

Practice Policies and Procedures

(Effective January 1, 2021)

Thank you for choosing Bloom Pediatrics as your child's health care provider. The following is a copy of our practice policies and procedures. Patient care is not permitted without the written consent of receipt and acknowledgement of the understanding of this policy.

Patient Privacy:

Bloom Pediatrics providers and staff are governed by and comply with the federal Health Insurance Portability and Accountability Act (HIPPA). We are required to abide by the terms of our office Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time. A copy of our current HIPPA statement is available upon request. Patients age 18 and older are required to sign a waiver authorizing parental access to their account. Parents of patients over the age of 18 will not be permitted to access any medical or billing information without written consent of patient.

Late Arrivals:

Appointment arrivals 20 minutes or greater than the scheduled appointment time may result in the need to reschedule the appointment.

Records Requests:

Should you wish to obtain a copy of your medical records you must complete the authorization to release records form, which can be obtained by calling the office. This form needs to be completed in its entirety in order to process the request. Records will be mailed to the assigned account holder or available for pick up at the office within five business days of the request and receipt of the signed records release and payment of \$15. All outstanding balances must be paid before records are transferred.

Referrals:

Some insurances may require a referral to be completed by our office in order to see a specialist. Please refer to the list of recommended specialists given to you during your visit. If you did not receive a list, one can be requested by calling the office. Once you have scheduled the specialist appointment, please call Bloom Pediatrics with the date, time and name of the specialist with whom you have an upcoming appointment, and your referral will be completed within 3 business days.

Divorce:

In the case of divorce or separation, the parent authorizing treatment for the child/children, i.e., the parent or HIPPA authorized adult present for the appointment will be the person responsible for the subsequent charges. Should the divorce decree designate a particular parent as payor for all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the responsible party and not the responsibility of Bloom Pediatrics.

Family Dismissal:

Bloom Pediatrics reserves the right to terminate the patient/practice relationship at any time due if violation of the aforementioned policies occurs.

If you have any questions regarding the conditions and terms outlined in this document, please call our office at 248-645-1740 and request to speak with a manager.

Review and consent of this policy is required prior to services rendered after January 1, 2021

Patient's First Name _____ Last _____ Birth Date ____/____/____

My initials above and signature below certifies that have read and consent to the outlined policies and procedures.

Signature of parent/guardian

Printed name of parent/guardian

____/____/____
Date