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425 Tioga Ave, Kingston, PA 18704 | O: 570-288-6543 | F: 570-288-7130 | kingstonpeds.com

Welcome! Thank you for choosing Pediatric Associates of Kingston for your pediatric care and breast feeding support services. Our services include a full line of care from prenatal through age 21 years (college). We offer routine physical examinations/well visits, illness evaluation & treatment/sick call and counseling to promote wellness, with overall focus on preventative medicine. Parents/guardians are essential to a child's growth and development; therefore, we consider them partners in their child's care. Together, we work toward reaching optimum health for your child. Please keep this information on file for future reference.

OFFICE HOURS:

Monday-Thursday 8:00am-7:00pm

Friday 8:00am-5:00pm

Saturday 9:00am-12:00pm

Sunday 9:00am-12:00pm

- **Easy Care Hours:**

(Easy Care (EZ) Walk -In Hours/No appointment Needed)

Monday-Friday 8:00am-9:00am **and** Monday-Thursday 5:00pm-7:00pm

Saturday 9:00am-12:00pm

Sunday 9:00am-12:00pm

EZ Care only for...

- **Children 4 months and older**
- **Symptoms fewer than 4 days**
- **Routine health problems (sore throat, ear aches, cough, fever, rash, runny nose)**

Certain health issues/types of patients require additional time and resources, children younger than 4 months, with symptoms longer than 4 days, and/or with chronic or complex health problems (like asthma, headaches, stomach aches) are not appropriate for EZ Care hours. In these cases, please schedule a regular appointment through our Triage/Care Coordination Team so that we can best manage your child's health.

WELL VISITS/PHYSICALS:

Well visits and annual physicals are vital to prevention and detection of childhood illness and diseases. Our physicians utilize The American Academy of Pediatrics (AAP) recommendations on education, prevention and treatment guidelines. Immunizations and review of systems are typically performed during well visits. Confirming your specific health benefits for well visits and immunizations with your carrier prior to scheduling your appointment is recommended. Please arrive 15 minutes prior to your scheduled appointment time for check-in process, including insurance verification/eligibility.

Please bring your photo ID & current insurance card with you at the time of your appointment. Pediatric Associates is not responsible for any non-covered services. Advance scheduling of well visits allows our staff to better accommodate your specific needs for convenient dates and times for such appointments. You can request well visit appointments through our website @ www.kingstonpeds.com/parents.html

INSURANCE COVERAGE-WELLNESS VISITS VS. PROBLEM-ORIENTED VISITS:

You are likely aware that health care reform changes have directed that your insurance company no longer applies a copay and /or charges towards a deductible or co-insurance for many wellness and preventive services, including your wellness visits. We hope that this prompts more families to take advantage of their coverage for preventive service.

Recommendations from the American Academy of Pediatrics the first 36 months of your child's life you will have a time line of scheduled appointments. Newborn Assessment (3-7 days of age) 2 wk., 1, 2, 4, 6, 9, 12, 15, 18, 24, and 36 months of age. After 3 years of age yearly appointments are recommended. Although most wellness services are charge free, this is not true of problem oriented services.

Some common examples of problem-oriented services include evaluation of ADD, ear infections, sinus congestion, or prior visit concerns. We strongly encourage that these seemingly minor issues receive due attention.

Insurance company billing polices dictate that we differentiate between these two types of services. Management of medical diagnoses, including the need for medication refills of any sort, is categorized by insurance companies as a problem-oriented service. Evaluation or management of any complaint or system offered by a patient or identifies upon questioning during a preventive exam constitutes a problem-oriented service as well. Problem-oriented services always required a copay/co-insurance/deductible, if applicable to your insurance plan.

Due to the comprehensive approach to care take by Pediatric Associates, wellness visits may uncover or revisit problem-oriented issues that required evaluation or management. It is their preference whenever possible to go ahead and address such a problem-oriented issues at the same office type. As a result (unless patient desire to return at a later date to address the problem-oriented issues) frequently (during wellness visits) services are performed that are both preventive – and problem-oriented in nature. This is also an additional convenience so that families do not have to return to the office for another appointment, in compliance with insurance company billing policies, this then prompts changes for both categories. While preventive services do not require a copay/deductible, problem- oriented services do prompt a copay /co-insurance/deductible.

SCREENING:

Services provided at wellness visits allow us to screen for many medical conditions such as developmental delays, appropriate height and weight gain, review appropriate immunizations and allows us to begin treating any condition in its earliest stages. During these visits, we perform all recommended screenings appropriate to age and gender and seek to uncover any conditions that would lead to sub optimal health in the years to come. **It is your responsibility to understand what screening services are covered by your insurance plan.**

FORMS:

For school, sport, camp, and day care facilities, unless otherwise stated in writing on the particular form, a complete physical exam must be done annually. We suggest you schedule your appointment upon receipt of your form. Please provide our office with a self-addressed stamped envelope if you would like any forms returned to you upon completion. There is a fee associated with the completion of forms or letters not presented during a physical examination

SICK VISITS:

Triage Nurses staff our phones for same day sick call appointments, general medical advice and test results. Our Triage Nurses, as directed by your physician, act as the liaison between you and your physician and utilize pediatric protocols endorsed by the American Academy of Pediatrics. Each incoming call is important to us, our telephone system automatically sorts all calls in the sequence in which they are received. You can also utilize the Is Your Child Sick™ sections of our website @ www.kingstonpeds.com for non-urgent and home care information. Our office utilizes Same Day Sick Call appointments, which means we only schedule sick appointments for the day you call, not in future days. However, a consult with our providers needs to be scheduled in advance.

NEWBORN ASSESSMENTS:

Pediatric Associates takes great pride in providing to both you and your family the most up-to-date medical care available. As pediatricians, we believe you can provide your baby with the best possible start to life by choosing to breastfeed. We strive not only to meet, but exceed the guidelines set by the American Academy of Pediatrics (AAP). Accordingly, we have a Post Hospital Newborn Assessment Program, in which your baby will be seen 48-72 hours after discharge from the hospital. Our Newborn Assessment consists of an initial weight check, breast or bottle feeding assessment, as well as, a physical assessment by our Board-Certified Lactation Consultant. Please be assured that we understand the many questions you may have, as well as the apprehension you may be feeling, about breast feeding. Our International Board Certified Lactation Consultant, is a Family Nurse Practitioner, who will assist breastfeeding mothers with lactation techniques for positive outcomes.

ASTHMA EDUCATION SPECIALIST:

We offer an asthma education program provided by our Family Nurse Practitioner who is also a Certified Asthma Educator to assist with treatment, education and management of asthma and asthma related diseases including: medication monitoring and compliance; asthma control and action plan; spirometry and nebulizer treatments; patient centered goals and objectives related to control of the disease.

AFTER HOURS MEDICAL ADVICE:

We offer after hours Medical Advice through a national Call Center. In the event you request medical advice after hours, the Call Center, in conjunction with the on-call physician and information obtained during the call, may suggest specific actions, from home care instructions to emergency room/calling 911. You can reach the afterhours Call Center, for which an afterhours fee applies, by calling 570-288-6543 after hours, and the automated message will prompt you on transferring to the Call Center.

VACCINATIONS - IMMUNIZATIONS:

When it comes to child health, prevention is always better than treatment. Nowhere is this more evident than with immunizations. Prior to the creation of many of the vaccines available today, thousands - and sometimes millions -- of children became infected with diseases that often resulted in lifelong disabilities or, even worse, death. Thankfully, we now have the ability to immunize children against deadly, preventable diseases. Failure to follow the recommendations on vaccinations may endanger the health or life of your child and others that your child might come in contact with . Pediatric Associates of Kingston, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention have all strongly recommended the following vaccines/immunizations and are required in order for our clinicians to provide care to your child.

Vaccines/Immunizations Required

Pneumococcal conjugate (Prevnar)
Diphtheria, Tetanus, acellular Pertussis (DTaP / Tdap)
Measles, Mumps, Rubella (MMR)
Varicella (chickenpox – Varivax)
Polio (IPV)
Meningococcal (Menactra – MCV-4)
Hepatitis B (HBV)

PATIENT PORTAL:

Our patient portal is a safe, secure, PAK-hosted web site that allows parents to access certain parts of their children's medical records and is accessible through computers, tablets, and smart phones. Parents and patients over 18 years of age can have real time access to their immunizations, future appointments, last physical exam, vital signs and lab results. Immunizations can be easily printed from the patient portal. For your convenience, using the email address you provided @ registration, our staff will initiate setting up the portal for you.

REFERRALS:

After discussing a referral request with your primary care physician, you can request a specialist referral during regular office hours and 24/7 through our website @ www.kingstonpeds.com/parents. We require 5 business days notice prior to your scheduled specialist visit for processing referrals by calling our office or submitting a request through our website. Some insurances require a physician referral from your PCP for specialists' visits/consults.

BUSINESS OFFICE:

Our business office will assist you with billing questions related to services we provide. Specific questions regarding participation with a particular insurance company or questions regarding payments from insurance companies may be answered by our business office specialists. However, specific questions on your health insurance coverage/benefits are best addressed by contacting your (patients and/or guarantor's) health insurance company directly. Hours: Monday – Friday 9:00 AM-5: 00 PM.

24 HOUR CANCELLATION POLICY:

Please call our office during normal business hours at least 24 hours in advance to notify us of appointments you are unable to keep. Appointments not canceled within 24 hours of a scheduled time slot will be charged a no show fee of \$25.



NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you are a parent or legal guardian receiving this Notice because your child receives care at Pediatric Associates of Kingston (“PAK”), please understand that when we say “you” in this Notice, we are referring to your child and the privacy of his or her Protected Health Information (“PHI”). If you are also a patient of PAK/ NEPA Breastfeeding Center, then we are *also* talking about you and the privacy of your PHI; this Notice of Privacy Practices (“Notice”) applies to the PHI of both the pediatric patient and any adult patient of Pediatric Associates.

WHAT IS A NOTICE OF PRIVACY PRACTICES?

Your medical information is personal and private. PHI is individually identifiable information about you or your health care. It includes all paper and electronic records created and maintained by Pediatric Associates about the care and services that you receive at Pediatric Associates. It also includes as information that Pediatric Associates receives from other doctors and medical facilities that are not part of Pediatric Associates, but which Pediatric Associates keeps to give you better care. PHI may include notes from doctor’s appointments, test and lab results, and copies of X-rays. These are just a few examples. Other types of information about your medical care may also be included.

By law, we must maintain the privacy of your PHI and provide this Notice that tells you:

- How Pediatric Associates may use and share your PHI
- Your rights concerning the privacy of your PHI, including how you may look at or get a copy of your information from Pediatric Associates
- Who to contact if you have questions or want to make a complaint

WHO MUST FOLLOW THE RULES IN THIS NOTICE?

This Notice applies to all staff at PAK and the NEPA Breastfeeding Center who handle your PHI. This includes physicians, nurses, nutritionists, and other health care professionals permitted by us to provide services to you, as well as residents, trainees, volunteers, and others involved in providing your care. Pediatric Associates may share and use your PHI for purposes of treating you, obtaining payment for services provided to you, and/or health care operations as described in this Notice.

PRIVACY RIGHTS OF CHILDREN UNDER 18 YEARS OLD

Patients younger than the age of 18 are usually considered minors. Most of the time, a minor's parent(s) or guardian make decisions about the minor patient's medical care and exercise of the privacy rights described in this Notice. However, under certain circumstances, a minor may exercise these privacy rights directly and may even legally keep certain information confidential from his or her parent(s) or guardian. For example, a minor patient has the same rights as an adult patient regarding the diagnosis and care of certain condition (defined by law), such as sexually transmitted diseases, drug or alcohol dependency, and pregnancy. Similarly, a minor patient who is married, has given birth to a child, or meets other legal criteria is considered "emancipated" and has the rights of an adult. Under these circumstances, the minor patient usually can control the release of his or her medical information, even to his or her parent(s) or legal guardian.

PEDIATRIC ASSOCIATES' DUTY TO PROTECT YOUR PHI

Pediatric Associates is required by law to:

- Ensure that PHI is kept private and confidential.
- Make this Notice available to you, which describes the ways that Pediatric Associates uses and shares your PHI, as well as information about your rights under the law concerning your PHI.
- Follow the Notice that currently is in effect.

USES AND DISCLOSURES OF YOUR PHI

Pediatric Associates is permitted by law to use and share your PHI in certain ways. When we share your PHI outside of Pediatric Associates, we will share only what is reasonably necessary. When we act in response to your written permission, share information to help treat you, or are directed by law, we will share all information that you, your health care provider, or the law requires or permits.

The list below tells you about different ways that we may use your PHI and share it with others.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Healthcare providers may use and share your PHI for certain reasons without your written consent. Below are the most common reasons.

Treatment: We may use and disclose your PHI to others provide you with medical treatment or services. For example, doctors, nurses, and other professionals involved in your care may use information in your medical record to develop a course of treatment for you or refer you to another health care provider such as a specialist.

Payment: We may use and disclose your PHI as necessary for payment purposes. For instance, we may share information about your medical treatment to your insurance provider in order to get approval or payment for services provided to you. However, if you pay for a service or item out of pocket and in full, you can ask us not to share that information with your health insurer. We are required to honor that request to the extent permitted by law.

Health Care Operations: We may use and disclose your PHI for health care operations, which permits Pediatric Associates to ensure that its patients receive high quality care. For example, we may use your PHI to evaluate and improve our services to patients, to prepare for inspections of our facility, or to educate our staff.

Business Associates: We may contract with certain outside persons or organizations to perform services on our behalf, such as auditing or legal services etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. Under such circumstances, we require these business associates and their subcontractors to appropriately safeguard the privacy of your information.

Contacting You: Pediatric Associates staff may use your address and telephone number to contact you to

- Cancel, reschedule, or remind you about an upcoming appointment
- Provide instructions about preparing for procedures
- Follow up on a past visit
- Notify you in the event of a breach of your PHI

If you are unavailable, or unless you instruct us otherwise, we may leave a message on your voice mail/answering machine or with a person who answers your telephone.

Other Uses and Disclosures

We are permitted or required by law to make certain other uses and disclosures of your PHI without your written permission. Subject to conditions specified by law, we may release your PHI:

- For any purpose required by law;
- For public health and safety, such as required reporting of disease, injury, birth and death, and for required public health investigations;
- To certain government agencies if we suspect abuse or neglect, or if you believe that you are a victim of abuse, neglect, or domestic violence;
- To entities regulated by the Food and Drug Administration, if necessary to report adverse events, product defects, or to participate in product recalls;

- To a government oversight agency conducting audits, investigations, inspections, and related oversight functions, when required;
- To prevent a serious and imminent threat to a person or to the public in emergency situations;
- To comply with a court or administrative order, subpoena, or lawsuit discovery request;
- To law enforcement officials, including to identify or locate suspects, fugitives, witnesses, or victims of crime, or for other allowable purposes;
- To coroners, medical examiners, and/or funeral directors;
- If necessary, to arrange an organ or tissue donation from you or a transplant for you;
- To authorized federal officials for national security activities permitted by law, protection of government officials or foreign heads of state, or in relation to military and veterans activities if you are or were a member of the armed forces;

Except as outlined above, we will not use or disclose your PHI for any other purpose without your written permission via a signed form authorizing the particular use or disclosure. The form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke your authorization in writing, except to the extent that we have already relied on it. These situations can include:

- Sharing documentation regarding proof of immunization with your school or other child care facility;
- Using and disclosing PHI for marketing purposes;
- Selling your PHI;
- Sharing psychotherapy notes written and kept by your therapist, except for purposes related to treatment, payment, or hospital operations;
- Sharing other mental health information documented by a mental health provider;
- Sharing substance abuse (drug and alcohol) treatment information;
- Sharing HIV/AIDS testing, diagnosis, or treatment information;
- Sharing genetic information with certain non-healthcare providers.

YOUR PRIVACY RIGHTS

You have the following rights concerning your PHI. If you would like to make sure of any of these rights, please contact Pediatric Associates' Practice Administrator at (570) 288-6543. You may need to send your request in writing.

Look At and Obtain a Copy of Your Records

You have the right to access, inspect, and/or obtain copies of your medical records, billing records, and other records used by Pediatric Associates to make billing and treatment decisions about you, with certain exceptions. We may charge a reasonable fee for copying and mailing costs, as allowed by state law.

Request an Amendment to your PHI

You have the right to request that PHI that Pediatric Associates maintains about you be amended or corrected. These request must be made in writing. We are not obligated to make all requested changes but will give each request careful consideration. If we grant your amendment request, we may also reach out to other prior recipients of your information to inform them of the change. Please note that even if we grant your request, we may not delete information already documented in your medical record.

Request an Accounting of Disclosures of your PHI

You have the right to receive an accounting of certain disclosures we have made of your PHI, except for those made for purposes of treatment, payment, and health care operations or for certain other limited exceptions. This accounting will include those disclosures made in the six years prior to the request for accounting. The first accounting in any 12-month period is free; a reasonable, cost-based fee will be charged for each subsequent accounting requested in the same 12-month period.

Request Restrictions on Use and Disclosure of Your PHI

You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request, unless otherwise described in this Notice, but will attempt to accommodate reasonable requests.

Request Restrictions on Disclosures to Health Plans

You have the right to request a restriction on certain disclosures of PHI to your health plan. We are required to honor such requests for restrictions on when you or someone other than your health plan pays for the health care item(s) or service(s) in full.

Request Confidential Communications

You have the right to request communications regarding your PHI from us by alternative means or at alternative locations and we will accommodate all reasonable requests. Please use the Communication Authorization form for these requests.

Receive Breach Notification

We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay, but in any event, no later than 60 days after we discover the breach.

Receive a Copy of This Notice

You have the right to receive a paper copy of this Notice.

Make a Complaint

If you believe that your privacy rights have been violated, you may file a complaint in writing with Pediatric Associates, 425 Tioga Avenue, Kingston, PA 18704. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. Making a complaint will in no way affect the quality of care that you receive from us.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, please contact our Practice Administrator at (570) 288-6543.



FINANCIAL POLICY

Thank you for choosing Pediatric Associates of Kingston (“PAK”) as your pediatrics and/or breastfeeding support services provider. We are committed to providing the best care possible. Understanding your financial responsibility is considered part of your medical management.

This Financial Policy is an agreement between the providers of PAK and the patient or his/her parent, guardian, or other responsible party if the patient is under eighteen years old. Your understanding of this Financial Policy is important to our professional relationship.

INSURANCE

Payment for services is due at the time that services are rendered, except as outlined as follows. Insurance plans vary considerably, as we cannot predict or guarantee what part of our services will or will not be covered. It is the responsibility of the patient or his/her parent or guardian to provide PAK with **accurate** and **timely** insurance information. Inaccurate or untimely information given to Pediatric Associates that results in denial or non-coverage by your insurance company will result in the patient or the patient’s parent or guardian being responsible for payment in full.

NON-EMERGENCY APPOINTMENTS

Preventive well visits, ADD/ADHD visits, and other non-emergency appointments may be rescheduled if your or your child’s account has an outstanding balance(s) or if a co-payment is not paid at time of service.

If you are experiencing financial difficulty, please let us know. Health insurance is a contract between you and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy (*e.g.*, vaccine and doctor visit coverage and referral/authorization requirements for specialty care).

BILLING

We accept cash, checks, MasterCard, AmEx, Visa, or Discover. Outstanding balances are due within 30 days, unless prior arrangements have been made with PAK's 'Billing Department'.

A \$5 billing fee will be charged:

If your co-payment is not paid at the time of service

If we do not participate with your insurance provider and payment is not made at the time of service

On balances that are more than 60 days past due

A second \$5 fee will be charged on balances that are more than 90 days past due. PAK will send a final request letter relating to these outstanding balances. Payment is due in full within 10 days from the date on the final request letter. If payment is not received in full, the account may be forwarded to a collection agency with an additional collection fee. If this happens, PAK will continue to see the pediatric patient for 30 days on an emergency basis only, to permit you time to find a new provider.

IF WE PARTICIPATE WITH YOUR INSURANCE

All services performed in our office will be submitted as a courtesy to your insurance. All co-payments are due at time of service. Deductibles and coinsurance are your responsibility and will be billed to you by our office.

All insurance carriers have a fee schedule from which they will reimburse us. However, the doctor's fee may be higher than what the insurance company reimburses or the service provided by the doctor may not be a service covered by your insurance plan. Any balances not covered by insurance become the responsibility of the patient and/or his/her parent or legal guardian. Examples of services that could be subject to your deductible or coinsurance.

PAK and the NEPA Breastfeeding Center are not responsible for knowing your insurance plan's benefits and what services will or will not be covered.

IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE

If we do not participate with your insurance company, we are unable to bill your insurance company and we cannot accept assignment from them for the services performed. In this case, we will provide you with an itemized bill so that you may submit the charges to your insurance company for reimbursement. Not all services provided by PAK and/or the NEPA Breastfeeding Center are covered benefits under all insurance plans.

Payment for services is due at the time of service. A **\$5 billing fee** will be added to balances not paid at the time of service.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Missed appointments represent a cost to PAK/ NEPA Breastfeeding Center, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for canceled or missed appointments.

For cancellations, 24 hours' notice prior to the appointment is requested. A **\$25 fee** will be charged for a **2nd** missed appointment. After a **3rd** missed appointment in a family within a 3 year period, Pediatric Associates will continue to see the family's pediatric patient(s) for 30 days on an emergency basis only, to permit you time to find a new provider as PAK and/or the NEPA Breastfeeding Center will terminate its professional relationship with the family.

RAINBOW AFTER HOURS MEDICAL ADVICE

We offer after hours medical advice through a national Call Center. You can reach the after hours Call Center by calling 570-288-6543 after Pediatric Associates' regular business hours.

A \$25 fee may apply to the use of this service.

DIVORCED/ SEPARATED PARENTS

A divorced decree is a legal document binding only on the two parties to it. PAK is not a party to or bound by the divorce decree, custody agreement, or other related agreement. The parent or guardian accompanying the pediatric patient at the time of service is responsible for payment in full at the time of service.

In case of a divorce, please do not put our office in the middle of marital disputes. It is your responsibility to work out the payment of your child's medical care between the custodial and non-custodial parent. We realize that temporary financial problems may affect timely payment of your account. We encourage you to contact our billing department promptly for to make payment arrangements and obtain assistance in the management of your account.

FORMS AND FEES

There is a **\$15 fee** for the review and completion of school/child care forms not provided at the time of a well child examination.

There is a **\$15 fee** for completion of Family Medical Leave forms. The patient or parent/guardian is required to fill out as much information on the Family Medical Leave form as possible (*e.g.*, reason, duration etc.).

There is a **\$20 fee** to transfer your and/or the pediatric patient's medical records from PAK/the NEPA Breastfeeding Center. Copies of immunizations and all visits, including well child visits and growth charts, are included in transferred medical records.

OR

There is a **\$5 fee** is for a copy of the Patient History, which is a report that includes dates of visits, diagnoses, and immunizations received in our office.

RETURNED CHECKS

A **\$25 fee** will be charged for all returned checks and your account will be placed on a "**cash-only basis**" If this happens, we will only accept payments by cash or credit card until the balance is cleared.

WELLNESS SERVICE BILLING PROCEDURES

I acknowledge that during my wellness visit, there may be a problem-oriented service performed by Pediatric Associates physician in addition to the wellness services. In this case, I understand that two separate charges may be submitted to my insurance and that when applicable, a copay/deductible/co insurance may be required for charges generated pertaining to problem-oriented services. Alternatively, I understand I may choose to return for a separate visit to address problem-oriented issues, at which time, my copay /deductible would still apply



PEDIATRIC ASSOCIATES OF KINGSTON -INTENT TO IMMUNIZE AGREEMENT

Vaccines/immunizations Required

Pneumococcal conjugate (Prevnar)

Diphtheria, Tetanus, a-cellular Pertussis (DTap/Tdap)

Measles, Mumps, Rubella (MMR)

Varicella (chickenpox-Varivax)

Polio (IPV)

Meningococcal (Menactra-MCV-4)

Hepatitis B (HBV)

I/we understand Pediatric Associates of Kingston immunizations /vaccines recommendations and agree to follow Pediatric Associates of Kingston immunizations/vaccines recommendations policy forward with my child/children.

IF I/we refuse the above immunizations /vaccines recommendation by Pediatric Associates of Kingston, I/we understand I/we will be **discharged** from Pediatric Associates of Kingston.

I/we know that failure to follow the recommendations on vaccination may endanger the health or life of my child and others that my child might come in contact with.

I/we acknowledge that I have read this document in its entirety and fully understand consequences of refusing specific vaccines/immunizations, including discharge from the practice.