



Notice of Policies and Procedures

PLEASE NOTE:

A refusal to sign this form will result in us being unable to provide medical care to you/your child.

Vaccine Policy: Due to the potential exposure unvaccinated children bring to our other patients and our practices in general, we strongly advise that our patients become fully vaccinated prior to their second birthday. Patients who are immunocompromised will meet with our physicians to determine the best course of action based on their specific needs. Refusal of any vaccine outside of the recommendation of the CDC will require the parent/guardian to sign a vaccination declination form. Refusal to sign this form will result in dismissal from the practice.

We report all immunizations to the NC Immunization Registry. The statute established the Immunization Registry Regulation and can be found under NC state law G.S. 130A-155.1 and 130A-155.

Tardiness and No-Show Policy: We respect our patients' time and work hard to run our schedule efficiently. Our workflow is heavily dependent on our patients arriving on time for their appointments. As a courtesy, we provide appointment reminders which are sent to the demographic information that we have on file for the patient. Patients may also access their upcoming appointments in the Phreesia app or on the patient portal. Patients should make every attempt to arrive on time to their appointment, however, we know that incidents may occur that would prevent timely attendance. For this reason, we offer a 15-minute grace period within which a patient may check in to their appointment without penalty.

If a patient arrives after that grace period, the appointment status will be changed to a "no-show". If the patient no-shows a scheduled sick or injury appointment, we will make every effort to work the patient back into the schedule for the same day, with no guarantee that the new appointment will be within a certain amount of time of or with the same provider as the original appointment. If the patient no-shows a scheduled well check appointment, you will be asked to reschedule to another date and time.

Missed appointments come at a cost to us and to other patients who could have been seen in the time set aside for you. Patients with more than 5 no-show appointments within a 12-



month period will be discharged from our practice. We will continue to see the patient for up to 30 days from the dismissal letter date to allow them time to find a new medical home.

Patients may cancel or reschedule their appointment prior to the appointment date and time, which will not be counted as a no-show appointment. A 24-hour cancellation for appointments is appreciated.

Walk-In Appointments: Our practices are not walk-in clinics. If you need to come to our office without an appointment or add an additional child onto a visit already scheduled, we will consult our schedule to see if we can work the patient in. This may result in extra wait time or the request to return at a specific time. The patient may be asked to see a different provider than their normal provider.

School Excuses: We adhere to local school district policies by only providing school excuses for children who have been seen in our office. School excuses will be provided in person or faxed directly to the school. Forgery of school excuses will result in a dismissal from our practice.

Property Damage Policy: Any patient, or individual attending an appointment with a patient who causes damage to our facilities, furnishings, or equipment may be held liable for costs incurred for replacement or repair.

Patient/Parent Misconduct: To protect the families we serve as well as our providers and staff, abusive language and behavior, whether in our clinics or over the phone, will not be tolerated and may result in dismissal from our practice.

Firearms Policy: Pursuant to North Carolina Code of Laws Section 14-415.10, firearms are not permitted at any KidzCare Facility.

Support Animals: As a pediatric practice, it is imperative that we prioritize the safety and well-being of our patients, their families, and our staff. Certified support animals are trained to perform tasks that directly assist individuals with disabilities, making them better suited to navigate healthcare settings without causing disruptions or potential safety concerns. As such, only certified support animals are permitted within our pediatric practice. Emotional support animals will not be allowed on the premises.

Prescription Refills: Please allow 48 hours for prescription refills to be written or called in. Prescription refill requests are received Monday through Friday during business hours.



Requests will only be processed when submitted by a parent or patient. Requests submitted by a pharmacy are not accepted.

Immunization Record Requests: Please allow up to 5 business days for immunization records to be prepared.

Infectious Disease Testing: For the protection of our patients and staff, in the event of a needle stick, a blood draw may be recommended to test for infectious diseases including, but not limited to HIV and hepatitis.

Release/Search of Medical Records: A Medical Records Release form must be completed to receive a copy of the patient's medical records. Please allow up to 30 days for medical records to be released and please note that there may be a charge for this service.

Biological parents have equal right to access their child's records. In cases of divorce or separation, we cannot keep information away from either party unless we have specific court documents stating this.

The practice may search patient medical records to assist with clinical trial recruitment activities.

Transition of Care: We strive to provide quality care from birth to early adulthood. That said, when a patient has reached the age of 21, care should be transferred to an adult provider. Patients, both male and female, regardless of age, whose actions result in a pregnancy or marriage, will also be asked to transition care

Inactivity: In the event that an established patient has not been seen for three years or more, their chart will be marked inactive. Should the patient wish to re-establish care, they will be considered a new patient at that time.

Custodial Situations: KidzCare is dedicated to providing the highest quality of medical care to your child(ren). We are required to follow all applicable federal and state laws as they pertain to parental rights. Only in situations where there is a confirmed, documented Court Order will a parent be denied access to the minor child(ren)'s health records or visits at our office. We must have a copy of this Court Order on file. We will not be involved in any disputes regarding named individuals on consent forms unless instructed by the court.

Please make decisions regarding appointments and vaccinations prior to visiting our practice. It is both parents' responsibility to communicate with each other about the



patients' care, appointments and any other pertinent information. It is not the responsibility of KidzCare to communicate to each custodial parent separately.

It is our policy to collect payment at the time of service from the parent, guardian or caretaker who brings the child in for the appointment. Financial obligations must be arranged prior to the appointment.

If we feel that any of the above-mentioned items are not being followed or otherwise become an obstacle to properly care for your child(ren), we reserve the right to discharge the family from the practice.

Legal Action: Please be advised that for any legal action that is initiated, both mediation and litigation must be conducted in Cumberland County.

Age of Consent: In North Carolina law § 90-21.5 defines a minor's consent sufficient for certain medical health services.

(a) Subject to subsection (a1) of this section, any minor may give effective consent to a physician licensed to practice medicine in North Carolina for medical health services for the prevention, diagnosis and treatment of (i) venereal disease and other diseases reportable under G.S. 130A-135, (ii) pregnancy, (iii) abuse of controlled substances or alcohol, and (iv) emotional disturbance. This section does not authorize the inducing of an abortion, performance of a sterilization operation, or admission to a 24-hour facility licensed under Article 2 of Chapter 122C of the General Statutes except as provided in G.S. 122C-223. This section does not prohibit the admission of a minor to a treatment facility upon his own written application in an emergency situation as authorized by G.S. 122C-223.

(a1) Notwithstanding any other provision of law to the contrary, a health care provider shall obtain written consent from a parent or legal guardian prior to administering any vaccine that has been granted emergency use authorization and is not yet fully approved by the United States Food and Drug Administration to an individual under 18 years of age.

(b) Any minor who is emancipated may consent to any medical treatment, dental and health services for himself or for his child. (1971, c. 35; 1977, c. 582, s. 2; 1983, c. 302

Code of Conduct: We are committed to providing a safe, respectful, and family-friendly environment for our patients, their families, visitors, and staff. As a pediatric practice serving young children, we believe every individual deserves to be treated with courtesy,



dignity, and respect. To help maintain a positive environment, KidzCare Pediatrics has adopted a Zero-Tolerance Code of Conduct and No Recording Policy.

Zero-Tolerance Code of Conduct:

The following behaviors are strictly prohibited while on KidzCare Pediatrics property, during telephone conversations, or in any written or electronic communication with our providers or staff:

- Verbal abuse, profanity, or abusive language
- Harassment, intimidation, or threatening behavior
- Aggressive or disruptive conduct
- Clothing displaying obscene, profane, or offensive words or graphics
- Theft or attempted theft of property
- Any conduct that jeopardizes the safety, well-being, or comfort of patients, families, visitors, or staff

While we understand that concerns or disagreements may occasionally arise, we expect that they will be addressed respectfully and professionally. When necessary, KidzCare Pediatrics reserves the right to contact law enforcement, Child Protective Services, or other appropriate authorities if circumstances warrant. The practice also reserves the right to pursue any legal remedies available under applicable law.

No Recording Policy: To protect the privacy of our patients, families, visitors, and staff, audio recording, video recording, photography, livestreaming, or any other form of recording is prohibited anywhere within the KidzCare Pediatrics facility unless prior written permission has been obtained from KidzCare Pediatrics and all individuals being recorded have provided their consent, as required by applicable law.

ADD/ADHD, Depression, Anxiety & Behavioral Health-Controlled Substance Medication:

If your child has been diagnosed with a condition that requires treatment with controlled substance medication these are regulated by the U.S. Drug Enforcement Administration (DEA) and the North Carolina Board of Pharmacy. These regulations are in place to ensure medications are prescribed, dispensed, and monitored safely.

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Prescription Pick-Up

- Controlled substance prescriptions cannot be called in or faxed.
- Prescriptions are transmitted to your preferred pharmacy electronically (EPCS).

Medication Monitoring: Your child's provider may request periodic updates regarding the effectiveness of the medication, including any side effects or concerns. These progress reports are an important part of your child's treatment and should be provided as instructed. An initial follow-up appointment is required within 30 days after starting a new controlled substance medication. Additional follow-up appointments will be scheduled at the provider's discretion to ensure the medication remains safe and effective.

Prescription Refills to allow adequate time for processing:

- Please request prescription refills at least 72 hours (3 business days) before the medication is needed.
- Controlled substance prescriptions are not processed on weekends or holidays.
- Requests submitted late on a Friday may not be available until the following business week.
- When requesting a refill, please have the following information available:
 - Medication name
 - Current dosage
 - Directions for use (including dosing schedule)

School Medication Forms: If your child requires medication during school hours, the school may require a medication authorization form completed by our office. Please allow 48 hours (2 business days) for completion of school medication forms.

Required Follow-Up Care: Regular follow-up appointments are required to monitor your child's condition and medication therapy.

In addition:

- Annual Health Maintenance (Well Child) examinations are required.
- Medication management visits and Well Child visits are separate appointments to allow sufficient time to address each aspect of your child's healthcare.

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Whenever possible, please schedule your child's next follow-up appointment before leaving the office or at least two weeks before it is due. Failure to attend required follow-up appointments or failure to keep scheduled appointments may result in delays or denial of future medication refills until your child has been evaluated.

Lost or Stolen Prescriptions: If a controlled substance prescription or medication is lost or stolen:

- A police report may be required before the provider considers issuing a replacement prescription.
- Replacement prescriptions, if approved, are issued at the provider's discretion and are generally limited to one replacement occurrence.

Non-Compliance: Failure to comply with this medication agreement, including appointment requirements, refill policies, or medication monitoring, may result in discontinuation of controlled substance prescribing through our practice and referral to a behavioral health or medication management specialist.

Consent to Communication

I understand and consent to the following:

1. KidzCare Pediatrics or Phreesia on behalf of KidzCare Pediatrics, may call, send texts to, and/or email me at the phone number(s) and email address on file with KidzCare Pediatrics for healthcare related communications including, but not limited to:
 - Appointments (reminders, check into appointments, schedule or reschedule appointments, be notified of an appointment opening, and other appointment management services)
 - Payments (outstanding balance reminders, make payments, automated payment notifications)
 - Prescription reminders and medication adherence
 - Post-visit surveys about your experience with your health care provider
 - General health reminders, information about your health, and information about KidzCare Pediatrics



2. In the event my _____ phone number and/or email address listed above changes, KidzCare Pediatrics may call, send texts to, and/or email me at my updated phone number and email address on file with KidzCare Pediatrics.
3. I may incur additional charges for receiving and/or sending emails, text messages, and /or phone calls or by clicking on a weblink.
4. My consent is not conditioned on the purchase of any good or service.
5. Communication modes, such as email and text messages, may not be secure before, during, or after transmission.
6. If I wish to revoke this consent and/or have questions, I will contact KidzCare Pediatrics at 910-483-7337 with my request. I may also reply to such texts with "STOP".
7. I authorize KidzCare Pediatrics to deliver to me messages using artificial or prerecorded voice or text message.

Authorization for Use or Disclosure of Protected Health Information

This Authorization permits KidzCare Pediatrics to use or disclose information for purposes of care in your treatment. You have the right to revoke this Authorization by providing written notice of revocation. KidzCare Pediatrics cannot require you to sign this Authorization as a condition to the provision of services. Once we disclose this information, we have no control over how it may be used by the recipient.

Please select one:

____ I do not authorize the release of protected health information by KidzCare Pediatrics.

____ I authorize KidzCare Pediatrics, by any acceptable means, including phone, fax, mail, or electronic transmission, to use or disclose my Protected Health Information described as follows: (check all that apply)

- Entire Record
- Intake Paperwork
- Treatment Plans/Updates
- Diagnoses
- Discharge Summary
- Recommendations
- Assessments Evaluation Results
- Progress Summaries



- Appointment/Billing

Record

- Correspondence with others involved in your care

Please provide the name of your Primary Care Provider: _____

This Authorization shall expire one year after its effective date, unless revoked prior in writing.

I acknowledge that I am the parent or legal guardian of the above-named patient. I authorize the release of any medical information necessary to process my claim and payment of benefits.

KidzCare Telehealth Patient Consent Form

(including Care Management, Collaborative Care and Behavioral Health)

Pediatrics Disclosure and Consent:

- **Purpose** The purpose of this form is to obtain your consent to participate in a telehealth consultation in connection with the procedure(s) and/or service(s): pediatric ambulatory outpatient care
- **Overview** A Telehealth session consists of a real-time, interactive session between the patient and your KidzCare Pediatrics provider over a HIPAA-secure, live video feed. The patient will access the session through their own electronic device such as a smartphone, tablet, or computer from another location. Telehealth is not intended for appointments related to urgent medical conditions or medical emergencies. If you believe that you are experiencing a medical emergency, please call 911 or go to the nearest emergency room.

Nature of Telehealth consult During the telehealth consultation:

- Details of your medical history, examinations, x-rays, and test results will be discussed with other health professionals through the use of interactive video, audio, and telecommunication technology.
- A physical examination of you may take place.
- Medical telehealth appointments will be conducted by one of our licensed medical providers. A non-medical technician may be present in the telehealth studio to aid in the video transmission.



- Video, audio and/or photo recordings may be taken of you during the procedure(s) or service(s)

Medical information and records All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient- identifiable images or information for this telehealth interaction to researchers or other entities shall not occur without your consent.

Confidentiality Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth consultation, and all existing confidentiality protections under federal and state law apply to information disclosed during this telehealth consultation.

Rights You may withhold or withdraw consent to the telehealth consultation at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

Disputes You agree that any dispute arising from the telehealth consult will be resolved in the state the practice resides, and that state law shall apply to all disputes.

Risks, consequences and benefits You have been advised of all the potential risks, consequences and benefits of telehealth. Your health care practitioner has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telehealth consultation. All your questions have been answered, and you understand the written information provided above.

I agree to participate in a telehealth consultation for the procedure(s) described above
My acceptance of this consent confirms that I understand and accept all the information contained in the aforementioned statements.

Consent for Evaluation and Treatment

I certify that I am the parent or legal guardian of the above-named child, or otherwise have legal authority to consent to medical care on the child's behalf.

I voluntarily authorize the physicians, nurse practitioners, physician assistants, nurses, and other authorized healthcare professionals at KidzCare Pediatrics to evaluate, examine, diagnose, and provide medically appropriate treatment for my child.

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This authorization includes routine medical care, diagnostic testing, laboratory services, administration of medications, immunizations (when separately consented to if required), and other medically indicated procedures related to my child's care.

Acknowledgment

I understand that:

- The nature and purpose of my child's evaluation and treatment have been explained to me.
- I have had the opportunity to ask questions and have received satisfactory answers.
- No guarantee or assurance has been made regarding the results of treatment.

- I may withdraw my consent at any time, to the extent permitted by law, recognizing that doing so may affect my child's care.

Emergency Treatment

If an emergency develops during my child's care and immediate treatment is necessary to prevent serious harm, I authorize the healthcare providers to provide emergency medical treatment when delaying care to obtain additional consent is not reasonably possible.

Communication

I authorize healthcare providers to discuss my child's medical condition, treatment, and follow-up care with me or other individuals I have designated in accordance with applicable privacy laws.