The Kidz Docs

Pediatric & Adolescent Medicine

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WAIVER/CONSENT FORM

Initial Here

PREVENTIVE VISIT vs. PROBLEM-ORIENTED VISIT

During your child's well visit, problem-oriented issues may be addressed that require evaluation and/or management (ex. behavior concerns, ear infection, etc.). We strive to address such problem-oriented issues at the same office appointment and do so for the convenience of families not having to return to the clinic for another appointment. In compliance with insurance company billing policies, this prompts charges for both categories. I acknowledge that during my well visit, there may be a problem-oriented service performed in addition to the wellness service. As a result, I understand there may be two separate charges submitted to my insurance company and that, when applicable, a co-pay/deductible/co-insurance may be required. Alternatively, I understand I may choose to return for a separate visit to address problem-oriented issues, at which time, my co-pay/deductible would still apply.

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TELEHEALTH VISIT

For your convenience, The Kidz Docs is offering telehealth visits to treat certain medical conditions. I understand that this visit will not be the same as an in-person visit and there are potential risks, including technical difficulties, interruptions and unauthorized access. At any time, I recognize that my healthcare provider or I can discontinue the visit. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation. A limited physical examination may be conducted during the videoconference. I understand that billing will occur from my practitioner and will be submitted to my health insurance company. I will be held responsible for any copay and/or deductible associated with my insurance plan.

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E-MAIL/VOICEMAIL CONSENT

The Kidz Docs provides families with the ability to email forms and photographs to our office for review and completion. We may also email families with letters, specialist lists, or completed forms. It is possible that email can be retrieved and read by persons outside the office. We have taken responsible precautions to prevent this from happening within our systems. We also recommend that you use methods to secure email transmissions from your home or office. It is important to understand that email can be intercepted, altered, forwarded, or used without authorization or detection and can be used to introduce viruses into computer systems. The Kidz Docs staff can also leave voicemail messages about lab results to facilitate timely communication.

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By signing this form, I acknowledge that I have read and understand the risks of email communication including potential breach of security and confidentiality. I have been provided an opportunity to ask questions and I consent to the use of email communication. Lab results may be left on any listed phone/voice mail account.
I have read this document carefully, had my questions explained to me, and consent to each section.

NAME OF PATIENT: _____ DATE: _____

PARENT/GAURDIAN SIGNATURE: _____