

WELCOME TO PEDIATRIC CARE OF YORK

York • Shrewsbury Offices

INFORMATION AND CONSENT TO TREATMENT FORM

PLEASE READ THIS FORM CAREFULLY

Patient Name & DOB: _____

Thank you for selecting us to provide your child's health care. We at Pediatric Care of York are devoted to taking care of children and committed to keeping them healthy. To familiarize you with some of our more common practice policies we ask you review the following information and give us permission to provide your child's health care when he/she comes to our medical offices. If you have further questions, our practice administrator will be happy to discuss them with you.

▶ **Medical Records Release and Confidentiality** - Any oral, written, or other transmission of information that is written in the record of a patient, identifies or can readily be associated with the identity of a patient, and relates to the health care is a "Medical Record." The information in the record belongs to the patient; the record belongs to and will remain with the medical office. Our office maintains strict confidentiality of your child's medical records. Other than certain situations required by law, we require your authorization to release the medical information regarding your child. To release a child's medical information we must have our Release of Medical Information form or another properly worded release form signed by the parent or legal guardian. We charge for copying the medical record. Due to federal HIPAA rules we will no longer fax medical information to schools, daycare centers, or places of employment.

▶ **Transferring to Another Physician Practice** - It is certainly acceptable for you to change your child's health care provider when you feel it necessary. Please understand that it is our policy when parents do transfer their child's health care to another physician, and then decide to transfer back to Pediatric Care of York, it's not an automatic process; the patient's record and account is usually reviewed prior to accepting transferred patients back into the practice. Normally, this is not applicable in cases where patients transfer from the practice and return to the area because of a work related nature.

▶ **Hospital Privileges** - Our physicians have full privileges at York Hospital. When your child needs hospitalization, they will normally be sent to York Hospital. At York Hospital, our physicians can continue to see and treat your child. When your insurance policy requires you to go to another hospital, our physicians will not be able to continue caring for your child during that hospitalization. Please understand if your child is admitted to York Hospital contrary to your insurance policy you could be responsible for a portion of the bill.

▶ **Pre-Authorization for Specialty Services (HMO/PPO Patients)** - If our doctors are sending your child to a specialist and your insurance requires a referral, please be sure to notify our office before your appointment. Normally our referrals are processed within 48 hours, sooner for more emergent cases. If you cannot give us 48 hours notice, please call this office at (717) 741-9063 and inform us of the referral information prior to your appointment. If you see a specialist without a referral, you may be financially responsible for those services.

Authorization and Consent for Treatment

In order to treat a child we need the parent or guardian's permission. ***"As parent or legal guardian of this child I hereby give consent, even if I am not present when the child is brought to this medical office, for [his/her] examination, treatment, immunizations, and procedures which may be performed during the office visits."***

I voluntarily give my consent to have my child treated by the Pediatric Care of York medical group. Further, I have read or been made aware of the above information.

Print Name _____ Signed & Date _____