



COMPREHENSIVE PEDIATRIC CARE
755 Mt. Vernon Highway, Suite 150
Atlanta, GA. 30328

Phone: (404) 303-1314 Fax: (404) 303-1399

Dear New Patient,

Welcome to Children's Wellness Center, LLC. You have chosen our practice to provide what we consider one of the most important services you will need; to help your child grow into a healthy adult. The desire of everyone at Children's Wellness Center is to develop a relationship with your family that will produce the best healthcare for your child.

The health of your child always comes first at Children's Wellness Center. We continually strive to develop an environment that provides the highest quality of pediatrics. Although our goal is to be perfect, we are human and will make mistakes from time to time. This being said, we encourage your input and suggestions; good and bad. At this time we would like to share our policies as well as several of our expectations of you to maintain a relationship that is essential to the highest quality of healthcare.

OFFICE AND APPOINTMENTS:

The office hours are: 9:00 am- 5:00 pm Monday - Friday

1. Office staff will begin answering telephone thirty (30) minutes before the office opens each day.
2. Please call the office to schedule an appointment and the office staff will work with you to provide a time that is best suited for the needs of your child.
3. We do **not** take walk- in appointments unless it is a medical emergency. At our practice you will always have the availability to have same day sick appointments.
4. Routine physicals are scheduled within 6-8 weeks of request. Non- urgent visits are scheduled within 1 week of request. Urgent sick appointments are seen the same day. Emergencies are seen immediately or referred to ER as appropriate.
5. We try to see our patients in a timely manner. We realize your time is valuable. If you feel you have been waiting too long please notify the receptionist. All visits including non-emergent sick visits and routine physicals will be brought back to an exam room within 30 minutes. Emergency visits will be brought back immediately to be seen by physician.

PHONE CALLS:

1. If you require a nurse to return your phone call we ask for your patience.
2. Urgent clinical calls during office hours will be returned within 1 hour.
3. Non-urgent clinical calls of an acute nature during office hours returned within 4 hours.
4. Non-urgent clinical calls during office hours returned by end of business day.
5. After hours emergency calls will be directed to our answering service. These calls will initially be forwarded to Children's Healthcare of Atlanta Nurse line. Please note that our practice is charged every time you call the nurse line. We ask you refrain from using the nurse line to handle routine matters. If the nurse feels your call needs to be directed to a physician then the on-call physician will be paged. Your phone call will be returned within the hour. If you have not heard back from the on call physician in a timely manner we asked that you call back and have us re-paged.

MEDICATION PROTOCOL:

1. All medication refills will be done during office hours. This is to ensure that we are refilling the right medication at the correct dosage. The on call physician will not do medication refills after hours.
2. Children's Wellness Center feels that if a child is sick enough to require antibiotics then they need to be seen by a physician. Children's Wellness Center is conscientious in providing quality medical care without promoting bacterial resistance. Antibiotics will not be called in after hours.

INSURANCE, FINANCIAL AND FAMILY INFORMATION:

1. You are responsible for providing the office with any changes in family information (address, telephone, insurance, etc.) as soon as possible.
2. The guardian is responsible for knowing and providing the office with patient insurance plans details.
3. The office strives to ensure the confidentiality of your child's medical information. You must provide written information to us of all persons allowed to seek medical attention and /or medical information for your child.
4. The person presenting the patient for medical care must be prepared to pay the visit co-pay or charges.
5. You will be provided with the Financial Policy of Children's Wellness Center at the time of your initial visit that you will be expected to sign.

We want to thank you for choosing Children's Wellness Center for the healthcare of your child. We look forward to a long healthy relationship together.

Sincerely,

CHILDREN'S WELLNESS CENTER



CHECK-UP
NEWBORN

IMMUNIZATIONS AND LABS

1 MONTH

HEP B (only if NOT done in hospital)
PKU (if necessary)

2 MONTH

HEP B

4 MONTH

DTaP, IPV, HIB, PCV13, ROTA

6 MONTH

DTaP, IPV, HIB, PCV13, ROTA

9 MONTH

DTaP, HIB, PCV13

12 MONTH

HEP B, HGB, PPD

15 MONTH

VARIVAX, PCV13, HEP A, LEAD

18 MONTH

MMR, HIB

2 YEAR

DTaP, IPV, HEP A

2 ½ YEAR*

HGB, UA

3 YEAR

HGB, UA

4 YEAR**

HGB, UA, LIPID***

11 YEAR

DTaP/ IPV(KINRIX), MMR, VAR, HGB,
UA, HEARING/VISION SCREEN

TDaP, MENACTRA,
GARDISIL (Females only), LIPID

* Not all insurance covers the 2 ½ year old visit. Please check with your insurance company before schedule the appointment.

**4-18 years- Hemoglobin (HGB), Urinalysis (UA), and Hearing/Vision Screens.

*** Lipid screens are done at 3 years if there is a family history otherwise it is done at 5, 11 and 15

**** We do recommend YEARLY checkups starting at age 2

ALSO PLEASE NOTE: If your child is between 12 months to 5 years and has not received the PCV13 vaccines, we will recommend they get a dose at their next well visit.



New Parent Resources

1. The Happiest Baby on the Block (DVD) by Harvey Karp, MD
2. What to Expect the First Year by Heidi Murkoff
3. On Becoming Baby Wise by Gary Ezzo
4. Secrets of the Baby Whisperer by Tracy Hogg
5. Touchpoints by T. Berry Brazelton

AAP (Amer. Academy of Pediatrics) new parent resources available at WWW.AAP.org

1. Heading Home with Your Newborn: from Birth to Reality by L.Jana, MD and J.Shu, MD
2. Your Baby's First Year by the AAP
3. Caring for your Baby and Young Child: Birth to age 5 by the AAP

Internet Resources

1. www.AAP.org
2. www.healthychildren.org
3. www.cdc.gov

Family Resources

1. Blessing of a Skinned Knee by Wendy Mogel
2. Emotional Intelligence by Daniel Goleman
3. The Heart of Parenting by John Gottman
4. How to Talk So Kids Will Listen and Listen So Kids Will Talk by Faber and Malish
5. Siblings without Rivalry by Faber and Malish
6. The Seven Habits of Highly Effective Families by Steven Covey
7. The Difficult Child by Stanley Turecki
8. Raising Cain by Pollock
9. The Explosive Child by Ross Greene

CHILDREN'S WELLNESS CENTER LLC

NOTICE OF PRIVACY PRACTICES

Our Pledge Regarding Medical Information

The privacy of your child's medical information is important to us. We understand that your child's medical information is personal and we are committed to protecting it. We create a record of the care and services your child receives at our organization. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about your child. We also describe your child's rights and certain duties we have regarding the use and disclosure of medical information.

Our Legal Duty

Law Requires Us to:

1. Keep your child's medical information private.
2. Give you this notice describing our legal duties, privacy practices and your child's rights regarding your medical information.
3. Follow the terms of the current notice.

4. We Have the Right to:

Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.

Make the changes in our privacy practices and the new terms of our notices effective for all medical information that we keep, including information previously created or received before the changes

Notice of Change to Privacy Practices:

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

Use and Disclosure of your Medical Information

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your child's medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

For Treatment: We may use medical information about your child to provide your child with medical treatment or services. We may disclose medical information about your child to doctors, nurses, technicians, medical students, or other people who are taking care of your child. We may also share medical information about your child to his/her other health care providers to assist them in treating your child.

For Payment: We may use and disclose your child's medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your child's medical information.

For Health Care Operation: We may use and disclose your child's medical information for our health care operations. This might include measuring and improving quality, evaluation the performance of employees conducting training programs and getting the accreditation certificates, licenses and credential we need to serve you.

Additional Uses and Disclosure:

In addition to using and disclosing your child's medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

Facility Directory: Unless you notify us that you object, the following medical information about your child will be placed in our facility directories: his/her name; their location in our facility; their condition described in general terms; your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to other who contact us and ask for information about your child by name.

Notification: We may use and disclose medical information to notify or help notify: a family member, your child's personal representative or another person responsible for your child's care. We will share the information about your child's location, general condition, or death. If you are present, we will get you permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your child's health care according to our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray, or medical information about your child.

Research in Limited Circumstances: We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy or medical information.

Funeral Director, Coroner, Medical Examiner:

To help them carry out their duties, we may share the medical information of a person who has died with a

coroner, medical examiner, funeral director or an organ procurement organization.

Specialized Government Functions:

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and other, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders, Judicial, & Administrative Proceeds:

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person.

Public Health Activities:

As required by law, we may disclose your child's medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability including child abuse or neglect. We may also disclose your child's medical information to persons subject to jurisdiction of the FDA for the purposes of reporting adverse events associated with products defects or problems to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the FDA. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence:

We may use and disclose information to appropriate authorities if we reasonably believe that your child is a possible victim of abuse, neglect, or domestic violence or the possible victim or other crimes. We may share your child's medical information if it is necessary to prevent a serious threat to your child's health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement official capture a person who has admitted to being part of a crime or has escaped form legal custody.

Health Oversight Activities:

We may disclose medical information to an agency providing health oversight for oversight activities authorized by the law, including audits, civil administrative or criminal investigations or proceedings, inspections, licensure or disciplinary actions or other authorized activities.

Law Enforcement:

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws, pursuant to certain subpoenas or court order, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims or crimes at the request of a law enforcement official, reporting death, crimes on our premises and crime sin emergencies.

Appointment Reminders:

We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.

Alternative and Additional Medical Services:

We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

Your Individual Rights

You Have the Right to:

Look at or get copies of certain parts of your child's medical information. You may request that we provide copies in a format other than photo copes. We will use the format you request unless it is not practical for us to do so. You must make you your request in writing. You may ask the receptions for the form needed to request access. There may be charges for copying and for postage if you want the copies mailed to you. Ask the receptionist about our fee structure. Receive a list of all the times we or our business associated shared your child's medical information for purposes other than treatment, payments, and health care operations and other specified exceptions. Request that we place additional restrictions on our use and disclosure of your child's medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in case of emergency)Request that we communicate with you about your child's medical information by different means or to different locations. Your request that we communicate your child's medical information to you by different means or locations must be made in writing. Request that we change certain parts of your child's medical information. We may deny your request if we did not create the information you want changed or for certain other reasons.

Questions and Complaints

If you have any questions about this notice, please ask the receptionist to speak to our manager. If you think we have violated your privacy rights, you may speak to our manager and submit a written complaint. You may submit a written complaint to the U.S. Department of Health and Human Services; we will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.



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PATIENT FINANCIAL RESPONSIBILITY STATEMENT

Thank you for choosing Children's Wellness Center as your health care provider. Our fees are based on the cost of delivering quality medical care. We ask that you read the following Financial Policy and sign that you acknowledge and accept our policy.

INSURANCE COVERAGE

You must provide your insurance card or proof of insurance at the time of each visit. If you do not have insurance, are unable to provide proof of insurance, or are on a plan in which we do not participate, full payment is required at the time of your visit. It is very important that you become familiar with your insurance plans and understand its benefits. Certain plans have restrictions on certain services such as vision/hearing screening, immunizations and timing of well child exams. It is your responsibility to be aware and understand your plans restrictions and limitations. If you have any questions regarding your coverage, health benefits, health restrictions and payment determination then you need to contact your insurance company directly.

Children's Wellness Center will bill insurance companies for which we are providers. You will be responsible for all co-pays and co-insurance at the time of services. Some of the services provided may be non-covered services and not paid by your insurance company. You are personally responsible for these services. You will also be responsible for all balances your insurance carrier does not pay within 90 days. You will receive a bill, which must be paid upon receipt. As a courtesy for newborns we will bill under the primary cardholder's insurance for the first 30 days, after that time the child must be active on the insurance policy. **If we are not a provider on your current plan or do not have proof of insurance than you will be responsible for the entire bill at the time of service.** We will provide you with an encounter form by request if you need to file the claim with your insurance company.

PAYMENT METHODS

All co-payments and deductibles are due at the time of service. These fees by law cannot be waived. For your convenience, we accept cash, checks, ATM cards, Visa and MasterCard.

RETURNED CHECKS

There will be a returned check fee of \$25. If you have more than one returned check you may be asked to leave the Practice. Unpaid fees may be subject to referral to a collection agency.

MEDICAL RECORDS

Medical records are the property of Children's Wellness Center. You can request copies of medical records in writing. We will provide copies of required medical records to specialists free of charge. All other copies will be charged per page to cover the costs of office staff and copying. We will provide you with your copies within 30 days of receiving your written request.

REFERRALS

If your insurance plan requires a referral prior to seeing a specialist or using a hospital service then we will need greater than 24 hours notice. We cannot issue a referral once services have been rendered. It is your responsibility to know your insurance company requirements.

MISSED APPOINTMENTS/ CANCELLING APPOINTMENTS

Missed appointments seriously disrupt our practice. Therefore, please give us at least 24 hours notice when canceling an appointment. **If you fail to show for an appointment, then you will be charged a \$50.00 no show fee by our billing service. Cancellations with less than 24 hours notice and missed appointments will be charged.**

DELINQUENT ACCOUNTS

A payment can be arranged with our business office for past due amounts. Failure to pay or arrange payment of a past due amount may result in a referral to a collection agency. If this occurs then you will be responsible for all reasonable attorney fees, court costs and collection fees related to the delinquent account. If your account is referred to a collection agency for payment then you may be dismissed from our practice.