



Kindercare Pediatrics

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Patient Bill of Rights and Responsibilities

Your Rights:

1. You have the right to privacy. Your medical records are kept in the strictest confidence in accordance with the Healthcare Information Portability and Accountability Act of 1996 (HIPAA). We will not release or discuss your medical information unless authorized by you or if law mandates disclosure.
2. You have the right to receive a copy of your child's medical records in a timely manner upon written request. We may charge a reasonable fee for those records.
3. You have the right to have the peace of mind that your child is receiving the highest level of quality healthcare. We will treat your child with the utmost compassion, respect, and dignity. We consider it a privilege to partner with you to provide quality healthcare for your child.
4. You have the right to ask questions. We will discuss the risks and benefits of any procedure or service rendered to your child. We believe in keeping parents informed and welcome open dialogue with parents regarding their child's health.
5. You have the right to access our office. During regular office hours, we will have a nurse available to provide medical advice and to answer any questions you may have about your child's medical needs. After hours and on weekends, we will have a nurse available to provide answers to urgent medical questions that cannot wait until regular office hours. A doctor is available 24 hours a day, 7 days a week as a backup for our telephone nurses. If you choose to leave a message for your doctor, you will receive a callback within 24 hours. Our nurses and doctors will not return calls to blocked numbers.
6. You have the right to timely services. We will do our best to accommodate your child's needs into our schedule. We set aside appointment slots for patients who require same-day ill visits. These appointments may or may not be with your child's primary pediatrician depending on the office schedule. At times, our doctors may run late due to unforeseen emergencies. We will make every effort to inform you when that happens.

(continued on reverse)

Your Responsibilities:

1. You have the responsibility to follow through on all of the doctor's instructions, including having tests performed, seeing other physicians your child has been referred to, and returning for follow-up appointments. You have the responsibility to administer all medications as directed. If you have questions about any medications, call the office for clarification.
2. You have the responsibility to make and come to appointments. We expect parents to make appropriate appointments for their children and to come to those appointments on time. If you arrive late for an appointment, we may ask you to reschedule. We book well-child visits 3 months in advance. Parents who would like a preferred appointment time should contact our office in a timely manner to take advantage of advance appointment bookings. We see patients by appointment only. We do not accept walk-ins.
3. You have the responsibility to inform the office if you need to cancel or reschedule an appointment. Well-child visits must be cancelled or rescheduled at least 24 hours in advance. We may charge a fee for missed appointments or appointments not cancelled in advance.
4. You have the responsibility to inform our office of changes to insurance, address, or phone numbers.
5. You have the responsibility to know your insurance plan and its benefits. We will bill your insurance plan one time only for the charges associated with your child's visit. If your insurance plan denies payment, you will be responsible for the entire cost of that visit.
6. You have the responsibility to pay for our services in a timely manner. Co-pays are due at the time of your child's visit. Patient statements are mailed only after all charges have been settled with insurance and are due within 30 days. Late fees will be assessed on accounts that are more than 90 days past due. If we need to send your child's account to collections, you will be responsible for the cost of collections.
7. You have the responsibility to pay a \$20 charge for any check returned by our bank. If our bank has returned your check, we will not accept checks from you in the future.
8. You have the responsibility to be courteous. We understand it can be stressful at times to care for children. Please do not take out your frustrations on our doctors, staff, or other patients or their families.