

Kristin Andrade, M.D., Inc.

Thank you for joining my practice and for trusting me to help you care for your child. In order to provide the best care possible for my patients and to run an efficient office, please read and become familiar with the following office policies:

Appointments:

All visits are by appointment only. Same day visits for illnesses are readily available. Walk-in appointments may be difficult to accommodate in a timely manner. Please call first. Every effort will be made to see your sick child as soon as possible. For well child appointments/ routine physical exams, please be aware that there may not be appointments available within the same week of your calling. Please try to anticipate when you will need exams prior to deadlines for school/camp forms. Also, please bring your immunization record to all well visits. If you need to cancel or reschedule your appointment, please phone 24 hours in advance of your appointment. No-shows and cancellations received with less than 24 hours advance notice of scheduled well child exams will result in a **\$50 charge** not billable to your insurance company. Please make every effort to be prompt for appointments. If you are over 15 minutes late, we may need to reschedule your appointment.

Routine Physical Exams and Recommended Health Screenings:

The doctor will explain to you which regular health screenings are appropriate for your child’s age, gender, and personal and family history. You should complete these screenings as they may help to detect serious and/or life-threatening diseases and conditions. If you only visit the doctor for immediate problems and forget to arrange for regular health screenings, you may put your child at risk of letting serious health problems go undetected. Please also understand that your doctor will want to know how your child’s condition progresses after you leave the office. Returning for follow-up appointments allows the doctor the chance to check your child’s response to treatment and take further action when needed. Dr. Andrade will make every effort to report your child’s lab/test results as soon as possible. However, if you do not hear results within a reasonable time, please call the office. After examining your child, the doctor will make recommendations which may include prescribing medication, referring to a specialist, ordering labs/tests, or scheduling a follow-up appointment. Please understand that *not* following the recommendations can have serious negative effects on your child’s health. You should let the doctor know when you decide *not* to follow the recommendations so that you may be fully informed of any risks associated with your decision to delay or refuse treatment or preventative care.

Telephone Advice:

If you are having a **medical emergency, please call 911** before contacting our office. Our office personnel are trained to deal with questions regarding most common minor ailments. If you have a question for Dr. Andrade, please let the office assistant know. Non-urgent questions (i.e. feeding, behavior) will be addressed as soon as possible. If the matter is more urgent, the office assistant will notify the doctor promptly. We may ask you to bring your child in as some problems cannot be handled over the phone. We do not exchange any medical advice or information over email or text.

HIPAA Privacy Practices:

Kristin Andrade, M.D., Inc. follows HIPAA guidelines in regard to your/your child’s PHI (protected health information). PHI means health information, including demographic information collected from you, another health care provider, a health plan, an employer, or health care clearing house. This PHI relates to the patient’s or family members’ past, present, or future physical or mental health conditions. Copies of our *Notice of Privacy Practices* are available at the front desk. Kristin Andrade, M.D., Inc. reserves the right to change the privacy practices that are described in the *Notice of Privacy Practices*. You may obtain a revised copy by contacting us at (310)214-2246. By signing below, you acknowledge that you have read and agree to our Privacy Practices. You have the right to revoke this agreement, in writing, at any time, except to the extent that Kristin Andrade, M.D., Inc. has taken action in reliance on this agreement. This form also serves as my authorization to fax or mail school/camp forms and immunization records to appropriate persons upon your request. Please be advised that patients greater than 18 years old must request their own medical records.

Insurance, Billing, and Collections:

It is your responsibility to inform us promptly of any insurance, address, or phone number changes. Kristin Andrade, M.D., Inc. does not participate with Medi-Cal insurance policies. You acknowledge that Kristin Andrade, M.D., Inc. is providing services in good faith that it will be appropriately compensated in a timely manner. If necessary, the patient and/or guarantor will be held liable for any late fees, interests, collection fees, and/or reasonable attorneys’ fees for the prosecution and/or collection of the patient owed amount.

Co-payments and Administrative Fees:

By your signature below, you acknowledge and agree that the patient and/or guarantor is financially responsible for co-pays and non-covered services, and that those amounts will be collected at the time of service. There is a **\$10** charge for the completion of school/camp forms. They will be completed within 3-5 business days. There is a minimal clerical charge of \$10 for any administrative form the office completes including disability forms, copies of medical records, supplemental insurance forms, etc. Legal offices seeking medical records will incur additional fees.

Final Note:

As a patient here, you have the right to be informed about anything pertaining to your child’s care. Please note that we do respect the California Confidentiality Law: In most cases, parents will have a right to access their child’s records, however, in some cases, parents cannot access records until their teen provides them written authorization. We invite you, at any time, to ask questions, report symptoms, or discuss any concerns you may have.

Patient Name: _____ Birthdate: _____

Signature: _____ Printed Name: _____

Date: _____ Relationship to Patient: _____

(Patient/parent copy)

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