



Welcome to Garden Pediatrics!

Thank you for choosing Garden Pediatrics. We are so pleased that you entrusted the care of your child to us. Our name is derived from our fundamental belief that one of a pediatrician's prime responsibilities is not only to care for your kids when sick but also to help them grow strong and healthy. Being moms ourselves, we understand the joys and challenges involved in parenting. We want to help you enjoy the fun parts more fully and help make the tough parts more bearable.

The joys that come with parenting many times include review of their rapid growth and development. In what we call "well visits" (or "physicals" for the older child) we track the progress of what developmental milestones they have achieved and outline the plans and goals for the next well visit interval. At this visit we also track their weight and growth and make sure that they are physically developing as they should. Further, we care how you and your child are developing emotionally and relationally and can help with specific behavior issues or parenting struggles that you may be wrestling with. We follow the recommendations of the American Academy of Pediatrics for when visits should be and what these visits entail.

From personal experience we can say that some of the most heart wrenching times associated with parenting occur when your child is sick. We recognize that and want to be available to you to help make your child better and ease suffering whenever possible. Whenever possible, we will fit your child in to our schedule to be seen on the same day that you call. We provide a nurse triage company to help handle after hours calls from us and you will receive a follow up call from our office staff on the next business day after.

Please see the individual sections in this packet to understand best how our practice works. We are happy to meet you and looking forward to partnering with you as we help your child grow happy and well.

Sincerely,

Cameo Carter, MD, FAAP

Pediatrician and Owner

Garden Pediatrics Operations

Garden Pediatrics is a general pediatric practice with board certified pediatrician, Dr. Cameo Carter, MD, who is also a mom. Our board-certified pediatric nurse practitioners, NP Erin who is also a mom, and NP Odeli Burgueno are available to serve you. You can request one to be your primary pediatrician or pediatric nurse practitioner who you will see for your child's well visits and most sick visits. If your primary pediatrician is unavailable, you may have the option to see another pediatrician or PNP.

Appointment policy

Our entire team at Garden Pediatrics works hard to ensure a smooth visit experience for each of you. Our goal is for your child to be seen by their doctor or PNP at their scheduled appointment time. To do this, your arrival time should be at least 15 minutes prior to your appointment time. This allows us time for the check-in at the front, update information and collect any necessary co-pays. When an appointment is made by you, we reserved that spot for their care and if you arrive later than the check in time this may affect the provider's ability to see you or see you in a timely manner.

To make the check-in process smooth, please do the following with each appointment:

- Arrive 15 minutes prior to your appointment time if your visit is for one patient, 20 minutes prior to your appointment time for 2 children, and 30 minutes prior to your appointment time for 3 or more children
- Bring your insurance and identification cards to the window at check-in
- Insurance is verified the morning of the appointment date. If your insurance is disenrolled or there is a different PCP listed outside of Garden Pediatrics, the appointment will need to be canceled at that time, and you will be notified.
- If running late, call. We'll make every attempt we can to fit you in, but we may need to reschedule your appointment.

If you know in advance that you will be late, place call or text the front desk (909-792-8866) as soon as possible so that we can attempt to find another slot for you. If another time is not available on the same day we may need to offer an appointment on another day.

No-show fees and cancellation fees will apply to all visits, as applicable. A no-show fee is incurred where no notice is provided. Cancellations occurring **within** 24 hours of appointment time may also incur a no-show fee. The current no-show fee is \$100. All fees are subject to change without notice.

Patients with IEHP insurance make up to 30% of our patient panel. As charges are not allowed to this insurance, please note that families will be reassigned after two no-show appointments for any child, collectively, in that family. Three cancellations within less than 24 hours of appointment time will equal one no show appointment. Please review your member rights and responsibilities under section 22 in the IEHP member handbook, as it states that it is your responsibility to "make necessary appointments for routine and sick care and inform your doctor when you are unable to make a scheduled appointment."

Call

Our providers are back-up call to our nurse triage line. Please note that as of January 2022, there will be a charge to your insurance if the physician or PNP needs to contact you.

_____ Initials

Discrimination Policy

We believe that patients and parents/guardians have the right: to be treated considerately and respectfully regardless of the patient and/or family's race, religion, sex, sexual orientation, gender identity/expression, cultural background, economic status, education, or illness.

Food and Drink Policy

Please help us keep our office clean and tidy by only bringing snacks into the office that will not spill, placing all trash in the provided receptacles.

HIPAA

Our office is required by law to strictly adhere to all guidelines set forth in the Health Insurance Portability and Accountability Act of 1996. A copy of your rights and privacies is available at any time. Please inquire at the front desk, and a copy will be provided to you. Please direct any questions or concerns to management or your health care provider. We will address your questions or concerns in a timely manner, and to the best of our ability.

Mixed Family Environments

We have all different type of mixed family structures that we deliver care to. At times, communication can be challenging. In all cases, it is important that you clearly understand how care will be coordinated for your child as well as understanding what resources Garden Pediatrics makes available for you.

Garden Pediatrics recognizes we will never have the resources required to validate the changing environment of court orders and custody changes often occurring with separated parents. Instead, we focus our energy and resources on delivering the best possible care for your child. To provide that care, there are several scenarios that frequently arise, as follows:

Visit Information:

We often receive requests for information delivered during past visits when the other parent was present, for example, or about when the next visit is scheduled. This information and much more is available through our patient portal. Please visit our website for more information or contact us if you need assistance.

Disagreements Between Parents

It is the job of the doctors and nurse practitioners at Garden Pediatrics to take care of your child. We are concerned with their physical, mental, and emotional health. If we need to meet jointly with both parents, we respectfully ask that this concession is made. We are not trained to, nor do we have the resources to, mediate or be the messengers in communication. As stated above, all visits are available to both parents (with unique sign-ins) via our patient portal.

Providers will not call a parent after visits with the other parent to discuss the visit.

Additional Visits:

We often receive requests for multiple visit requests for the same type of visit to accommodate different parental needs. Garden Pediatrics will accommodate as many visit requests as we are able. However, please realize the most insurance carriers will only pay for one visit of a particular type. Therefore, additional visits will become the responsibility of the patient family and will be due at the time service is rendered if it is not covered by your insurance. To conserve your resources and ours, we recommend visiting the patient portal where critical care information can be found, such as patient handouts for the visit, visit Exit Notes, and upcoming appointment information.

Additional questions or concerns?

If you are uncertain or unclear about any of this information, please contact us at 909-792-8866 or email customer.service@gardenpediatrics.com. We will respond to your inquiry as soon as we are able.

_____ Initials

Newborns

We offer complementary pre-delivery office tours as you await your new baby. This complementary visit is with the practice manager. You are also invited to have a pre-delivery newborn consult visit with one of our providers for a \$50 non-refundable fee. This time is valuable to discuss how Garden Pediatrics operates, any concerns you may have, your medical history and a health care plan for your newborn.

If you wish, we offer circumcisions for infant males. This can be done in our office within one month of age and 10lbs weight. Some health plans do not cover this procedure but can be paid by you directly. We also provide laser frenulectomies (upper lip and tongue) which can be so helpful to a breastfeeding mom and baby when medically indicated.

The birth of a baby is an exciting time for everyone. It can also be a little scary, especially the first time. We are here to support you and your new child as you navigate this new adventure together.

Phones/Communication

Garden Pediatrics has a phone system to help direct you to the person you most want to talk to. Please listen to the options carefully and please leave a message if directed to a voicemail as they are answered in the order that they are received with us usually answering those calls within an hour. After office hours, you can reach our pediatric nurse line by following the prompts and leaving a message and you will be called back by a pediatric nurse with advice.

In addition to phone calls, you can also reach us by texting our main number or by emailing customer.service@gardenpediatrics.com. Ask about our new portal. You can register your child for this and access communication with your clinical team this way as well.

Photo and Video Policy

It is against company policy for any patient family to record (photo or video) any portion of the medical care of any visit.

Procedures

Besides circumcisions and frenulectomies, we also do sutures (aka "stiches"), dermabond, staples, incision & drainage, toenail removal, skin tag removal, nasal cauterization.

Vaccinations

The doctors and staff at Garden Pediatrics are strong advocates for vaccination. We believe that the opportunity to immunize our children is one of the greatest gifts science has given us. We also understand that it is the parent(s) right and responsibility to make medical decisions for their children. In that spirit, we want to be sure you feel encouraged to discuss your questions and concerns with us. If you would like to wait on vaccinations or vaccinate on a different schedule than recommended by the American Academy of Pediatrics (AAP), the Center for Disease Control (CDC), and the Advisory Committee for Immunization Practices (ACIP), we require that you schedule a visit with us first, prior to any other of your child's appointments so that we can discuss your child's plan of care, immunization, and scheduling. We cannot combine other visits with the first vaccination schedule discussion appointment. This visit usually takes approximately 20-30 minutes so please plan accordingly.

In accordance with State law, we do not grant vaccine deferrals or exemptions for personal or religious reasons. Further, any delay letters or exemptions for school require filing through CAIR-ME online and must meet strict medical guidelines for doing, which most people will not meet.

Garden Pediatrics Staff

Providers

Dr. Cameo Carter, MD

Owner and found of Garden Pediatrics, Dr. Carter is a board-certified pediatrician and mom who loves what she does.

Being the oldest of three siblings, Dr. Carter always felt comfortable with and enjoyed caring for kids. She graduated from college magna cum laude with an honors degree in Psychology and worked as a preschool teacher shortly thereafter. It was during this time she decided to go into medicine and fell in love with pediatric care.

Garden Pediatrics was a dream of Dr. Carter's since medical school. "Helping your child grow" is the motto she chose for Garden Pediatrics; a theme she incorporates not only through the decorating scheme but also in the approach she takes to pediatric practice, partnering with parents as they raise their kids. As an advocate for children's wellness and a person with energy and creativity, Dr. Carter takes a team approach to pediatric medicine. She encourages children to be involved in their own health care and health maintenance, as well as coaches and cheers on parents as they grow their kids.

Dr. Carter has three boys ranging in age from high school through college. As much as she loves her job as a pediatrician, she loves her mom-job the most. She's married to a talented musician and together they enjoy dreaming, working in the yard, travelling, exploring the outdoors, listening to music and spending time with their family and pets.

Erin Nolan, PNP

PNP Erin most recently worked as a registered nurse in the pediatric intensive care unit at John Muir Hospital before gaining advanced training at Duke University becoming a pediatric nurse practitioner. Erin has over nine years of pediatric nursing experience within critical care and acute care specialties. She is inspired everyday by the honesty, wisdom, silliness, strength, and vulnerability of the children she provides care for. She is passionate about providing holistic care and empowering patients to take ownership of their health. Her specialty interests include lifestyle medicine and integrative therapy. In her free time, she enjoys practicing yoga, hiking, traveling, and spending time with her 4-year-old daughter and fur baby.

Odeli Burgueno, PNP

PNP Odeli is originally from Denver, Colorado. Odeli's bedside nursing was done in the NICU and she is a graduate from Loma Linda University's doctorate of nurse practitioner program, becoming a certified pediatric nurse practitioner. Odeli has a warm heart and cares so much for everyone she works with and takes care of. Dedicating herself to being a lifelong learner, she is constantly seeking ways to improve her patient's care and outcomes. Odeli and her husband love their fur baby, to plan fun date nights and trips to exptic destinations, exercise, eat amazing food, volunteer at their church, visit friends and family, and host loved ones for movie/show nights or Bible study.

Administrative Staff

Miranda Felix, Practice Manager

Josie Rogers, Communications Manager

Rosa Saldana, Billing Liaison

Front office: Shyliah, Iman, Josie, Daniela, Caitlin, Brenda

Special projects, Public Relations: Jana Carter

Clinical Staff

Medical Assistants: Stephanie, Rosmine, Melissa, Zeanna, Paola, Savannah

Scribes: Jessica, Aicel, Justin

Infant and Young Child Well Visits

We follow the AAP guidelines for services we perform during WCC, but not all services may be covered by a particular insurance. It is the family's responsibility to what is covered by their insurance payer. Any uncovered service will be patient responsibility.

| | |
|-----------|---|
| Newborn: | Monitor weight, nutrition, jaundice, development, and hospital follow up. |
| 2 Week: | Monitor weight, nutrition, jaundice, development, anticipatory guidance |
| 1 Month: | Assess growth, development, nutrition, bonding, feeding, and overall health |
| 2 Month: | Assess growth, development, nutrition, overall health Vaccines – Vaxelis (DTaP, Inactivated Poliovirus, Haemophilus b Conjugate & Hepatitis B Vaccine), Prenvar (pneumococcal conjugate), Rotateq (rotavirus vaccination) |
| 4 Month: | Assess growth, development, nutrition, overall health Vaccines – Vaxelis (DTaP, Inactivated Poliovirus, Haemophilus b Conjugate & Hepatitis B Vaccine), Prenvar (pneumococcal conjugate), Rotateq (rotavirus vaccination) |
| 6 Month: | Assess growth, development, nutrition, overall health Vaccines – Vaxelis (DTaP, Inactivated Poliovirus, Haemophilus b Conjugate & Hepatitis B Vaccine), Prenvar (pneumococcal conjugate), Rotateq (rotavirus vaccination) |
| 9 Month: | Assess growth, formal developmental screening with ASQ, nutrition and overall health |
| 12 Month: | Assess growth, development, nutrition and overall health; SPOT vision testing Vaccines: MMR, Varicella, HepA#1, Prenvar Lab/Test: lead, hemoglobin (done in-house) |
| 15 Month: | Assess growth, development, nutrition and overall health Vaccines: DTaP, Polio, Haemophilus b) |
| 18 Month: | Assess growth, formal development screening with ASQ and M-CHAT, SPOT vision screening, nutrition, and overall health Vaccines – Hepatitis A #2 |
| 24 Month: | Assess growth, formal developmental screening with ASQ and M-CHAT, nutrition and overall health Lab/test: Lead |
| 30 Month: | Assess growth, formal developmental screening with ASQ, nutrition, overall health |
| 3 Year: | Assess growth, development, nutrition, SPOT vision test, and overall health Studies – Vision (SPOT) |
| 4 Year*: | Assess growth, development, nutrition, school preparedness, and overall health Vaccines – Quadracel (DTaP, Polio) and Quadracel (MMR, Varicella) Studies – Vision (SPOT), Hearing |

* This will encompass the visits ages 4-10 years

CPT Codes:

99174 Vision Spot

99173 Vision Screen

92551 Hearing Screen

83655 Lead

85018 Hgb

Tween and Young Adult Well Visits

We follow the AAP guidelines for services we perform during WCC, but not all services may be covered by a particular insurance. It is the family's responsibility to what is covered by their insurance payer. Any uncovered service will be patient responsibility.

- 11 year: Assess growth, development, nutrition, middle school transition
 Vaccines – Tdap, Meningitis, HPV series (two vaccines six months apart)
 Labs/Studies – Vision (SPOT), hearing, Pre-teen labs (CBC, CMP, TSH, FT4, Vitamin D, fasting lipid panel). Please do labs at least one week prior to 11yo well child check.
- 12 year*: Assess growth, development, nutrition, social/emotional development.
 Labs/studies – Vision (SPOT), hearing, pre-teen labs if not done already, depression screening

** done yearly through college age. Beginning in 9th grade, several minutes will be spent without parent present for confidential screening.*

CPT Codes:

99174 Vision Spot

99173 Vision Screen

92551 Hearing Screen

83655 Lead

85018 Hgb

Financial Policy

Our goal at Garden Pediatrics is to provide and maintain great physician-patient relationships. Letting you know in advance of our financial policies allows for a good flow of communication and ensures that we achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our front office team.

Fees for Service

We encourage all patients who have concerns about the cost of care to inquire about those costs in advance of service. Garden Pediatrics follows the American Academy of Pediatrics (AAP) guidelines for care provider to our patients. We will administer care according to those guidelines and patients may incur associated fees.

Time-of-Service Payment Discount Policy

We offer a courtesy Time-of-Service Payment Discount to those patients that may not have insurance coverage. We offer a 30% discount off our regular visit fees when you make payment at the time that services are given.

Please note: discounts apply to services only. Discounts are not applied to products such as vaccines, tests/labs, etc.

No show, Cancellation and Late Policies

Please arrive 15 minutes prior to the time you're scheduled to see your doctor or PNP. During this time we will check you in, collect any co-pays or co-insurances, update any registration information and prepare for your child's visit by taking vitals and measurements. Arriving on time prior to your appointment allows your doctor or PNP to see you at the scheduled time. If you no-show to an appointment, or don't reschedule prior to 24hrs before your appointment (which counts as a no-show), a \$100 no-show fee will be billed. If you have IEHP insurance, no-show fees are not chargeable, therefore this will count towards our two no-show policy for reassignment to another office. _____ Initials

For patients without an insurance plan or plans for which we are not in-network:

We are happy to supply you with the list of fees and estimated costs for preventative care based upon your child's age to help you better budget for your child's healthcare needs. We also offer a Garden Select Club as an option for those without insurance or have insurances we're not in network with.

For patients in networks in which we participate:

We are in-network with most PPO insurances. We also take a limited number of patients with IEHP patients.

Your contractual payment (co-pay, co-insurance, deductible) is due at the time of service. It is our policy and contractual obligation with your insurer to collect co-payments, co-insurance and deductibles at the time of service. Insurance carriers change their requirements and their participation regularly, so contact your carrier for the latest information about your program.

Please follow these steps to ensure proper processing of your insurance plan coverage:

1. On arrival, please check in at the front desk and present your current insurance card at every visit. You will be asked to sign and date the file copy of the card any time there is an insurance change. This is your verification of the correct insurance and consent to bill the insurer on your child's behalf. If the insurance company that you designate is incorrect, the insurance company to which the claim is submitted will be denied by them and you will be billed for those services. Most insurance companies have timely filing limits, and by the time a claim is denied, it may be too late to collect from the correct insurance company. Therefore, you will be responsible for payment even if your correct insurance company denied the claim.
2. If Garden Pediatrics is your primary care physician, please make sure that our name or phone number appears on your card (if applicable). If your insurance company has not been informed that we are your

primary care physician as of this date, you may be financially responsible for the visit because they will deny payment to us for services rendered if we are not the physician on file in their system.

3. According to your insurance plan, you are responsible for paying all co-payments, deductibles, and coinsurances, and we have a contractual obligation with your insurer to collect those payments. If we do not, we may be held liable for fraud.
4. We will submit to secondary insurance plans but please clearly inform us if more than one insurance and which one is primary. Further, you must inform us if there are multiple insurances.
5. Please make it a priority to understand your benefit plan, regardless of how complex it seems to be. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered, as we cannot track all of our patients' individual plans. If you are not sure what is required, we are happy to have you call your insurance company from our office and find out prior to services being rendered.
6. If you owe us a balance (except if there is a payment plan in place) we require that for scheduled appointments all prior balances must be paid prior to that visit. _____ Initials
7. Co-payments and co-insurance is always due at the time of service. A \$10 processing fee (or service fee) will be charged in addition to your co-payment if the co-payment is not paid at time of service or by the end of the next business day, as it costs us at least that much to bill you for it. _____ Initials
8. Once we receive your insurance plan's explanation of benefits (EOB, which your insurance sends you simultaneously), any balances due from you will be billed upon receipt of that explanation. **Your payment is due within 10 business days of your receipt of your bill.** _____ Initials
9. Account balances outstanding greater than 30 days will incur interest at 20% per month, billed monthly, until the balance reaches \$0. Garden Pediatrics uses external agencies who report to credit agencies, where required. _____ Initials
10. Banks charge us for returned checks and it costs us to reprocess your bill and follow up with you, so if any checks are returned for insufficient funds, we will need to charge you a \$25 fee **PLUS** any bank fees incurred. _____ Initials
11. Advance notice is needed for all non-emergent referrals, so please give us 3 to 5 business days to create a referral for you. While we will make every effort to refer you to a physician participating in your plan, it is your responsibility to know if that selected specialist participates in your plan. Please note that your plan may not cover referrals to out-of-network providers and therefore those charges may be billed directly to you. _____ Initials
12. Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a 'well' visit. Some insurances pay for one visit per calendar year in ages over three, while other require a year from the last well visit. For any services not covered, you will be responsible for payment at the time of visit. _____ Initials
13. Not all services provided by our office are covered by every plan. Any service determined as 'not covered' by your plan will be billed to your account, so please check with your insurer about any services that may be excluded in your policy. _____ Initials

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined herein.

Patient Name(s)

| | |
|---------------------------------|--------------|
| Responsible party member's name | Relationship |
|---------------------------------|--------------|

| | |
|--------------------------------------|------|
| Responsible party member's signature | Date |
|--------------------------------------|------|

Common Financial Questions

Combining a sick visit with preventive visit will likely generate two copays and charges.

This was taken from another pediatric office in (Utah Valley Pediatrics) and we think it explains this scenario well:

There is a misperception that one can get as many things seen as possible during a physical or well child visit. The best way to understand how this works is to compare seeing a doctor with getting your car fixed. We do not like the analogy, but there are similarities. Getting a tune up on your car is similar to a preventive visit. If your mechanic finds a problem, he or she will fix it for a charge above and beyond the tune up charge. It is the same for a physician. A preventive visit covers screening and assessments of your child's development. Addressing issues and concerns are not part of the preventive visit and are handled the same as a problem found with the car.

Follow-up visits

If your provider asks you to follow up after an initial visit, there will still be there a charge for that visit.

Unscheduled Siblings of Scheduled Patients.

Your doctor or PNP may or may not have time to see a child who is not scheduled to be seen. If the provider does have time, we will add your additional child to the schedule and they will receive a separate visit charge which will likely require an additional copay.

Communication Consent

I hereby give consent for Garden Pediatrics to use and disclose protected health information (PIH) about me to carry out Treatment, Payment and healthcare Operations (TPO). (Garden Pediatrics' Notice of Privacy Practices provides a more complete description of such uses and disclosures).

I have the right to review the Notice of Privacy Practices prior to signing this consent. Garden Pediatrics reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notices of Privacy Practices may be obtained by forwarding a written request to Garden Pediatrics' Privacy Officer at 101 E. Redlands Blvd Ste 106 Redlands, CA 92374.

With this consent, Garden Pediatrics may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my child's clinical care. Including laboratory results among others.

With this consent, Garden Pediatrics may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements if they are marked Personal and Confidential.

With this consent, Garden Pediatrics may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Garden Pediatrics restrict how it uses or discloses my child's PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Garden Pediatrics' use and disclosure of my child's PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Garden Pediatrics may decline to provide treatment to me.

Parent or legal guardian (print/sign)

Garden Pediatrics HIPAA Policy

Your information • Your rights • Our responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell designated family members about your diagnosis or condition
- Provide disaster relief
- Provide mental health care

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government request
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care team out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-base fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S Department of Health and Human Service Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share you information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in our care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you.

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization.

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatments and services.

Bill for your services.

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with produce recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Change to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new

notice will be available upon request, in our office, and on our website.

Other Additional Notes

- Effective date is the date of registration when this packet is received
- Privacy officer is our office manager, Miranda Felix, miranda.felix@gardenpediatrics.com
- Please note: we never market or sell personal information
- We will never share any substance abuse treatment records without your written permission
- Your child's medical information can be obtained from the portal. For access to the portal, please ask a front office member.
- This notice applies to Garden Pediatrics exclusively.

Patient Name (s):

Your Name (Please Print)

Relationship to the Patient

Signature

Date

Doctor & PNP Rights

We love what we do and dedicate countless hours and energy into caring for your children. To keep clear lines of communication with you, it's appropriate for us to state the expectations we have in the role that we play in your lives.

1. Physicians and nurse practitioners have a right to be treated with respect as professionals.
2. Physicians and nurse practitioners have a right to practice medicine in the best interest of the individual patient and not in the best interest of an employer, insurance company, or other third party.
3. Physicians and nurse practitioners have a right to practice medicine in a way that best evidence and experience suggests, as opposed to being forced to make decisions based on cost containment, third-party interests, or the demands of patients for particular medications, treatments tests, or referrals.
4. Physicians and nurse practitioners have a right to time away from their professional lives to spend with their own families and recharge from the intense work they do. There will always be another professional available in emergency situations when a physician or nurse practitioner is out of the office.
5. Physicians and nurse practitioners have the right to expect that their services will be promptly reimbursed and that they will be paid fair market value for their services.
6. Physicians and nurse practitioners have a right to terminate a relationship with any patient who's abusive (including yelling or threatening physicians, staff, or others), who fails to follow directions, who places the provider between the two parents in an acrimonious relationship, or who does not pay for/make arrangements to pay for services.

Appointment Policy

IEHP Patients

Garden Pediatrics works to ensure a smooth visit experience for each of our patient families. When you, you can expect a rapid check-in process, minimal wait times for an exam room, adequate time with your provider and an efficient checkout process. Performing this consistently for every patient, every time, is important to us. As needed, we will make adjustments to our policy to ensure we can achieve this goal to each of our families.

The appointment time we save for your child is held for them. Please arrive 15 minutes prior to your appointment time. If you are not here at that time, we may have to reschedule your appointment. This ensures you the best opportunity for you to be satisfied with the entire visit experience and for measurements, tests, and vitals to be done so that your child is ready to be seen at their appointment time.

To accomplish this experience, the appointment check-in process is critical and is as follows:

- Arrive 15 minutes prior to your appointment time if your visit is for one patient, 20 minutes prior to your appointment time for 2 children, and 30 minutes prior to your appointment time for 3 or more children
- **Bring your insurance card and ID card to the window when you check in**
- **If you're running late, call. We'll do everything we can to fit you in, but we may need to reschedule your appointment.**
- **Insurance is verified the morning of the appointment date. If your insurance is disenrolled or there is a different PCP listed outside of Garden Pediatrics, the appointment will need to be canceled at that time, and you will be notified.**

_____ Initials

If you know in advance that you will be late, please contact the front desk and we will attempt to reschedule you for the same day, when another appointment time is available. If another time is not available on the same day, the team will work to offer an appointment on a different day.

Please review your member rights and responsibilities under section 22 in the IEHP Member Handbook, as it states that it is your responsibility to "Make necessary appointments for routine and sick care, and inform your Doctor when you are unable to make a scheduled appointment." **Three cancellations within less than 24 hours of appointment time will equal one no show appointment.** Per our contract with IEHP, after **two no show appointments, family is reassigned.**

Please note, your scheduled appointment will not be confirmed on our schedule until the Phreesia registration/check in process has been completed.

Thank you in advance for your cooperation and for choosing Garden Pediatrics to serve your family.

Responsible party member's name (please print)

Relationship

Responsible party member's signature

Date

CAIR Record

Per California Immunization Registry law (Health and Safety Code, Section 120440), all patients/parents must be disclosed that California medical providers are authorized to submit patient vaccination records and tuberculosis (Tb) test results to CAIR for access by medical care providers and other authorized CAIR users.

By signing this form, I understand that my child/children will have this information uploaded to CAIR for access by medical care providers and I fully consent for the information to be accessible by medical care providers and other authorized CAIR users.

Please list the name(s) of child/children and dates of birth below:

Responsible party member's name *(please print)*

Relationship

Responsible party member's signature

Date

Garden Pediatrics Alternate Vaccine Schedule Position Statement

Garden Pediatrics advocates vaccinations. Our job is not only to take care of our patients when they are sick but also to help them grow up healthy and strong, teaching them to make wise decisions for their future as they develop.

Garden Pediatrics' physicians and nurse practitioners are all board certified, highly trained and awarded providers who adhere to and keep up to date with current standards of care¹ in pediatrics. It is our job to communicate what we know to our patient families and to make recommendations based on these guidelines. If we do not do that because a parent doesn't agree with said standards, we are not doing our jobs. What would happen, for example, if a parent communicated to us that that they would prefer not use antibiotics ever to treat their children and then, down the road, their child contracted a serious bacterial infection where there was a known cure? Would the pediatrician be justified in not recommending that life-saving antibiotic because they remembered that the parent did not like those medicines? Any reasonable person would answer resoundingly, no. It is the same with vaccinations. We know that it protects and prevents and saves lives. It is our job to educate and inform and recommend that children be protected from these diseases that don't have to harm them.

Immunizations are one of the greatest gifts science has given us and provided us with a great reduction in mortality and morbidity, allowing more children than ever to reach adulthood without the crippling effects left by vaccine-preventable illnesses should they contract and survive them. In our own practice we have parents of patients who demonstrate the repercussions of illnesses like polio (muscle atrophy, gait abnormality) and haemophilus influenzae (deafness) who suffered these diseases prior to the access or development of vaccines to prevent them.

While a debate still lingers in popular culture, there is no debate in science regarding the safety and the benefits of vaccinations. Vaccinations are the best thing we can do to prevent these serious life and quality-of-life threatening diseases. It has been proven repeatedly that vaccinations do not cause autism. Further, it has been demonstrated by the Centers for Disease Control (CDC) and American Academy of Pediatrics (AAP) that the recommended schedules of immunizations for our children are safe and pose no additional risk. In fact, in accordance with the recommended schedule we are better able to protect our children sooner and when they are more likely to get sicker. The schedule recommended by the CDC and AAP is the only one that has been tested scientifically; and not only has been proven safe, but also the most efficacious.

That being said, Garden Pediatrics does not discriminate against parents who are trying to do the best they can for their children but are nevertheless making the decision not to vaccinate them or to vaccinate them on their own schedules.

If a parent chooses not to vaccinate at all, or to vaccinate on a plan that is different than what is the standard of care in our field, we still need to do our job and vigilantly educate, inform, and recommend what is in the best interest of the child.

How do we accomplish this is?

- 1.) Any patient family who prefers not to vaccinate or vaccinate differently than the recommended schedule is required to have an initial vaccination consultation with their pediatrician or pediatric nurse practitioner. The purpose of this visit is to listen to each other. The provider would like to hear and understand the concerns of the parent. Further, the parent benefits questions answered, resources given and can be advised on the current scientific data and science behind immunizations.
- 2.) If parents refuse to vaccinate, or vaccinate on an alternate schedule, they will sign a refusal to vaccinate form that will be kept on file with the in-house yellow card (our hard copy that is like the parent's folded one that we keep in addition to our electronic records). This form will be updated at each visit where an immunization is recommended.
- 3.) If a parent decides to immunize on an alternate schedule, we can help the family determine a plan that helps meet their goals, as well as gets their child vaccinated. This discussion is ideally done at the vaccination consultation appointment. This does not constitute an official deferral or waiver.
- 4.) If vaccinating on an alternate schedule, all patients must have a visit with the doctor or pediatric nurse practitioner at those vaccine appointments to make sure that the spacing is appropriate and that the patient is in suitable health to receive their vaccines at that time.
- 5.) If a child is not vaccinated, or under-vaccinated, the parent must inform the person answering the phone when asking an illness related question or making an appointment of this information. Further, we ask them to remind the receptionist at time of check-in so that we can efficiently quarantine the child if a vaccine preventable illness is suspected.

The entire team at Garden Pediatrics feels called to do what we do. We are dedicated and we love partnering with parents and caring for our patients and their families.

Please sign below that you have read and understand our policy. By signing you are not agreeing to any specific vaccination plan, but by signing you are indicating that you can comply with how we are best able to care for your child and family.

Sincerely,

Cameo A. Carter, MD
Garden Pediatrics Team Pediatrician
Owner and Medical Director

Parent Name

Child's Name

Parent Signature

*Standard of care: 1. A diagnostic and treatment process that a clinician should follow for a certain type of patient, illness, or clinical circumstance.

2. In legal terms, the level at which the average, prudent provider in a given community would practice. It is how similarly qualified practitioners would have managed the patient's care under the same or similar circumstances. The medical malpractice plaintiff must establish the appropriate standard of care and demonstrate that the standard of care has been breached.

Vaccine Consult

Parent Acknowledgement

To best care for your child(ren), Garden Pediatrics must abide by California's state laws regarding vaccines. Please read the below statements and sign where indicated to acknowledge your understanding of our policies.

- Vaccine exemption: Can only be done if meets medical criteria. Must be done by MD only.
Acceptable medical criteria include:
 - Immunodeficiency due to known underlying disorder
 - Immunodeficiency due to treatment causing immunodeficiency (e.g. cancer)
 - Anaphylaxis history to vaccine component
 - Proven history of disease (e.g. chicken pox)
 - Please note: this requires that medical documentation of the disease as well as evidence of protection by lab documented titers. This must be uploaded to CAIRme.
- Vaccine delay letter: Must meet criteria above. Can only be done by MD.
 - On CAIRME, delay of vaccination requires the same criteria that exemptions do
 - Most schools require CAIRs and not simple letter stating delay or alternate vaccine schedule
- Modified or alternate vaccine schedule: must not going to daycare/preschool/school yet. MD or PNP can do with information discussed at vaccine consult.
 - If doing a modified schedule, the parent needs to stay on agreed upon schedule within a month. If they are unable to do so, another vaccine consult visit may be required.

Child(ren) name

Parent/Guardian Signature

Parent/Guardian name

Date