



POLICIES AND PROCEDURES

The providers and staff at Bear Creek Pediatrics thank you for choosing our practice. We strive to provide excellent medical care and to make patient visits as convenient as possible. Please review and acknowledge our office policies by initialing and signing below:

\_\_\_\_\_  
(Initials)      **Preventative Care Policy:** In accordance with the American Academy of Pediatrics, we advise all patients to be seen regularly for preventative care. The purpose of a routine well-child visit is to identify potential health concerns in their earliest states and to educate families about health and the prevention of illness. These visits should occur annually and will include: a complete physical exam, immunizations, a review of current medications taken, and any counseling/guidance needed. If your child has a new health problem or diagnoses that needs to be addressed during your annual well-child visit, these additional services will be billed according to your insurance plan and may include a co-payment and/or deductible.

\_\_\_\_\_  
(Initials)      **Vaccination Policy:** We believe vaccination is one of the best ways parents can protect their children from potentially harmful diseases and encourage all patients to follow the vaccine guidelines as outlined by the Centers for Disease Control and Prevention. Vaccine-preventable diseases can be very serious, may require hospitalization, or can even be deadly. Families whose children are missing vaccinations or who choose not to vaccinate are encouraged to discuss their vaccine plan/views with one of our providers. As always, we will continue to provide the highest quality care for all patients regardless of their current vaccine status.

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(Initials)      **Financial Policy:** All applicable co-payments and deductibles are due at time of service or may be subject to a fee. Any balance not covered by your insurance benefits are to be paid directly to Bear Creek Pediatrics for services rendered. Missed appointments or appointments cancelled less than 24 hours in advance may also be subject to a fee. We reserve the right to dismiss you from our practice for 3 or more missed appointments. See our comprehensive financial policy for more information.

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(Initials)      **Health Insurance Portability and Accountability Act (HIPAA):** The privacy of your health information is important to us. We understand that your health information is personal, and we are committed to protecting it. We will only use and disclose your protected health information to conduct and plan treatment; including multiple healthcare providers who may be involved in treatment directly or indirectly, to obtain payment for services provided to you through your insurance company, to conduct normal healthcare operations such as quality assessments, etc.

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(Initials)      **Consent to Release Medical Information:** If requested, we will release a copy of your child’s medical information either for personal use or to be sent to a third party, such as a day care provider, school, or another medical provider. If your child is current on their well-child visits, we will send immunization records, sports forms, or other forms via fax, mail, or email as requested. We will use due diligence to authorize these requests before sending any information. In accordance with Washington State law, requesting all or part of your child’s medical record may incur a fee. Some information, such as a complete medical chart, can only be authorized by completing a Medical Release form.

Printed Patient Name

Parent/Guardian Signature

Date