



NOTICE OF OFFICE POLICIES AND PROCEDURES, EFFECTIVE 11/01/10

PURPOSE OF THIS INFORMATION

Dear Parent, Guardian, or Patient,

Welcome to La Jolla Developmental Pediatrics!

In order for us to provide the best care possible, we want our patients to have as much pertinent information as possible. Please review our Office Policies and Procedures below. The documentation we require prior to starting treatment will be vital in providing you with the best comprehensive and coordinated care. Reading this letter and accompanying documents indicates agreement with our Office Policies and Procedures. Completion of this form indicates that you have read, reviewed, and are in agreement with our policies and procedures. If you have any questions or concerns about the healthcare or business practices of this office please don't hesitate to discuss them with our office manager.

The New Patient Packet must be completed 24-48 hours prior to your first scheduled office visit. We require completion of our HIPPA Compliant Privacy Practices indicating that you have read, reviewed, and are in agreement with our privacy practices.

A copy of the Office Policies and Procedures and the HIPPA Privacy Practices for Mary Jane Pionk, M.D. can be provided in the office or on our website for you to review at all times.

This form is to acknowledge and authorize Mary Jane Pionk, M.D. to:

1. Communicate with me via email, phone, text messaging, or fax regarding issues related to, but not limited to, office information, appointments, and diagnostic care.
2. Communicate with me via email using the Contact Form on our website at www.LaJollaDP.com. Email by any other means is not guaranteed to be confidential as with any and all usual Internet activities.
3. Use a secure encrypted online scheduling program to schedule appointments.
4. Keep a copy of the Privacy Practices available and in the office.
5. Provide updates and general information that will be posted on the website and available for me to review at all times.

PRIVACY AND RELEASE INFORMATION

Services you receive in this office are confidential, except in the circumstances listed below:

1. Threats of harm to self or others
2. Abuse of a child, vulnerable adult, or developmentally disabled person
3. A court order to release information
4. Subpoena of treatment records by an attorney. If you do not want your information released, you must obtain a protective order from the court within fourteen (14) days of the subpoena issue date.
5. If you are party to child custody litigation at any time in the future, the court may order release of information about your treatment in this office.
6. If you will be utilizing your health insurance benefits, we may be required to provide information to your health plan, including some or all of your records of treatment in order for your carrier to provide reimbursement for our services. By completing and signing the Acknowledgment Receipt of our Office Policies and Procedures form you consent to the release of information to your health plan.
7. In some instances, as provided by the state law of California, information about your healthcare may be exchanged with other healthcare professionals involved in your treatment.

In circumstances other than these, we will not release information about your treatment without your consent and authorization.

EMERGENCY CONTACT

Messages left on our voicemail are retrieved regularly and calls will be returned within one business day. If you need more rapid attention for yourself or someone else's safety, do not delay while waiting for us to return your telephone call. **Please call 9-1-1 or report to the nearest hospital emergency room.** All medication refills, appointments, and non-urgent matters should be addressed during regular business hours. We appreciate 3-4 business days advance notice for prescription refill requests. Please note our office hours vary daily, based on our doctor and patient schedule. We are closed on Friday's and all Federal Holidays.

PATIENT RECORDS

An electronic and paper record is kept recording all correspondence and services you receive in our office. You have the right to see the record and receive a copy of it upon request. You may ask that factual errors in the record be corrected. You may authorize in writing that copies of the record be released to entities you designate, at your expense, according to charges stipulated by state law of California. A \$40.00 fee will be charged at your expense for a copy of the record. Under certain circumstances, where the record may put a patient or other person at risk, we may redact certain information in the record and/or require that you review the record in consultation with another health care provider.

SECURITY PROCEDURES

We make reasonable efforts to prevent access and disclosure to unauthorized personnel. We keep an ongoing log of potential risks and the physical and electronic safeguards implemented to limit these risks. We require our staff abide by all applicable privacy regulations.

APPOINTMENT CANCELLATIONS

Failure to keep a scheduled appointment will result in \$100.00 charge, unless you cancel at least twenty-four (24) hours prior to the scheduled appointment. These charges will be entirely your responsibility. We ask that you notify us of any changes in address, phone numbers, email or medical status during your child's treatment.

