



Serenity Pediatrics

71 E. Long Lake Rd. Bloomfield Hills, MI 48304

Patient Rights and Responsibilities

Mission Statement

At Serenity Pediatrics, our medical providers and staff work as a team so that we can ensure the delivery of optimal, safe, and quality healthcare for our patients. Our staff is composed of an experienced group of pediatric physicians, nurse practitioners, registered nurses, certified medical assistants, and other specialty staff. Our collaborative approach utilizing our comprehensive medical team enables us to provide efficient care while maintaining high quality standards and ensuring both the physical and emotional health and well-being of our patients and families.

Our team considers it a great joy and responsibility to care for children. We are all parents ourselves, so we strive to be understanding and available to the families we are privileged to serve. Your child's health is as important to us as it is to you. We look forward to providing you with the excellent medical care that your child deserves.

Serenity Pediatrics Medical Policy

By selecting Serenity Pediatrics as your Primary Care Provider (PCP), you are entrusting us to provide high quality, compassionate, and evidence-based care to your child. Whether your child is being seen for routine preventative health maintenance or for the treatment of minor, acute illnesses, our providers practice according to the American Academy of Pediatrics (AAP) & Centers for Disease Control & Prevention (CDC) guidelines and clinical practice standards for pediatric care. Our providers will use clinical judgment and practice guidelines to make treatment recommendations if warranted including referral to specialists, ordering diagnostic imaging including x-rays and ultrasounds, prescribing medications, ordering laboratory testing, therapy referrals, or generating admission to local hospitals or emergency departments if needed.

Our providers may prescribe medications, order laboratory testing, order diagnostic imaging, or recommend admission to a local emergency department or hospital as determined based on the patient's presentation and/or physical exam, with the utilization of their clinical judgment. The parent or legal guardian has the right to disagree with our providers' medical determinations. However, if a Serenity Pediatrics staff member or provider deems that an additional higher level of care is needed in any way for the safety and proper medical treatment of the patient and the child is perceived to be at risk based on this determination, we do have the responsibility to contact the proper authorities to escalate this concern. Serenity Pediatrics does reserve the right to have the parent or legal guardian sign a declination form stating the refusal of medical recommendations releasing Serenity Pediatrics of all responsibility and any ill effects that may result from the refusal of recommended medical treatment. In extraordinary circumstances, if the patient-provider relationship is no longer deemed to be a therapeutic, working relationship, Serenity Pediatrics does reserve the right to dismiss patients from the practice.

Serenity Pediatrics follows the AAP Practice Guidelines for pediatric care which is aligned closely with CDC guidelines in regards to the recommended standard immunization schedule for children and adolescents. While Serenity Pediatrics does strongly support the recommended immunization schedule, we do acknowledge a parent's right to make medical decisions, which includes the administration of immunizations, for their child. By acknowledging this, we reserve the right to have the parent or legal guardian sign an immunization-specific declination form releasing us of all responsibilities and ill effects that may result from your choice to decline immunizations according to the recommended schedule and any additional consequences that may result

from this declination. Serenity Pediatrics also reserves the right for our providers to provide immunization specific counseling at each and every visit. If the parent or legal guardian refuses to sign the immunization declination form or leaves the office prior to the declination form being signed, Serenity Pediatrics finds this to be in violation of the Patient Rights and Responsibilities Agreement. Documentation of the appropriate immunization counseling and noted declination of the recommended immunizations by the parent or legal guardian in the visit documentation also releases Serenity Pediatrics from any responsibilities or ill effects that may result from the declination of immunizations.

Serenity Pediatrics has a triage-trained Registered Nurse (RN) on staff daily who may provide telephone advice when appropriate. Telephone advice provided by an RN is recommended for the use of general questions such as immunization or medication questions, medication refills, or referral requests. The triage RN is not intended and cannot be used as a replacement for an office visit when further counseling or examination by a provider is warranted or for the generation of new prescriptions such as requests for antibiotics to treat suspected illnesses. Any recommendations given by the triage nurse for the patient to be seen in office or to present to an urgent care or emergency department are clearly documented in the patient's medical record. If the parent/guardian or patient does not adhere to the advice, Serenity Pediatrics may find this to be in violation of treatment advice as your child's PCP which may also be in violation of the Patient Rights and Responsibilities Agreement.

Medical services for patients ages 17 and under must be rendered with a parent or legal guardian (18 years of age or older) that is listed as a guarantor or guardian in the patient's medical record. The adult who is listed as the guarantor or guardian has agreed to making medical decisions and giving direction on medical care for the patient.

We do realize there are moments when the guarantor/guardian may not be able to bring the patient into the office. The guarantor/guardian may fill out a "Consent To Treat" form to have on file in the patient's chart. Serenity Pediatrics will need the same information from the authorized party, including driver's license, etc. The guarantor/guardian does reserve the right to revoke the consent at any time in writing. By signing a Consent to Treat form, the parent or legal guardian is making the decision to allow another adult (18 years of age or older) to be able to make medical decisions on their behalf and therefore also may assume financial responsibility for those dates of services where the third party was present at the visit.

Patient Center Medical Home (PCMH)

Serenity Pediatrics is a Patient Centered Medical Home. A Patient-Centered Medical Home is a trusting partnership between the patient and the physician and promotes a model where all care is coordinated through the child's PCP. By working together, we can provide the best care possible for your child. Additional information regarding how PCMH works is located on the PCMH handout that you receive at your initial new patient appointment and is available at any time by request.

Financial Policy

The following statements review our billing & payment procedures and financial policies at Serenity Pediatrics. Serenity Pediatrics is not in a party relationship between each patient/parent/guarantor and their insurance company. As a courtesy to patients, Serenity Pediatrics will bill the insurance company listed for all patient visits on the patient's behalf. Ultimately, the patient/parent/guarantor are responsible for any and all balances that the patient's insurance is not contractually obligated to pay. All patients should know their own insurance policy and what the policy may or may not cover. It is not Serenity Pediatrics' responsibility to supply coverage and benefit information to the patient. All insurances are specific as to when a well visit can take place and as to how many well visits that each patient may have within a certain time frame for younger patients. Insurances can also be specific to vaccine coverage and any other medical procedure, labs, etc. that may be offered or completed during the visit. Serenity Pediatrics is also limited to the knowledge of any one

insurance policy. Patients are required to have an active billable insurance policy to include having the correct PCP listed (if it is required by insurance) on the dates of services as they are rendered. It is also the patient/parent's responsibility as a guarantor to have all personal information in the patient chart to be correct and up to date at each and every date of service. We do expect a guarantor/legal guardian for any patient aged 17 years (unless emancipated) and under to be connected to the patient's chart as noted above. We require a current driver's license or state ID, insurance card, and social security number or any other legal document regarding guardianship on file for the guarantor/guardian of the patient at all times.

Each patient and/or parents will be asked to sign this Patient Rights & Responsibilities form before every visit. The parent/patient may sign this form 0 to 48 hours before your appointment to help facilitate efficient and on-time check-in for the visit. A person must be 18 years or older to sign this form.

A credit card will be held on file for the entire length of the patient's account while the patient is considered a current & active patient at Serenity Pediatrics. This will allow any balance at any time that is truly owed by the guarantor to be charged to the credit card. This will be an advantage to you, as you no longer have to write and mail out checks to our office. This charge will not exceed \$200.00 at any one time per encounter. Once the credit card is automatically charged, a receipt will be emailed to the email on file per our established process. This will in no way compromise your ability to dispute a charge in question of your insurance company's determination of payment.

Deductibles

Once the insurance pays on the encounter/visit, the credit card on file will be charged the amount of the remaining balance of the visit after the insurance has responded with what should be the responsibility of the patient. Serenity Pediatrics will send a notification of credit card usage and receipt detailing how much the credit card has been charged via email to the email address listed in the patient's chart.

Patients Without Insurance Coverage

We do understand that sometimes patients are without insurance coverage. For these situations, we do have a self pay fee schedule that is comparable to the payments that we would receive from the most popular local insurance payors. These fees are only applied to patients' balances that are truly without insurance. All encounters/visits for patients without insurance coverage are required to have a credit card held on file prior to the encounter/visit as detailed above and all balances must be paid in full after the services are performed. Self pay patients must have a credit card attached to the encounter and held on file for each date of service prior to services being rendered. The credit card must have \$200.00 available for each date of services on the credit card while being held. Once the encounter is locked by the physician, the self pay fees will be applied to that date of service and the correct balance will be charged to the patient via the credit card on file and a receipt will be emailed to the email on file. The policy for self-pay patients also applies to patients that have a Fund Policy. Funds are not considered insurance policies and are non-contracted with a network fee schedule. We can not do a courtesy bill to any fund insurance.

Co-Pays & Account Balances

All copays are due before being seen for any patient appointment. We accept all forms of payments including cash, credit card, or check. We do expect that if there is an outstanding account balance that the guarantor will voluntarily pay all balances due from past services as well as current copays before the next service is rendered. Serenity Pediatrics does its best to bill all insurances within 72 hours of the appointment. Medical insurances can take as little as 2 days to as long as 8 weeks for payment to be made to Serenity Pediatrics. Once the insurance pays on a date of service, statements are made the following Monday for any patient responsibility balance. Payment for services such as past copays, co-insurances, deductibles, and/or past due balances are due no later than 30 days after the first statement was received by the guarantor.

Anything that is delinquent past one month from the release of the first statement will be submitted to collections.

Routine Labs & Screening Coverage

Serenity Pediatrics is committed to providing only the highest quality care to our patients. We utilize current practice guidelines as recommended by the American Academy of Pediatrics and other trusted sources for evidence-based clinical information. Some insurance companies do not pay for all of the healthcare costs for some recommended screenings and there may be items that they may partially cover or not at all. If your insurance does not cover provider-ordered or recommended testing, you will be responsible for those costs. The following is a list of tests or procedures that may not be covered but not limited to: CBC, Rapid Strep, Rapid Flu, Urinalysis, Mono, Lead, Lipid Profile, RSV, Hearing, Vision, Developmental Screening, etc. There may be more labs or other testing procedures that are not covered but these are the most commonly performed labs and screening tests.

Responsible Party Information

The parent/guardian who initiates the account will be set as the Responsible Party. Statements will be sent to the Responsible Party's address. Statements are made every Monday. No individual can set another person as a responsible party unless it is in a written agreement such as a court order or notarized document. If the responsible party refuses to comply with payments and there are other adults listed in the account who have been labeled as parent or legal guardian, they will be held accountable for the balances as well. If neither comply and there are other adults that have been given consent to bring the patient in, those adults may be held responsible for each visit they have brought the patient in for. Please note that Serenity Pediatrics does have the right to retain individual credit card information within our secure software and also has the right to charge this card with any remaining unpaid balances prior to the next patient appointment as noted in our policies as listed above.

Parent or Guardian Commitment

_____ Serenity Pediatrics employees vow to always do their best to listen and understand patient needs and requests. They will also always be respectful in every way to the patient and parent/guardian while they are assisting in any situation and throughout the entirety of a visit. Serenity Pediatrics expects all patients and parents/guardians to have the same respect and courtesy to all of our employees. Serenity Pediatrics does tolerate any rude or disrespectful behavior from an employee to a patient, parent, or legal guardian nor will Serenity Pediatrics tolerate such behavior from a patient, parent, or legal guardian towards an employee. Both parties reserve the right to dissolve the relationship if it becomes inimical.

Parents/guardians are responsible for making sure patients arrive on time for their appointment. In order to be on time, you should arrive at the scheduled appointment arrival time. Once at the building you will park safely and produce our Healow "check in" on your phone app. The parent/legal guardian and the patient will then proceed to enter the office for check-in. While deemed to be necessary throughout the COVID-19 pandemic in coordination with recommendations from state or local officials, screening questions will be required prior to entry in the office. Pending the responses to these COVID-19 screening questions, appointments may need to be rescheduled or postponed for the safety of the medical providers and staff.

Parents/guardians are asked to give Serenity Pediatrics two business days of notice prior to any appointment cancelling or rescheduling. Cancelling or rescheduling an appointment can be done by phone, email and through the patient portal. Any notice less than a two business day notice may incur a \$50.00 fee. Any appointment made within two business days is considered to be an automatic confirmed appointment. If this appointment is cancelled or rescheduled after the appointment is made, this may incur a \$50.00 fee.

If a patient is more than 15 minutes late, Serenity Pediatrics reserves the right to cancel the appointment if determined based on the clinician's schedule and a fee of \$50.00 will be applied as the appointment is considered as a "No Show".

There is an extra \$30.00 after-hours fee added to any copy, coinsurance or deductible for office visits or well visits that occur during extended hours (defined as the hours of 5:01 pm to 7:59 am and any time during the weekend). If the office is open on any national holiday, these additional fees would also apply.

Divorced/Separated Parents Office Policy

At Serenity Pediatrics, our focus is the overall care of your child(ren), including physical, mental, and emotional health. We cannot become involved in legal issues such as divorce, separation, or custody issues unless our medical documentation is requested or solicited through the appropriate legal channels. We ask that any divorced or separated parents make decisions and agree on all aspects of medical care for their children (including immunizations, lab testing, etc) prior to visiting our office.

- Both parents and/or legal guardian's information, including driver's license and contact phone numbers, must be present in the child's medical chart. The parent who is the guarantor of insurance also must provide a copy of the insurance card.
- Either parent or legal guardian may schedule appointments for their children(ren), be present for visits, and request medical records for their child(ren). Unless there is a court order present in the child's chart that restricts a parent's rights, we will not limit the other parent/guardian involvement in your child(ren)'s care.
- Payments (including co-pays, deductibles, and account balances) are due at the time of service regardless of which parent is responsible for medical coverage. We will collect any payments due from the parent who brings the child in for the visit. It is not up to our office to enforce any legal agreements between the parents for treatment costs of the child(ren)'s care.
- Both parents and/or legal guardians can sign a "Third Party Consent" form or "Medical Records Release" for the child(ren). We will not be involved in any disputes regarding the individuals listed on the third party consent or regarding the transfer of medical records. Both parents and/or legal guardians can view these forms. We will not comply with requests for certain forms to be eliminated from your child(ren)'s chart.
- Additionally, we will not:
 - Call the other parent for consent prior to treatment or inform the other parent when visits are scheduled or calls are made to the office.
 - Restrict either parent or legal guardian's involvement in your child(ren)'s care, unless authorized by law.
 - Tolerate appointment cancellation/rescheduling patterns of behavior between parents.
- It is both parent's responsibility to communicate with each other about the parent's medical care and any other pertinent information relevant to the care of the child. Please do not ask our medical providers to call the parent who was not present at the visit to discuss any aspects of that visit, including treatment/plan, etc. If this request is made, we will schedule a telephone appointment between the medical provider and the non-attending parent for a \$100 fee.
- If any issues should arise between parents that become disruptive to our practice or impact the care of the child(ren), we reserve the right to discharge your family from further treatment.

HIPPA Policy Regarding Your Private Health Care information

I am aware that Serenity Pediatrics and their affiliates, employees, and agents may release myself or my child's personal health information along with demographic information and personal information as maintained by the office. This information may include diagnoses, treatments, procedures, injections, any and all services, insurance claims, name, address, phone number, social security, and health insurance information, unless specified in writing that you do not want any or all information released. I understand that any personal health information, or other information released to the person or organization identified above may be subject to redisclosure by such persons/organization and may no longer be protected by applicable federal and/or state privacy laws. Serenity Pediatrics will share you or your child's PHI (Private Healthcare Information) with

specialists or any other professional organization that is involved in the patient's health care. We work together with specialists and insurance companies to provide communication, recommendations, and follow-up care to ensure that all gaps in care are being met.

This authorization is valid from the date of my signature or my representative's signature below, and shall expire only when I or my representative revoke it in writing. I understand my rights to revoke this authorization by providing written notice to Serenity Pediatrics, unless its employees, or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have the right to have a copy of this authorization. I further understand that this authorization is required for all medical services as rendered by Serenity Pediatrics.

<https://www.hhs.gov/hipaa/for-professionals/privacy/index.html#targetText=The%20HIPAA%20Privacy%20Rule%20establishes,certain%20health%20care%20transactions%20electronically>.

Health Care Operations

A patient's health information may be used as necessary information to support the day to day operations and management of Serenity Pediatrics. Information on a service that a patient received may be used to support budgeting and financial reporting, as well as activities to evaluate and promote quality assurance and quality care measures.

Law Enforcement

A patient's health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigation, and to comply with government-mandated reporting as requested by law enforcement or government agencies.

Public Health Reporting

A patient's health information may be disclosed to public health agencies as required by law. Certain communicable diseases, if identified, and reporting on immunization are both required to be reported under the Michigan Public Health Code and do not require parental or patient consent prior to being reported to the local health department.

Other Uses and Disclosures Require Your Authorization

Disclosure of a patient's health information and/or its use for any purpose other than those listed will require specific written authorization. If a parent or legal guardian changes their mind after authorizing the use /or disclosure of information, the parent or legal guardian will need to submit a written revocation of their authorization. The decision to revoke the authorization will not affect or undo any use and/or disclosure of information that occurred before the parent or legal guardian notified Serenity Pediatrics of their decision to revoke authorization.

Serenity Pediatrics Duties

We are required by law to maintain the privacy of your protected health information and to provide patients with notice of privacy practices. We also are required to abide by the privacy policies and practices of the notice.

Use of Telemedicine, Phone, and Email Health Services

Serenity Pediatrics offers telemedicine through video and audio conferencing e-visits with a provider, telephone triage services through a registered nurse, and email or web encounter communications with our

front desk and health care staff. I understand that I am consenting to the use of these services in order to coordinate my child's health care and I agree to any fees associated with these services.

Individual Right

Patients, parents, and legal guardians have certain rights under the Federal Privacy Standards. These include: The right to request restrictions on the use and disclosure of your protected health information, the right to receive confidential communication concerning your medical condition and treatment, the right to inspect and copy your protected health information, the right to amend or submit corrections to your protected health information, the right to receive an accounting of how and to whom your protected health information has been disclosed to, and the right to receive a printed copy of this notice.

Assumption of Risk and Waiver of Liability

Serenity Pediatrics, in accordance with CDC and WHO guidelines, has taken several preventative measures in order to reduce the spread of certain infectious agents, including bacterial and viral agents that cause common childhood illnesses, that may be present in the office due to the nature of pediatric patient care. While Serenity Pediatrics has put extensive cleaning and infection control measures in place, we cannot guarantee that you or your child may not become infected with these agents by entering the office. By signing this, I acknowledge the contagious nature of these diseases and voluntarily assume the risks that my family and/or I may be exposed to certain infectious diseases by entering Serenity Pediatrics.

Novel Coronavirus (COVID-19) Waiver of Liability

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is an extremely contagious virus and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies have recommended several infection control measures, including social distancing and wearing masks. Serenity Pediatrics has put several preventative measures in place to reduce the spread of COVID-19 but cannot guarantee that you will not become infected with COVID-19. By signing this, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family and/or I may be exposed or infected by COVID-19 by coming to Serenity Pediatrics and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily assume all of the foregoing risks and accept sole responsibility for any injury to my family and/or myself, illness, damage, loss, claim, liability, or expense, of any kind, that I and/or my family may experience or incur in connection with my or my family's visit to Serenity Pediatrics.

Media Release

I hereby give Serenity Pediatrics and their legal representatives and assign the right and permission to photograph, digitally record, videotape, or audio tape my child while she or he is attending participating in any Serenity Pediatrics outings, promotions and community events. I further agree that any or all of the material recorded may be used, in any form, in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways, and that such use shall be without payment of fees, royalties, special credit, or other compensation. I understand that all such recordings, in whatever medium, shall remain the property of Serenity Pediatrics.

Additional Uses of Information

As a courtesy to the patient, we will be sending out appointment reminders, information about treatment and management options about current or new diagnosis that may have health information with it. We may also send you information about health-related products and services we feel may be helpful.

Right to Reserve Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most up-to-date notice at any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requesting to Inspecting Protected Health Information

A patient, parent, or legal guardian reserves the right to inspect or request a current copy of all protected health information we maintain. As permitted by federal regulations, we require all requests to be in writing. Your request will be reviewed for approval. Legal matters and medical reasons can possibly prohibit the inspection. All requests need to be sent to the Medical Records Office at Serenity Pediatrics.

Contact Person

For any further information, comments, complaints or concerns regarding our privacy policies or practices, please contact the current, active Practice Manager at 71 E. Long Lake, Bloomfield Hills, MI 48304, 248-533-0000.

Effective Date

These Policies and Practices are effective on or after March 1, 2017 depending on the patient's first visit date.

Paper Copy Acknowledgement of all Serenity Pediatrics listed policies

By signing below, I acknowledge that I have received a paper or electronic copy of the Serenity Pediatrics Patient Rights and Responsibilities Agreement. I also agree in full with all patient processes and procedures and the terms of such as stated in this agreement. I understand that I will sign this agreement prior to every patient appointment at Serenity Pediatrics. I agree to allow the storage of my credit card on file and authorize a charge on this credit card if there is a remaining account balance owed by the patient up to \$200.00 per transaction. I understand that by not following any of the above designated policies or the refusal to follow in these patient policies will result in a breach of the Patient Right and Responsibilities Agreement and possible dismissal from Serenity Pediatrics. By signing below, I am also authorizing and consenting to the medical treatment of a minor and consenting for Serenity Pediatrics to bill my insurance for each patient encounter.

_____ Date _____

**By signing this form, I am acknowledging that I am at least 18 years of age and the legal guardian.*