



Sunnie Skiles, MD

Pediatric Health & Wellness
6815 Five Star Blvd. #100
Rocklin, California 95677

P 916-626-3060
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DISCHARGE POLICY

We reserve our right to discharge a patient from our clinic for any of the following:

- Non-payment of an account balance
- Abusive language or behavior directed toward staff, use of profanity
- Disruptive behavior that upsets other patients in the clinic
- Destructive behavior that damages clinic property or stealing clinic property
- Missing 2 or more appointments without 24 hours notification
- Blatant disregard of an advised plan of care
- Misuse or the suspicion of misuse of prescription medications
- Request to commit insurance fraud, forging clinic documents
- Habitual verbalization of dissatisfaction with our policies

Facts about HIPAA

The Health Information Portability & Accountability Act (HIPAA) is a group of FEDERAL regulations that all physician offices, hospitals, providers, etc. are required to meet after April 14, 2003. HIPAA requires us to provide copies of our Notice of Privacy Practices to each person/family seen at our office after April 14, 2003. Please refer to the Notice of Privacy Practices for detailed information about requirements and your rights to privacy.

HIPAA requires the completion of certain paperwork, including your signature that you have received a copy of the Notice of Privacy Practices.

HIPAA restricts the use and release of your medical information without a signed authorization.

HIPAA requires that authorization forms are completed & signed before any information can be released to third parties (schools, daycares, etc.) Therefore, we cannot fax or send school excuses, school/daycare forms or medication instructions to schools or daycares without a signed authorization form.

We may fax or mail information to the parent/guardian home or work. The parent/guardian would then be responsible for forwarding the information to the appropriate school or daycare.

HIPAA requires that any use or release of medical information only contain the minimum amount of information necessary for the required function.

HIPAA requires that we restrict access to patient areas of our office. Therefore, **we request that you remain in the exam rooms, and that you check with our front office staff before entering any patient area. Photography and video recording is not permitted while in our office.**

*****IMPORTANT NOTICE*****

In order to assure that our practice is in compliance with HIPAA Privacy Regulations, **Pediatric Health & Wellness does not transmit patient information via email or text message.** Texting is not considered a secure method of transmitting private health information. Some carriers may store the text messages for a time, meaning they could be read by someone else. Not everyone protects their phone in the event of loss or theft, leaving private health information potentially unprotected.

Email is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email once it has been sent. Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the physician or the patient. Email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients. We apologize for any inconvenience you may feel this causes.

Please sign below that you understand our policies.

Responsible Party Signature _____ **Relationship to Patient** _____

Date _____ **Patient Name** _____

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HEALTH FORM POLICIES

It is our goal to accommodate as many requests as possible, bearing in mind the following:

1. Blank forms will not be accepted. Forms will only be accepted for completion if the patient information has been completed, and signed by the parent.
2. **Turnaround time for form completion is usually fewer than 5 business days.** While every effort will be made to complete forms as quickly as possible, parents should realize that at certain times of the year we may receive dozens of health forms in one week, and remember that each of these has to be carefully reviewed by a physician before it is released. **Parents are strongly advised not to wait until the last moment to look at the paperwork they have received from the program their child is scheduled to attend.** _____

Initial here

3. **Forms will be held here for parents to pick up.** Due to HIPAA regulations, forms will be released to **parents only**. Federal law prohibits doctors' offices from faxing or mailing medical information to nonmedical facilities. We cannot be responsible for delays or losses in the mail.

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4. **Many forms require the information to be based on an examination completed within 12 months of the date the form is completed.** Additionally, no form will be completed for any patient who has not had a comprehensive well child checkup in our office in more than 12 months.
5. **Forms are completed on the basis of examinations conducted by physicians in this medical group.** Examinations performed by "checkup centers" will not be co-signed by your physician, nor will she complete any forms based in whole or in part on any information provided by such centers. Forms are completed based on information obtained by staff from your child's chart. All forms are reviewed by a physician for completeness and accuracy. In some cases, forms mandate that only the physician may complete them.

Please sign below that you understand our policies.

Responsible Party Signature _____ **Relationship to Patient** _____

Date _____ **Patient Name** _____