keep in mind that most experienced providers have cared for many patients. No matter what the issue is, it probably won't surprise your provider.

- **Write things down.** It may help to show up for your appointment with a written list of questions and concerns to give to the provider. It also can include your problems and symptoms. This list can jump-start the communication process and help put you at ease to openly and comfortably discuss your issues with your provider.

- **Your provider is interested in keeping you healthy, not judging you.** If you are concerned about a sensitive topic, you shouldn't avoid going to the provider because you are worried about what the provider might think. A provider's role is to listen respectfully, examine, educate and treat people, not criticize them.

HOW TO GET PRESCRIPTION MEDICATION AND REFILLS

First-time prescriptions:

You will need to select a pharmacy for your prescriptions. You can choose one that is close to home, school or work. You also can base your selection on a pharmacy that has a nationwide options, so you don't have to transfer your prescription when you go to school.

When your provider wants to take medication, you will be given a written prescription. You will need to take it to the pharmacy to get it filled. When dropping prescriptions off, there may be a wait time, so plan accordingly. When picking up your prescription, remember to take your insurance card with you. You also might need to pay a co-pay charge at the time you pick up your prescription.

Refills

The most important thing to remember about medication refills is plan ahead. Do not wait until the last dose is taken to call for a refill. Most providers will not call in refill prescriptions after normal clinic or business hours. To ensure that the medication is on-hand and that you are taking it according to the directions, call at least 5 days in advance.

If your medication indicates refills, you may call the pharmacy directly. Have your medication nearby when you request a refill. You will need information on the label to fill the request. Make sure you understand how and when to take your medication, and any possible side effects and what to do if you experience them. You will get written information along with your medication, but be sure to ask the pharmacist or your provider if you have any questions. Take your medication according to your provider's directions.

FINANCIAL RESPONSIBILITY

Another result of becoming an adult is your parents may not be responsible for your bills. The debt you incur is important because it may affect your ability to get loans, credit cards or make future purchases. When seeking medical care, you ultimately are financially responsible for any bills or invoices regardless of whether you are on your parents insurance or not. In addition, your parents are not able to discuss your personal finances without your expressed consent even though they may still have access to any joint accounts you've set up.

CONGRATULATIONS ON BECOMING AN ADULT AND PLEASE LET US ANSWER ANY QUESTIONS YOU MIGHT HAVE.

Pediatric Associates of Wylie P.A.

Lovejoy Pediatrics

Patient Information

Name: _____Middle:_____Last:_____Suffix:_____

Address:_____ City:_____ State:_____ Zip:_____

SSN: _____-_____-_____ Sex: M / F DOB:_____/_____/_____

How did you find out about Pediatric Associates of Wylie, P.A.? _____

Primary Guarantor Information & Insurance

Name: _____Middle:_____Last:_____Suffix:_____

Address:_____ City:_____ State:_____ Zip:_____

SSN: _____-_____-_____ Sex: M / F DOB:_____/_____/_____

Marital Status: _____ Relationship to Patient: _____

Employment Status:_____ Employer: _____

Phone: _____ Work: _____ Mobile: _____

Email: _____

Insurance Company:_____

Insurance Company Address:_____ City: _____ State: _____ Zip: _____

Subscribers I.D. #: _____ Group #: _____

Insurance Company Phone Number: _____

(Please provide your ID card with this information)

Parent / Guardian Information

Parent / Guardian #1: (If different than Guarantor Information)

Relationship to Patient: _____

Name: _____Middle:_____Last:_____Suffix:_____

Address:_____ City:_____ State:_____ Zip:_____

SSN: _____-_____-_____ Sex: M / F DOB:_____/_____/_____

Marital Status: _____ Relationship to Patient: _____

Employment Status:_____ Employer: _____

Phone: _____ Work: _____ Mobile: _____

Email: _____

Parent / Guardian #2: (If different than Guarantor Information)

Relationship to Patient: _____

Name: _____Middle:_____Last:_____Suffix:_____

Address:_____ City:_____ State:_____ Zip:_____

SSN: _____-_____-_____ Sex: M / F DOB:_____/_____/_____

Marital Status: _____ Relationship to Patient: _____

Employment Status:_____ Employer: _____

Phone: _____ Work: _____ Mobile: _____

Email: _____

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Emergency Contact

Name: _____Middle:_____Last:_____Suffix:_____

Address:_____ City:_____ State:_____ Zip:_____

Is above Emergency contact a Parent / Guardian? Yes / No Sex: M / F

Phone: _____ Work: _____ Mobile: _____

Email: _____

Assignment and Release of insurance benefits, Consent for Medical Treatment

I hereby authorize payment directly to Dr. Nicole L. Lanman, Pediatric Associates of Wylie, P.A. of all insurance benefits otherwise payable to me for the services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents.

I authorize the above doctor and/or any provider or supplier of services in this office to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

I hereby consent to medical care and treatment, as ordered by a provider, while such medical care and treatment is provided through Pediatric Associates of Wylie, P.A.

Signature of Responsible Party: _____ Date: _____

CONSENT TO DISCUSS MEDICAL INFORMATION AND PROTECTED HEALTH INFORMATION AND PROTECTED HEALTH INFORMATION (FOR PATIENTS OVER 18)

Patient Name (please print): _____ Date of Birth: _____

I authorize Pediatric Associates of Wylie, P.A. and its staff to discuss my medical information as follows (initial below all that apply:

____ For financial purposes, I allow my parent(s) to have access to my diagnosis and treatment and to discuss my account.

____ I allow my immunization records to be released to my parent(s).

____ I allow my treatment plans (i.e.: medication, asthma, epi-pens, etc.) to be disclosed to my parent(s).

____ I allow my office visits to be accessed by my parent(s).

____ I allow my labs to be released to my parent(s).

____ With my prior consent, I allow any "confidential information" to be shared with my parent(s).

_____

Parent/Guardian 1 **Relationship**

_____

Parent/Guardian 2 **Relationship**

_____

Parent/Guardian 3 **Relationship**

_____

Parent/Guardian 3 **Relationship**

I understand that as part of this organization's treatment, payment or health care operations, it may become necessary to disclose my protected health information to another entity. I hereby consent to such disclosure for these permitted uses. I understand that I may revoke this consent at any time and I must notify Pediatric Associates of Wylie, P.A. in order to revoke the consent.

I fully understand and accept the terms of this consent.

_____ _____

Signature **Date**

Consent for Use and Disclosure of Protected Health Information

Our practice reserves the right to modify the privacy practices outlined in the notice:

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of your Notice of Privacy Practices (NPP). I understand and agree to the following:

Pediatric Associates of Wylie, P.A. may use and disclose protected health information (PHI) about me and my child to carry out treatment, payment, and healthcare operations as described in our Notice of Privacy Practices (NPP).

Pediatric Associates of Wylie, P.A. may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations. This may include appointment reminders, insurance items, laboratory results and any call pertaining to my child's clinical care.

Pediatric Associates of Wylie, P.A. may mail to my home or other designated location any items that assist the practice in carrying out treatment, payment and healthcare operations. This may include appointment reminder cards, and patient statements.

Pediatric Associates of Wylie, P.A. may email any items that assist the practice in carrying out treatment, payment and healthcare operations. This may include appointment reminders, insurance items, laboratory results and any call pertaining to my child's clinical care.

I have the right to restrict how my child's PHI is used and disclosed and that requests to restrict this information must be submitted in writing. I also understand that Pediatric Associates of Wylie, P.A. reserves the right to refuse requested restrictions.

This agreement will remain in effect without expiration unless I revoke my consent. I may revoke my consent in writing. I understand that if I revoke my consent that it does not apply to PHI that has already been disclosed for normal agreed upon practice operations. I also understand that if I refuse to sign this consent or if I revoke an already signed consent Pediatric Associates of Wylie, P.A. will continue to provide treatment to my child.

Your Name (Last, First)	Your Relationship to the Patient
Patient Name (Last, First)	Patient Date of Birth (MM/DD/YYYY)
Signature of Patient	
Signature of Patient Representative (Required if the patient is a minor or an adult who is unable to sign this form)	
Today's Date (MM/DD/YYYY)	

For Clinic Use Only:	
Date attempt was made to obtain signature (MM/DD/YYYY)	Reason signature was not obtained
Patient Name (Last, First)	Printed name of employee making attempt
Employee signature	Today's Date (MM/DD/YYYY)

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Office Policies

Welcome to Pediatric Associates of Wylie! Here are a few of our "rules" that we would like for you to be aware of to facilitate a good relationship between you and your pediatrician:

Office Hours: Our office hours are 8:30 a.m. to 5:00 p.m. Monday through Thursday and 8:30 a.m. to 4:00 p.m. on Fridays.

Appointments: Patients are seen **by appointment only**. Each child needing examination by the doctor should have an individual appointment.

In general, well examinations cannot be scheduled on the day that you call. We reserve only a certain number of well examinations per day. In addition, well examinations cannot be conducted on an ill child. If your child is sick, we will need to reschedule the well examination, but can see your child for his/her illness during the scheduled appointment. This also applies to other conditions that require a significant amount of time for the physician to effectively manage the condition (i.e., asthma, ADHD).

We will attempt to contact you 1-2 business days prior to your appointment as a reminder. If we are unable to reach you, it is still your responsibility to keep the appointment.

Absences from school will only be excused by our office if your child has been seen in the office for the illness.

Walk Ins and Late Arrivals: Rescheduling will be necessary if you are more than 10 minutes late for your appointment. We will try to work you in if time allows. There will be a $25 fee for missed appointments. We will send one warning letter after the initial missed appointment before assessing any fees. In addition, any cancellation or reschedule for well visits made within 24 hours or less of the scheduled appointment will be charged a $25 fee. A warning letter will be sent prior to assessing any fee.

Fees, Insurance and Health Plans: A Parent/Guardian must notify the office of changes in address, telephone number or insurance. You must bring your insurance cards to every visit. The person who brings the child to the office will be expected to pay at the time of service.

You will be responsible for payment of charges from services rendered if we are unable to verify benefits with your insurance company. Insurance companies require collection of your co-pay or contracted percentage of services at **every** visit. If you have a deductible that has not yet been met, you will be required to pay for the visit in full. If your insurance company does not pay for a service, the charges will be the responsibility of the parent/guardian. We recommend that you always question your insurance company regarding your benefits first if you have any questions about covered services or bills.

Balances are due at time of appointment. Financial arrangements will be required for balances greater than 60 days outstanding and prior to appointment.

We accept cash, checks, Visa, MasterCard, American Express and Discover.

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There is a $25 fee for returned checks.

Medical Records: Medical records can be faxed to another physician's office free of charge upon release of the medical record. Patient copies of the medical record can be obtained for a fee. Copies of the medical record will be provided within 2 business days with a prepayment.

Medication Refills: Patients on medication for ADHD will be seen for medication check-ups every 3 months. Refills for ADHD medications will be provided only if these appointments are kept. Parents/Guardians may call the nurse to request a refill for ADHD medications. These prescriptions will be available for pick-up 48 hrs after the request has been made during our regular business hours. Controlled substance medications (ADHD medications) must be picked up by a parent/guardian and filled within 21days of the date the prescription was written. In the event, the prescription is not picked up and filled, a $15.00 charge will be applied for rewrites.

Medication refills can be requested over the phone to treat stable, chronic medical conditions that require ongoing medication (i.e., asthma, allergies), as long as the patient is established and has been seen for the condition within the past 6 months. Refills will not be provided after hours or on the weekends. Please allow 48 hrs for these refills to be completed.

Any prescription refills needed prior to our office policy of 48 hours, will be assessed a $15 fee.

Telephone Calls: Our nurses/medical assistants are always available during business hours to serve your needs. You can ask to leave a message with any questions that you may have. All messages received prior to 3:00 p.m. will be returned on that business day; however, depending on the daily schedule, these calls may not be returned until the end of the day, and they will be returned in order of urgency. Calls received after 3:00 p.m. will be returned the next business day. If you feel your child needs to be seen you should speak with someone in the front office to schedule an appointment, as the schedule fills quickly.

In general, antibiotics will not be prescribed over the phone. If you feel your child may need an antibiotic, he/she will need to be seen.

In case of an emergency, call 911 or take your child to the nearest hospital emergency room.

After Hours Services: After-hours contact with the nurse/physician is intended for urgent medical problems only. Questions about appointments, billing, referrals, refills, or other issues of a non-urgent nature should be placed during normal business hours. There is a $10 service fee for after-hour services.

Violation of office policies may result in dismissal from the practice.

By signing below you acknowledge that you have read and understand the office policies.
Signed: _____ Date: _____
Patient/Legal Guardian

Revised 8/4/2020