



645 NORTH ARLINGTON AVENUE
SUITE 620
RENO, NEVADA 89503

TEL. (775) 329-2525
FAX (775) 348-0740
www.pediatricreno.com

Welcome to our practice! We are delighted that you have chosen us as your family's pediatricians. We are committed to creating a comfortable and nurturing environment for your family and providing the highest quality healthcare. If you have any suggestions about how we can improve our practice and better serve your needs, please let your physician or our office manager, Lisa, know. Here are some important details about our office that you may want to keep handy.

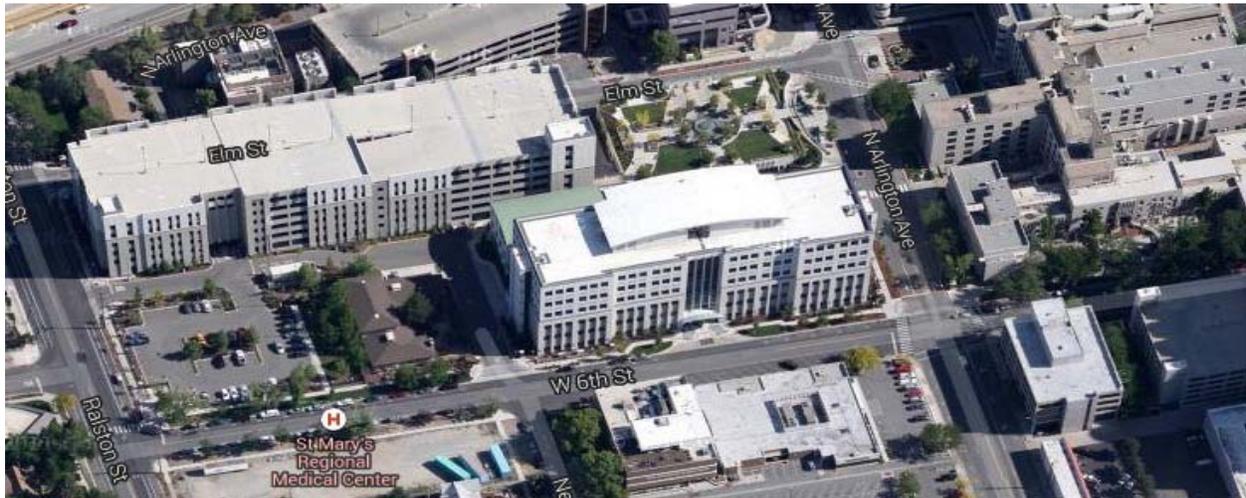
Office Hours:

Monday to Friday 8:00 am to 4:30 pm.

Our phones are turned over to the answer service during lunch from 12:30 to 1:30 pm.

Location:

We are located in downtown Reno. Our office is on the northwest side of the intersection of North Arlington Avenue and West Sixth Street. There are entrances on the north and south side of our building. Our office is on the sixth floor. The parking garage for our building is located next door. It is on the southeast side of the intersection of Ralston and Elm Streets.



What to do when our office is closed:

As a member of our practice, you may see Pediatric After Hours Care (PAHC) when our office is closed. PAHC is open Monday to Friday from 4:30 pm to 7:30 pm and on Saturdays, Sundays, and holidays from 9:00 am to 2:00 pm. Their telephone number is (775) 322-1899. PAHC is located at 1001 Jones Street (corner of Jones Street and Keystone Avenue). PAHC is for sick child visits and is by appointment only. When our office and PAHC are closed, you may contact the advice nurse or the on-call physician by calling our office telephone number. If your child has a medical emergency, call 911 right away.

Pediatric Associates

Office Policy

Appointments

- 1) We value the time we have set aside to see and treat your child. We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 2) If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
- 3) If you are not able to keep an appointment we would appreciate 24 hour notice. We reserve the right to charge \$35.00 for repeatedly missing scheduled appointments without notifying our office.
- 4) Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered as a preventative (well-child) visit.
- 5) During your appointment if you receive both Preventative (well) Care and are also treated for an illness you will incur two separate charges.

Insurance Plans

Please understand

- 1) It is your responsibility to keep us updated with your correct insurance information. **If the insurance information you designate is incorrect, you will be responsible for a \$25.00 reprocessing fee.**
- 2) If your insurance company requires a primary care physician, make sure our physician's name appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.
- 3) It is your responsibility to understand your benefit plan with regard to, for instance, covered services and participating laboratories. For example
 - a. Not all plans cover annual healthy (well) physicals, sports physicals, or hearing and vision screenings. If these are not covered, you will be responsible for payment.
 - b. For children younger than 2 years, there is a limit as to the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment.
 - c. For children over the age of 2, most insurance companies allow only one well visit per year.
- 4) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.

Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) **Co-payments** are due at the time of service. A **\$25.00 service fee** will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.
- 3) Self-pay patients are expected to pay for services in FULL at the time of the visit.
- 4) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit.
- 5) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within **21** business days of your receipt of your bill.

- 6) If previous arrangements have *not* been made with our billing office, any account balance outstanding longer than 90 days will be forwarded to a collection agency. A processing fee of \$25.00 for each child's account will be added to the balance.
- 7) For scheduled appointments, prior balances must be paid prior to the visit.
- 8) If you participate with a high-deductible health plan, we require a copy of the health savings account debit or credit card, or a copy of a personal credit card to remain on file.
- 9) We accept cash, checks, Visa, and MasterCard credit and debit.
- 10) A \$35.00 fee will be charged for any checks returned for insufficient funds.

Forms

- 1) There is no charge for vaccination records given at the time of your child's visit. This is considered part of the visit. **However**, should you lose your record; there will be a \$5.00 charge to replace them.

Transfer of Records

- 1) We require 48 hours' notice.
- 2) A copy of your complete record is available for a \$.60-per-page fee.
- 3) We provide records of your child for visits (including consultations from specialists) rendered here at Pediatric Associates. For any previous records, you must request them directly from your previous doctor(s).

Prescription Refills

- 1) For monthly medication refills, we require 48 hours' notice, during regular business hours. Please plan accordingly.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS:

I authorize the release of any medical information necessary to process any claim. I permit a copy of the authorization to be used in place of the original. Either I or my insurance company may revoke this authorization at any time in writing.

I AUTHORIZE THE doctor to release any medical information including diagnosis, x-rays, test results, reports and records pertaining to any treatment or examination rendered to my child. I understand that this medical information will only be used for the following purposes: diagnostic, referring physician, or insurance. I further understand that any person(s) that receive these medical records will not release any of the medical information obtained by this authorization to any other person or organization without authorization signed by me for release of the information.

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name _____

Responsible Party's Name _____ **Relationship** _____

Responsible Party's Signature _____ **Date** _____

On completion, we will provide you with a copy for your records.



Health Plan Terms to Know

Co-payment: A fixed amount that you pay for certain health services before the health plan pays

Coinsurance: The portion of the charge that is not paid by the health plan (usually a fixed percent of each amount paid by the plan)

Deductible: An amount that must be paid before the health plan pays for covered services

Well-Child Services Policy

Good health care for newborns, infants, children and adolescents includes regular well-child visits (checkups). Checkups focus on *preventative* services. Our office provides these services based on an initiative called **Bright Futures** developed by the American Academy of Pediatrics (AAP) with support from the U.S. Health Resources and Services Administration. Bright Futures includes recommendations for preventive pediatric health care for children from birth to 21 years of age, such as physical examinations, screenings, assessments, and advice about health and safety. We also follow the AAP vaccination schedule for newborns, infants, children and adolescents.

The Patient Protection and Affordable Care Act (ACA) requires most health plans to cover *specific preventative services* without cost sharing (i.e., pay in full), including all preventive care services recommended by Bright Futures and immunizations recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.¹ This is not always true, though, as *grandfathered plans do not have to pay in full for preventative services*.

There may also be times when a child needs a service that is not part of a checkup on the same day as a well-child visit. If a child is not well or a problem is found during the checkup that needs to be addressed, the doctor may need to provide an additional office visit service (such as a sick visit). This is a different service and is billed to your health plan in addition to the checkup. *If services are provided that are not part of the Bright Future's preventative care recommendations, your health plan may not pay for it in full.* If your health plan requires a co-payment, coinsurance, or a deductible for these non-checkup services, our office will charge you these amounts.

Some services that may be provided and billed in addition to preventative services include:

- The doctor's work to address more than a minor problem, which will be billed as an office visit (e.g., if the doctor gives a prescription, orders or performs tests that are not included in Bright Futures, or changes care for a known health problem)
- Medical treatments (e.g., breathing treatments)
- Any surgery (e.g., removing splinters or something the child put in his nose or ear)

We value your time and want to make the most of each appointment. This is why we try to address any problem that needs a doctor's care during well-child visits so that only one trip is needed. However, in some cases, such as when the additional service is not urgent and will interfere with other patients' appointments, you may have to schedule another appointment.

We do not want you to be surprised by a bill. We bill your health plan and you based on actual services provided. Please feel free to ask about services that may not be paid in full by your health plan on the day of your visit.

¹ ACA Section 2713, 42 U.S.C. § 300gg-13; Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the ACA, 75 Fed. Reg. 41726 (July 19, 2010)



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Office Vaccination Policy

This policy applies proactively, and thus, will not affect established patients. Our practice does not accept new patients who refuse all vaccinations. We encourage all families to vaccinate their children. If you have concerns about vaccinations, we want you to discuss them with your physician. If you are unwilling to follow the recommended immunization schedule or an alternative schedule, we respectfully ask that you see another physician.

Our physicians recommend following the immunization schedule established by the American Academy of Pediatrics (AAP) and the Centers for Disease Control (CDC). We recognize that some parents have reservations about vaccinations, and we respect the parents' role as the ultimate decision makers regarding their child's healthcare.

The vaccinations recommended by the CDC and AAP prevent serious illness and save lives. The recommended schedule and vaccinations are founded on decades of study based upon data from millions of people. This body of scientific and medical evidence strongly supports the safety and efficacy of these recommendations.¹ All of our physicians and staff vaccinated their own children.

Nearly universal vaccination was one of the most important health interventions of the 20th century. We are fortunate that most American's have never seen a child with polio, tetanus, whooping cough, heamophilus influenza, or bacterial meningitis. However, underimmunization has contributed to recent outbreaks of serious vaccine preventable diseases in the United States and elsewhere.

A child who is not vaccinated faces a heightened risk to him or herself, and puts all children, in our office, in daycare, in school, and in society at large, at risk. Studies have shown that unvaccinated children face increased risk.² Moreover, part of the protection of vaccines comes from so-called herd immunity. Most vaccines result in immunity in 90-95% of children. Those who do not develop immunity, are too young to be vaccinated yet, or cannot be vaccinated for medical or religious reasons are protected by herd immunity.

We respect your right to refuse to vaccinate your children. But we believe this decision is inconsistent with our ability to provide the best preventive healthcare we can to our patients, individually and collectively. Therefore, we ask prospective new patients who intend to categorically refuse all vaccinations to see another physician.

¹ See *e.g.*, Maglione, MA, et al. Safety of Vaccines Used for Routine Immunization of US Children: A systematic Review. *Pediatrics* 2014; 134(2): 377-379.

² See Feikin DR, et al. Individual and community risks of measles and pertussis associated with personal exemptions to immunization. *JAMA* 2000;284:3145-3150; Salmon DA, et al. Health consequences of religious and philosophical exemptions from immunization laws: individual and societal risk of measles. *JAMA* 1999;282:47-53. [Erratum, *JAMA* 2000;283:2241].



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Well Child Care (Checkup) & Immunization Schedules

Based upon recommendations from the American Academy of Pediatrics (AAP) Bright Futures initiative, our physicians typically recommend regular checkups following the schedule below. An individual patient’s checkup schedule may vary depending upon his or her clinical situation and other factors. Our physicians also recommend following the immunization schedule developed by the AAP and the Centers for Disease Control (CDC). Page two of this document contains our physicians’ typical immunization schedules.

Checkups focus on preventive care such as physical examinations, screenings, and providing vaccinations. They help assess your child’s health and progress at each stage of their development, may assist in the prevention or early diagnosis of health problems, and reinforce the relationship you and your child have with your pediatrician. A regular relationship with your pediatrician fosters better communication and understanding about your child’s health, personality, temperament, and your family’s approach to parenting and healthcare issues.

Checkup Schedule

Checkup Age	Additional Information
2-5 days after hospital discharge	For home births, we schedule a checkup as early as possible after birth.
2 weeks	
2 months	See Immunization Schedule for recommended vaccinations.
4 months	See Immunization Schedule for recommended vaccinations.
6 months	See Immunization Schedule for recommended vaccinations.
9 months	
12 months	See Immunization Schedule for recommended vaccinations.
15 months	See Immunization Schedule for recommended vaccinations.
18 months	See Immunization Schedule for recommended vaccinations. Please allow at least 180 days (6 months) between this 18 month checkup and the 12 month checkup to accommodate vaccinations.
2 years	
Annually thereafter	See Immunization Schedule for recommended vaccinations at 4, 12, and 16 years of age.

Immunization Schedule

Based upon the recommendations of the CDC’s Advisory Committee for Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP), our physicians typically follow the immunization schedule in the table below. An individual patient’s immunization schedule may vary depending upon his or her clinical situation and other factors.

Checkup	Dr. Althoff	Dr. Clark	Dr. Tatem	Dr. Zucker
2 months	<ul style="list-style-type: none"> • Pediarix (Dose 1 of 3): DTaP, Hepatitis B, IPV • HIB (Dose 1 of 3) 		<ul style="list-style-type: none"> • Prevnar (Dose 1 of 4): Pneumococcal conjugate (PCV13) • Rotarix (Dose 1 of 2): Rotavirus 	
4 months	<ul style="list-style-type: none"> • Pediarix (Dose 2 of 3) • HIB (Dose 2 of 3) 		<ul style="list-style-type: none"> • Prevnar (Dose 2 of 4) • Rotarix (Dose 2 of 2) 	
6 months	<ul style="list-style-type: none"> • Pediarix (Dose 3 of 3) 		<ul style="list-style-type: none"> • Prevnar (Dose 3 of 4) 	
12 months	<ul style="list-style-type: none"> • Hepatitis A (Dose 1 of 2) • Prevnar (Dose 4 of 4) • HIB (Dose 3 of 3) 	<ul style="list-style-type: none"> • Hepatitis A (Dose 1 of 2) • MMRV (Dose 1 of 2) 	<ul style="list-style-type: none"> • Hepatitis A (Dose 1 of 2) • Prevnar (Dose 4 of 4) • MMRV (Dose 1 of 2) 	<ul style="list-style-type: none"> • Hepatitis A (Dose 1 of 2) • Prevnar (Dose 4 of 4) • Varicella (Dose 1 of 2)
15 months	<ul style="list-style-type: none"> • DTaP • MMR (Dose 1 of 2) • Varicella (Dose 1 of 2) 	<ul style="list-style-type: none"> • DTaP • Prevnar (Dose 4 of 4) • HIB (Dose 3 of 3) 	<ul style="list-style-type: none"> • DTaP • HIB (Dose 3 of 3) 	<ul style="list-style-type: none"> • DTaP • MMR (Dose 1 of 2) • HIB (Dose 3 of 3)
18 or 24 months	<ul style="list-style-type: none"> • Hepatitis A (Dose 2 of 2) 			
4 years	<ul style="list-style-type: none"> • Kinrix: DTaP, IPV 		<ul style="list-style-type: none"> • MMRV (Dose 2 of 2) 	
12 years	<ul style="list-style-type: none"> • Boostrix: Tdap • Menactra (Dose 1 of 2): Meningococcal 		<ul style="list-style-type: none"> • Gardasil (Dose 1 of 3): HPV 	
16 years	<ul style="list-style-type: none"> • Menactra (Dose 2 of 2) 			
Annually	<ul style="list-style-type: none"> • Influenza 			

Abbreviations:

- DTaP:** Diphtheria, tetanus & acellular pertussis
- HIB:** Haemophilus Influenza type B
- HPV:** Human Papilloma Virus
- IPV:** Inactivated Polio Virus
- MMR:** Measles, mumps, rubella
- MMRV:** Measles, mumps, rubella, varicella
- Tdap:** Tetanus, diphtheria & acellular pertussis

Information for Scheduling Immunizations:

- Pediarix: there should be a minimum of six weeks between the 1st and 2nd doses. Patient should be at least 6 months of age for the 3rd dose and there should be a minimum of eight weeks between the 2nd and 3rd doses.
- Hepatitis A, MMRV, MMR, and Varicella: the 1st doses should not be given before 12 months of age.
- Hepatitis A: there should be a minimum of 180 days (6 months) between the 1st and 2nd doses. Thus, if the second dose is to be given at the 18 month checkup, there must be 180 days between the 18 month and 12 month checkups.
- Gardasil: the 2nd dose should be given 4-8 weeks after the 1st dose; the 3rd dose should be given approximately 6 months after the 1st dose.
- Rotarix, Menactra, Gardasil, and Influenza: are not required by state daycare or schools, but are highly recommended.
- The scheduling requirements listed above are those which most commonly cause conflicts or require additional office visits, however, other requirements and limitations apply to immunizations. Additional information may be obtained from the CDC’s Vaccine Information Statements (VIS), the Nevada Department of Health and Human Services School Immunization Requirements website, the AAP and ACIP websites, or by speaking with your physician.

NOTICE OF PRIVACY POLICIES AND PRACTICES PEDIATRIC ASSOCIATES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

INTRODUCTION:

At **Pediatric Associates**, we are committed to treating and using protected health information about you responsibly. This notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION

Each time your visit **Pediatric Associates** a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication with other health professionals involved in your care
- Legal document outlining and describing the care you received
- A tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided
- An education tool for medical health providers
- A source for medical research
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- A source of data for planning and/or marketing
- A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to who your protected health information has been disclosed

- The right to restrict disclosures of your protected health information to a health plan where you have paid out of pocket in full for medical treatment received
- The right of affected individuals to be notified following a breach of unsecured protected health information
- The right to opt out of receiving communication regarding fundraising communications
- The right to receive a printed copy of this notice

OUR RESPONSIBILITIES

Pediatric Associates is required to:

- Maintain the privacy of your health information
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and/or locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

We will not use or disclose your health information without your authorization. Disclosure of psychotherapy notes, uses and disclosures of (PHI) for marketing purposes, and disclosures that constitute a sale of (PHI), and other uses and disclosures not described in this Notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to procedures included in the authorization.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We will use your health information for treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your information for payment. Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

We will use your information for regular health operations. Your health information may be used as necessary to support the day-to-day activities and management of **Pediatric Associates**. For example: Information on the services you receive d may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates. In some instances, we have contracted separate entities to provide services for us. These “associates” require your health information in order to accomplish the tasks that we ask them to provide. Some

examples of these “business associates” might be a billing service, collection agency, and computer software/hardware provider.

Communication with family. Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information.

Research/Teaching/Training. We may use your information for the purpose of research, teaching, and training.

Healthcare Oversight. Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

Public health reporting. Your health information may be disclosed to public health agencies as required by law.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Appointment reminders. The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders consist of a brief non-specific message left on your answering machine. If you don’t approve of these methods, or if you prefer alternative methods (i.e., e-mail) please inform the practice.

Other uses and disclosures. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of **Pediatric Associates** please contact:

Directors
Pediatric Associates
645 N Arlington Avenue, Suite 620
Reno, NV 89503
(775) 329-2525

If you believe that your privacy rights have been violated, please contact Pediatric Associates, or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services (www.os.dhhs.gov). There will be no retaliation for filing a complaint with either the practice’s Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

OFFICE FOR CIVIL RIGHTS
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C., 20201

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED THE Notice of Privacy Practices of Pediatric Associates.

Signature of Parent or Guardian **Date**

Printed Name **Child's Name**

FOR SSI USE ONLY

Reason acknowledgement was not obtained:

Employee completing this form **Date**