



BIDABADI PEDIATRICS

Patient Privacy Policy

Information regarding how your child(ren)'s medical records may be used, disclosed and how you may obtain access to records. We are obliged under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices when requested. Federal law allows us to use your child(ren)'s protected health information for your treatment without further notice to you and without further written authorization by you. For example, when forwarding medical records to a specialty physician.

Federal law allows us to use or disclose your medical information to obtain:

- Payment for our services (submitting your diagnosis to your insurance carrier)
- Health care operations (audits by our accountants)
- Requests by public health agencies (Department of Health)
- Requests by law (enforcement, judicial or administrative proceedings)

You have the right to:

- Request restrictions on certain uses or disclosures described above. However, we are not required to agree to such restrictions.
- Obtain copies of your medical information.
- Request an accounting of any disclosures we make of your medical information with the exception of disclosures we make to you or in order to carry out treatment, payment or health care operations.

Out-of-Network Insurance Agreement: Bidabadi Pediatrics, LLC participates with most major insurance companies. However, it is your responsibility as the subscriber to verify that we are in-network with your specific policy. If we are out-of-network you may still elect to have services rendered by our office. Please be advised you may be responsible for a certain percentage and/or all fees based on your insurance company's out-of-network policy. You have the right to refuse services based on this information.

We may contact you by mail or telephone to remind you of appointments or to provide information about treatment. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence. If you have a preference of contact number(s) used, please indicate below:

Home (____) - ____ - ____ Cell (____) - ____ - ____

Child 1: Name and DOB (please print): _____

Child 2: Name and DOB (please print): _____

Child 3: Name and DOB (please print): _____

My signature below indicates I have read, and agree to this Patient Privacy Policy.

Signature

Printed name

Date

LATE AND NO SHOW POLICY

Our goal is to make sure that as many patients as possible have access to care when needed. We also make every effort to provide prompt medical care to all of our patients. As such, our office has a late and no-show policy. This policy has been in effect since October 17, 2016 and applies to **ALL** patients.

- We require all patients to arrive **15 minutes** prior to their scheduled appointments.
- If a patient is delayed and cannot make an appointment on time, please call to notify the office. Any significant delay (15 minutes or greater) will require your appointment to be rescheduled, however, we will try our best to accommodate you if our schedule allows.
- If a patient is unable to keep their scheduled appointment, we require one business day notice of cancellation or of a need to reschedule.
- If a patient does not give us one business day notice of cancellation or of a need to reschedule, that patient's appointment is considered a "no-show".
- A standard no-show fee of \$50 will be charged for the no-show appointments.
- A patient who fails to keep a same-day or acute appointment is managed the same as other no-show appointments.

We understand that life happens, and conflicts may arise beyond your control. We strive to be understanding and ask that you simply notify the staff if you cannot make an appointment. Thank you for your understanding and cooperation. If you have any questions, please feel free to ask the staff for clarification.

Signature: _____ Date: _____