**NORTHWEST PEDIATRIC CENTER - PATIENT POLICY**

**OUTPATIENT BEHAVIORAL HEALTH TREATMENT FOR MINORS**

Per **RCW 71.34.530**, minors may receive outpatient mental health treatment if they are 13 years of age or older without consent of a parent or guardian; the parents will not be notified without minor consent. Parental authorization, or authorization from a person who may consent on behalf of the minor pursuant to **RCW7.70.065**, is required for outpatient treatment of a minor under the age of thirteen. A parent or legal guardian must attend the initial intake assessment with the minor under the age of thirteen.

**PARENTING PLANS**

Northwest Pediatric Center maintains a strict focus on the child’s care. If you have a parenting plan in place, NWPC requires a copy of the parenting plan for the patient’s medical record. We cannot legally interrupt a parenting plan. The parenting plan should clearly outline each parent’s responsibilities and decision-making rights. If we do not have legal documentation stating otherwise, both parents have the right to access the child’s medical record and have the right to seek medical treatment for their child. NWPC will not be involved in parenting plan disagreements, disputes, legal matters and will not serve as a mediator. Decisions regarding who accompanies the child to appointments, urgent and nonurgent, including notifying the other parent of the visits, are outside the scope of our medical office and are the responsibility of the child’s legal guardian. NWPC primary objective will always be to ensure the child’s well-being and to provide pediatric medical and mental health care without being governed by parenting plans or disputed custody matters.

**MOTOR VEHICLE ACCIDENTS**

We are not able to bill motor vehicle insurance. If we are contracted with your health insurance, we are required to bill them. If we are not contracted with your health insurance you will be required to pay for your visit and seek reimbursement from them directly.

**PATIENT PRESENTING WITHOUT PARENTS**

We require a signed consent form by a parent or legal guardian to legally provide medical care to any child who is seen by one of our providers when the parent or legal guardian cannot be present the “Consent – For Treatment of Unaccompanied Minor” form is available for patients 16 years and older. If a friend, relative or daycare provider brings your child to our clinic for care they must provide a signed consent, or use our Authorized Adult form, bring all required insurance information, payment for any co-pay or charges due, and a phone number where a parent can be reached. Consents can be emailed to our office or provided verbally over the phone. This section does not apply to the outpatient mental health services which have their own consent laws. See above Outpatient Mental Health Treatment for Minors.

**SUPERVISION OF CHILDREN**

We have made an effort to create an office that appeals to children. For safety reasons we depend on the parent to properly supervise their children at all times. Please do not allow excessively loud or aggressive play. Under no circumstances should a child be left unattended in the waiting area or exam rooms. Standing on the chairs is not permitted. Please do not tap on the fish tank or place any objects in it.

**COURTESY**

If you have a complaint or suggestion of our office, please ask to speak to the Practice Administrator. Treating our staff and physicians with respect is required. Rude behaviors in person or through written, verbal, or electronic communication, including but not limited to profanity, harassment, offensive or intimidating statements or gestures and threats of violence are not tolerated and could result in immediate dismissal from our practice. Please be courteous with the use of cell phones and other electronic devices. We respectfully ask that you put away your devices while interacting with the staff, nurses and providers.

**WAITING PERIODS**

Due to the risk of an anaphylactic reaction, a waiting period of 30 minutes is required for any patient receiving any allergy shot or certain medication injections within our office. This waiting period is for your child’s safety. The parent must be with the child at all times. The child cannot leave the office during the waiting period. The parent must immediately alert our staff if the child’s condition changes in any way during the waiting period. Before leaving, the child must be checked by the nurse at the end of the waiting period.

**MEDICAL RECORDS**

All patients’ medical records are strictly confidential. A medical release form, signed by the patient/parent is required for copies of medical records to be released. The immunization record and growth chart are provided at no charge. The current fee for record copying is $1.24 per page for the first 30 pages, $.94 per page over 31 pages. $28.00 for search and handling charge. Payment in advance and 15 business days’ notice is required.

**PRESCRIPTION REFILLS**

We ask that you call your pharmacy for regular prescription refills. For controlled substances please call and request a refill before you are low. Please allow 72 business hours to complete the request. We do not refill prescriptions on the weekends and holidays.

**SCHEDULING APPOINTMENTS**

Please communicate all issues that you wish t discuss with the provider at the time your appointment is scheduled so the appropriate amount of time can be allotted. If you do not do this in advance, another visit may be necessary so that the provider can give all their patients the time and quality of care they deserve. Please arrive 15 minutes early for your appointment. We strive to provide the best medical care for our patients. While we make every effort to provide prompt on-time service, the health care needs of children often do not lend themselves to an exact schedule. Delays happen. We appreciate your understanding and patience

**FAILURE TO KEEP AN APPOINTMENT AND CANCELLATIONS**

If you are unable to keep a scheduled appointment, please let us know at least 24 hours in advance. Families who cancel their scheduled appointment with less than 24-hour notice will be marked as a **No Show**. Our policy is that 3 No Shows in a one-year period will result in dismissal. Arriving after your appointment time may result in rescheduling.

**I agree to Northwest Pediatric Center’s “Patient Policies” and will make every effort to follow the guidelines above:**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**