



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 comes 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.

Some of the joys that come with parenting include noting their rapid growth and development. In what is called "well visits" (or "physicals") we track the progress of what developmental milestones they have achieved and outline the plans and goals for the next well visit interval. On these visits, 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.

We know it's hard when your child is sick want to be available to you to help make your them better and ease suffering whenever possible. We do our best to fit your child into 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, ABP, FAAP, ABOM candidate

Pediatrician and Owner

Garden Pediatrics Outline

Services Provided

Garden Pediatrics provides quality health related services to children from birth through young adulthood. This includes well care, sick-care and minor procedures, and coordination of care.

Location

470 E Highland Ave, Redlands, CA 92373
909-792-8866 (office number and texting)
909-792-9395 (fax)

Website

www.gardenpediatrics.com

Normal Hours of Operation

Monday – Friday 8am-5pm

Mission Statement

Garden Pediatrics
Helping Your Child Grow

A distinctive, caring, up-to-date pediatric practice serving the Inland Empire region where the staff loves to work, and patients look forward to visiting.

Values

Distinctive

- Aesthetically appealing environment for children and their caregivers
- Compassionate, timely treatment when ill; with focus on education and prevention during well visits
- Small medical-group atmosphere

Caring

- Calls to certified pediatric nurses outside office hours
- Compassion at every visit

Up To Date

- Strong, experienced, knowledgeable board-certified clinical skills with state-of-the-art diagnostic equipment
- Electronic medical records and office management system

Serving

- Dedication to serve the child both as an individual and as part of a dynamic family and community relationship
- Place children and the family's needs as our top priority
- Community involvement through mother's groups, health fairs, and other venues

Garden Pediatrics Operations

Garden Pediatrics is a general pediatric practice with board certified pediatrician, Dr. Cameo Carter, MD and board-certified pediatric nurse practitioner, PNP's Erin Nolan, 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
- Pay your copay at time of visit
- If your insurance is not valid, it is necessary that you pay for your visit prior to being seen
- 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, 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 of \$100 is incurred where no notice is provided. Cancellations occurring **within** 1 business day of appointment time will also incur a \$100 fee. All fees are subject to change without notice.

If a credit card is used, a 3% surcharge will be added.

Please initial acknowledgement _____

Call

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

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 avoid food and drink unless no-spill top in our office to avoid mess and health issues for those with allergies.

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 privacy 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 pediatrician or nurse practitioner. We will address your questions or concerns promptly and to the best of our ability.

Mixed Family Environments

We have all different types 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 will not 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. 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.

Please initial acknowledgement _____

Newborns

We offer pre-delivery office tours as you await your new baby 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. It 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 for by you directly. We also provide laser frenectomies (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 or ideally reaching us through your child's portal via our website. You can register your child for this with the front office and access communication with the front office or 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 without express permission before doing so.

Procedures

Besides circumcisions and frenectomies, we also do sutures (aka "stiches"), dermabond ("skin glue"), 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), 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 founder of Garden Pediatrics, Dr. Carter is a board-certified pediatrician and mom of three who loves what she does.

Being the oldest of three siblings, Dr. Carter always felt comfortable with and enjoyed caring for children. She graduated from college magna cum laude with an honors degree in Psychology and worked as a preschool teacher shortly thereafter. 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" was 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, coaches and cheers on parents as they raise their kids.

Dr. Carter has raised three boys who are now young adults in 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, going to concerts and spending time with their family and pets.

Erin Nolan, PNP

Prior to joining Garden Pediatrics, PNP Erin 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. She has over nine years of pediatric nursing experience within critical care and acute care specialties. PNP Erin is inspired every day by the honesty, wisdom, silliness, strength, and vulnerability of the children she cares for and 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 daughter and fur baby.

Administrative Staff

Josie Rogers, Practice Manager

Paola Brito, Operations Manager

Daniela Sanchez, Clinical Administrative Assistant

Iman Rashed, Billing Liaison

Front office: Paola Brito

Clinical Staff

Medical Assistants: Melissa Ventura, Samantha Samaniego

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), Vaxneuvance (pneumococcal conjugate), Rotateq (rotavirus vaccination)
4 Month:	Assess growth, development, nutrition, overall health Vaccines – Vaxelis (DTaP, Inactivated Poliovirus, Haemophilus b Conjugate & Hepatitis B Vaccine), Vaxneuvance (pneumococcal conjugate), Rotateq (rotavirus vaccination)
6 Month:	Assess growth, development, nutrition, overall health Vaccines – Vaxelis (DTaP, Inactivated Poliovirus, Haemophilus b Conjugate & Hepatitis B Vaccine), Vaxneuvance (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, Vaxneuvance 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 ProQuad (MMR, Varicella) Studies – Vision (SPOT), Hearing
5-10 Years:	Assess growth, development, nutrition, academic, social and overall health Studies – Vision (SPOT), Hearing

Between the ages of 9-11 --> Pre-teen labs (CBC, CMP, TSH, FT4, Vitamin D, fasting lipid panel).

CPT Codes:

99174 Vision Spot

99173 Vision Screen (Snellen chart)

92551 Hearing Screen

83655 Lead

85018 Hemoglobin (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) if not done before.
- 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. Beginning in 9th grade, several minutes will be spent without parent present for confidential screening. At 18, we ask that the initial part of the visit is with the patient and parents can be brought in in the latter if half if requested by the patient.*

CPT Codes:

99174 Vision Spot

99173 Vision Screen (Snellen chart)

92551 Hearing Screen

83655 Lead

85018 Hemoglobin (Hgb)

Financial Policy

Our goal is to provide and maintain great physician-patient relationships. Letting you know in advance about our financial policies allows for a good flow of communication. 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.

Non-Covered Services

Any service determined as “not covered” by your insurance plan will be billed to your account. Patients are advised to check with their insurer about any services that may be excluded in their policy.

Examples of Non-Covered Services (Common examples include but are not limited to):

- Phlebotomy Services
- Sports Physicals
- Developmental assessments not tied to a medical diagnosis

Medical Necessity

Services denied due to lack of medical necessity may also be billed to the patient.

"Cash" Policy

If patients have no insurance or have an insurance that we are not in network to, we offer direct cash pay prices (can be check or credit card as well). Payments must be made at the time of visit.

We also offer a concierge service which has additional costs and benefits.

No Show, Cancellation and Late Policies

Please arrive 15 minutes before 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 one full business day before your appointment (which counts as a no-show), a \$100 no-show fee will be billed. If a credit card is used there will be a 3% surcharge added.

Please initial acknowledgement _____

For patients in networks in which we participate:

We are in-network with most PPO insurances.

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.

Please initial acknowledgement _____

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.

Please initial acknowledgement _____

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. **We will submit to secondary insurance plans but please clearly inform us if more than one insurance and which one is primary.** You must inform us if there are multiple insurances.

Please initial acknowledgement _____

4. 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. 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 the services being rendered. Patients may request a cost estimate or pre-authorization for services that may not be covered. This helps ensure transparency and informed decision making.

Please initial acknowledgement _____

5. 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.

Please initial acknowledgement _____

6. Co-payments and co-insurances are 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 the 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.

Please initial acknowledgement _____

7. 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.**

Please initial acknowledgement _____

8. Account balances outstanding greater than 30 days (about 4 and a half weeks) 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.

Please initial acknowledgement _____

9. Effective July 1, 2025: A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

Please initial acknowledgement _____

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.

Please initial acknowledgement _____

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. Your plan may not cover referrals to out-of-network providers, so those charges may be billed directly to you.

Please initial acknowledgement _____

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 others require a year from the last well visit. For any services not covered, you will be responsible for payment at the time of visit.

Please initial acknowledgement _____

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.

Please initial acknowledgement _____

14. Patient must sign a notice of non-covered service indicating their acceptance of financial responsibility. This protects both the patient and the practice from billing disputes.

Please initial acknowledgement _____

15. Payer Specific Considerations: Commercial payers in Southern California may allow billing for non-covered services if the patient is informed in advance and consents to the charges. Coverage and billing permissions vary by insurer and contract terms.

Please initial acknowledgement _____

16. If a credit card is used, a 3% surcharge will be applied.

Please initial acknowledgement _____

I have read and understand this office financial policy and agree to comply with 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 a preventive visit

At Garden Pediatrics, your child's **well visit** is designed to focus on **growth, development, preventive care, and healthy habits**. During these visits, we measure and track physical growth, review nutrition, sleep, school, and emotional well-being, and provide age-appropriate guidance and vaccines.

However, sometimes families come to a well visit with **extra concerns**, such as ongoing stomach pain, sleep struggles, ADHD or anxiety symptoms, or a new rash or illness. While we always want to address what's most important to you, these topics often go **beyond the scope of a well visit** and require additional time, evaluation, or documentation.

Think of it like taking your car in for a scheduled tune-up: the technician checks fluids, tires, and safety systems as part of the standard service. But if they also find that your brakes are squeaking or your check-engine light is on, those issues require a **separate repair**. They're just as important — but they take extra time, skill, and parts that aren't part of the tune-up package.

In the same way, if your child is **sick at the time of their well visit** or if significant new concerns arise, we may:

- **Schedule a follow-up appointment** for those issues, *or*
- **Bill for an additional "problem-focused" visit** at the same time, if time allows us to address both needs safely and thoroughly.

This approach ensures that:

- Your child receives the **complete attention and quality care** each concern deserves.
- The **documentation and coding** are accurate and compliant with insurance requirements.
- You understand what is covered under **preventive care** versus what falls under **diagnostic or treatment care**.

We appreciate your understanding. Our goal is to make sure every concern gets the time, thought, and care it needs.

Follow-up visits

Each visit is billed to insurance companies. There are not global payments in general pediatrics like there is in some surgical fields.

Unscheduled Siblings of Scheduled Patients

We understand that when one child is being seen, it can be tempting to ask about a concern for a sibling while you're already here. However, your doctor or pediatric nurse practitioner has specific time allotted for each scheduled patient to ensure every child receives thoughtful, individualized care.

If your provider has the time to safely and appropriately see another child, we're happy to accommodate when possible. In that case, we will **add your additional child to the schedule** so that the visit can be **properly documented** in their medical record, and the care provided can be **accurately billed**.

Each child's visit represents not only the time spent together but also the professional expertise, assessment, and documentation that follow. This ensures that every child's health information is complete and that our team's time and training are valued appropriately.

Please note that an additional visit charge and copay will apply.

Coding for time

We believe in transparency and fairness in how visits are billed. Medical billing codes are standardized across the healthcare industry and are designed to reflect the **time, complexity, and expertise** involved in caring for your child.

For **non-wellness visits** (such as visits for illness, behavioral concerns, chronic conditions, or follow-ups), we use standard codes based on either:

- **Medical complexity** — the type and number of problems addressed, data reviewed, and level of risk involved in decision-making, **or**
- **Time spent** — the total time your provider dedicates to your child's care on the day of the visit.

Time-based coding includes **more than just the minutes spent in the exam room**. It also accounts for everything your provider does in direct connection with your visit during that same 24-hour period, such as:

- Reviewing your child's chart and prior records
- Coordinating care with specialists or therapists
- Reviewing lab or imaging results
- Writing notes and documenting the visit
- Sending prescriptions, referrals, or school forms
- Communicating through the patient portal about the same issue

Because these activities are all part of providing comprehensive and safe care, they are included in the total visit time.

When a visit exceeds **54 minutes**, we use **CPT code 99417**, which applies for each additional 15-minute increment beyond that time. This ensures that our billing accurately reflects the **time and depth of care** we provide, in alignment with national medical coding standards.

Our goal is always to provide transparent, high-quality care — and to ensure that the time and expertise your child receives are properly recognized and recorded.

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 before signing this consent. Garden Pediatrics reserves the right to revise its Notice of Privacy Practices at any time. A revised Notices of Privacy Practices may be obtained by forwarding a written request to Garden Pediatrics' Privacy Officer at 470 E. Highland Avenue, Redlands, CA 92373.

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 explains how we may use and disclose your protected health information (PHI), what rights you have, and our responsibilities in protecting it. Please read it carefully.

1) Your Rights

You have the right to:

- **Access** your paper or electronic medical record.
- **Request an amendment** if you believe your record is incomplete or incorrect.
- **Request confidential communications** (e.g., different phone number/address).
- **Request restrictions** on how we use/share your PHI for treatment, payment, or operations.
- **Receive an accounting of disclosures** (certain non-routine disclosures) for up to six years prior to your request.
- **Receive a paper copy** of this Notice at any time.
- **Designate a personal representative** (e.g., medical power of attorney) to act for you.
- **File a complaint** without fear of retaliation if you believe your privacy rights were violated.

If you pay for a service **out of pocket in full**, you may ask us **not to share** that service's information with your health plan for payment or operations; we will honor this unless sharing is required by law.

2) Your Choices

In certain situations, you may tell us **how** we share information:

- With family, close friends, or others involved in your care.
- For disaster relief or when you are unable to express preferences.

If you are unable to state your preference (e.g., unconscious), we may share information if we believe it is in your best interest. We may also share information as needed to lessen a **serious and imminent threat** to health or safety.

We will not use or disclose your PHI for the following **without your written authorization**:

- Marketing
- Sale of PHI
- Most uses/disclosures of psychotherapy notes

Fundraising: We may contact you; you can opt out of further contacts.

3) How We Use & Disclose Your Information

We may use/share your PHI to:

Treatment – Coordinate and manage your care with other providers.

Payment – Bill and receive payment from you or your health plan.

Health Care Operations – Run our practice, improve quality, and contact you when necessary.

Other permitted uses/disclosures (as allowed or required by law):

- Public health activities (e.g., reporting disease, adverse events, product recalls, abuse/neglect).
- Health oversight activities and audits.
- Law enforcement or other government requests.
- To medical examiners/funeral directors.
- Workers' compensation, military, and national security purposes.
- To avert a serious and imminent threat.
- In response to a court order, subpoena, or other lawful process.
- Compliance reviews by the U.S. Department of Health & Human Services.

Other uses/disclosures not listed here will occur **only with your written authorization**. You may revoke an authorization at any time in writing.

4) Our Responsibilities

We are required to:

- Maintain the **privacy and security** of your PHI.
- Provide you with this **Notice** of our privacy practices.
- **Follow** the terms of the Notice currently in effect.
- **Notify you promptly** if a breach occurs that may have compromised your PHI.
- Not use/share your information other than as described here unless you provide written permission.

5) Changes to this Notice

We may change this Notice at any time. Changes apply to all PHI we maintain. The current Notice will be available in our office and on our website; you may request a copy at any time.

6) Complaints & Contact Information

If you believe your privacy rights have been violated, you may file a complaint:

- **Garden Pediatrics Privacy Officer**
Practice Manager **Josie Rogers**
Email: Josie.rogers@gardenpediatrics.com
- **U.S. Department of Health & Human Services, Office for Civil Rights**
Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>
(You will not be retaliated against for filing a complaint.)

7) Additional Notes

- This Notice applies to **Garden Pediatrics** only.
- We **do not sell** your personal health information.
- We will **not** share substance use disorder treatment records without your written permission, except as permitted by law.
- Parents/legal guardians generally may access a child's records subject to state law and professional judgment.
- You can access your/your child's health information via our **patient portal**; ask our front office for details.

Patient Name (s):

Your Name (Print/Signature)

Relationship to the Patient

Date

Doctor & PNP Rights

We love what we do and dedicate countless hours and energy to caring for your children. We view our relationship with families as a partnership built on trust, mutual respect, and shared goals for your child's health. To maintain that trust and ensure clear communication, it's important to outline the expectations we have in the role we play in your family's care.

1. **Respect and Professionalism**

Physicians and nurse practitioners have the right to be treated with courtesy and respect as professionals, just as we are committed to treating every patient and family with the same.

2. **Independent Medical Judgment**

We have the right to practice medicine in the best interest of each individual patient — not in the interest of an employer, insurance company, or other third party.

3. **Evidence-Based Care**

We have the right to make recommendations based on our training, clinical experience, and the best available medical evidence. We cannot and will not prescribe medications, order tests, or make referrals that are not medically indicated or appropriate.

4. **Personal Time and Boundaries**

We have the right to personal and family time to rest and recharge. When we are away from the office, another qualified professional will always be available for urgent needs.

5. **Fair Compensation**

We have the right to expect prompt and fair payment for our services, reflective of the professional expertise and time dedicated to each patient's care.

6. **Safe and Respectful Work Environment**

We have the right to a safe, respectful workplace free from verbal abuse, threats, intimidation, or coercion toward any member of our team.

- **Abusive behavior**, including yelling, aggressive demands, or disrespect toward physicians, nurse practitioners, or staff, will not be tolerated.
- Requests that violate professional boundaries (such as demanding personal phone calls or communications outside of established channels) will not be honored.
- We reserve the right to terminate a provider-patient relationship in situations involving abuse, repeated non-adherence to medical recommendations, placing a provider between two parents in conflict, or failure to pay for services.

Appointment Policy

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 adjust our policy to ensure we can achieve this goal for each of our families.

The appointment time we save for your child is held for them. Please arrive at least 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**
- **Be ready to pay your copay at the time of visit. If your insurance is not valid, you must pay for your visit outright before being seen.**
- **If you're running late, call. We'll do everything we can to fit you in, but we may need to reschedule your appointment.**

Please initial acknowledgement _____

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.

No-show fees and cancellation fees will apply to all visits, as applicable. A no-show fee is incurred where no notice is provided for not being able to arrive at an appointment and/or patient families arrive without correct insurance information. Cancellations occurring within 1 business day of appointment time will incur a cancellation fee. The current no-show fee is \$100 and current cancellation fee for cancellations within 1 business day is \$100. All fees are subject to change without notice. A credit card will be collected at time of scheduling initial appointments to hold on file for the instance that no-show fees or cancellation fees need to be charged. If a debit or HSA card are used there is no surcharge added. Credits cards will incur a 3% surcharge.

Please initial acknowledgement _____

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

Responsible party member's name (printed / 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 (sign/signature)

Date

Garden Pediatrics Alternate Vaccine Schedule Position Statement

At Garden Pediatrics, we believe that protecting children through vaccination is one of the most important and effective responsibilities we have as pediatric health professionals. Our role is not only to care for your child when they are sick, but also to keep them healthy — and to guide families in making informed, evidence-based decisions for their child’s future well-being.

Our physicians and nurse practitioners are all **board-certified, highly trained, and continually educated** on current medical standards of care*. It is our duty to share accurate, evidence-based information and to recommend what has been proven safest and most effective for children.

If we were to withhold those recommendations simply because a parent disagrees, we would not be fulfilling our professional or ethical responsibility. For example, if a parent preferred to avoid antibiotics entirely, we would still recommend a life-saving antibiotic for a child with a serious bacterial infection. The same is true for vaccinations. We know — beyond question — that vaccines protect, prevent, and save lives.

Immunizations are among the **greatest achievements in medical science**, dramatically reducing childhood deaths and disabilities from diseases that once devastated families and communities. Even within our own practice, we care for parents who live with lasting complications from vaccine-preventable illnesses such as polio (muscle atrophy, gait abnormalities) and *Haemophilus influenzae* (deafness) — diseases that are now nearly eradicated because of vaccination.

While public debate continues in popular culture, **there is no debate in scientific medicine** about the safety and efficacy of vaccines. **Countless peer-reviewed studies** across decades and countries confirm that vaccines do not cause autism and that the recommended schedule provides the best balance of protection and safety.

Our recommended vaccine schedule reflects both the scientific data on immune protection and the **realities of the U.S. healthcare system**. In some regions of the world, such as parts of Europe or India, vaccines may be given at different intervals — earlier or later — based on how healthcare is accessed and what diseases are most prevalent. The schedule we follow is designed to protect children **as early and as effectively as possible** within our nation’s healthcare structure, where not all children have equal access to consistent medical care.

We believe vaccination on the standard U.S. schedule offers the best and safest protection for children in our community.

Our Approach for Families Requesting Alternate Vaccine Schedules

We understand that some parents have questions or wish to proceed more gradually. We never discriminate against families who are trying to make the best decisions for their children, but we remain committed to educating, informing, and recommending what we know to be in the child’s best interest.

To ensure informed care and proper documentation, Garden Pediatrics follows these procedures for families considering an alternate or delayed schedule:

1. Vaccine Consultation Appointment

Families wishing to delay or modify vaccines must first schedule a dedicated consultation with their pediatrician or pediatric nurse practitioner. This visit provides time to listen to your concerns, answer questions, and review current scientific evidence and data about vaccines.

2. **Refusal to Vaccinate Form**

If a parent refuses a recommended vaccine or chooses an alternate schedule, a refusal form will be signed and kept in both the child’s chart and our in-house vaccine record (“yellow card”). This will be updated at each visit where an immunization is recommended.

3. **Planning an Alternate Schedule**

For families requesting an alternate schedule, we will work together to design a plan that meets your comfort level while prioritizing your child’s timely protection. This discussion is part of the vaccine consultation visit and does not constitute an official waiver or exemption.

4. **Provider Visit for Each Vaccine Appointment**

Each time a vaccine is given on an alternate schedule, the child must have a visit with the provider to ensure that spacing is appropriate and that the child is healthy enough to receive immunizations that day.

5. **Illness Appointments for Under-Vaccinated Children**

If your child is unvaccinated or under-vaccinated, please inform our staff when calling for a sick visit and again at check-in. This helps us take extra precautions to protect all patients and efficiently manage any possible exposure to vaccine-preventable illnesses.

We feel deeply called to this work. Every member of the Garden Pediatrics team is dedicated to caring for children and supporting parents with honesty, compassion, and respect.

Please sign below to indicate that you have read and understand our vaccine policy.

By signing, you are not agreeing to any particular vaccine schedule, but you acknowledge and agree to comply with the process that allows us to provide safe, informed, and responsible care for your child.

Sincerely,

Cameo A. Carter, MD, FAAP
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:
 - o Immunodeficiency due to known underlying disorder
 - o Immunodeficiency due to treatment causing immunodeficiency (e.g. cancer)
 - o Anaphylaxis history to vaccine component
 - o 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.
 - o On CAIRME, delay of vaccination requires the same criteria that exemptions do
 - o 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.
 - o 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 Name (Printed/Signature)

Date