Dripping Springs Pediatrics
Kathleen Stinson, MD, FAAP and Associates
331 Sportsplex Dr, Suite C
Dripping Springs, TX 78620
512-894-3737 512-894-3738 fax

OFFICE POLICY

- You may be seen in the office by Pediatric Physician or a Nurse Practitioner.
- Co-payment is due at the time of service unless prior arrangements are made. We accept Cash, Personal Check, MasterCard, and VISA.
- Any balances that are applied to your deductible must be paid in full before the next office visit.
- 24-hour notice of appointment cancellation is required. A cancellation fee of $25 will apply for missed appointments if a 24-hour notice is not given. Multiple no shows will be subject to dismissal.
- We must have a parent or legal guardian present for well checks and vaccinations.
- Minors under the age of 18 years, must be accompanied by a parent or adult with authorization.

Please sign here that you have read this office policy and agree to it.

_______________________________ _______________

Parent or Legal Guardian *Date*

Electronic Prescription and Retrieval Consent

Dripping Springs Pediatrics (DSP) uses as electronic medical record (EMR) system that allows electronic prescribing of medications. Medications are sent to your pharmacy and insurance company through a secure electronic prescribing connection, which improves the timely and accurate transmission of the patient's medication information. To optimize the use of the EMR capability and to coordinate care between DSP and specialist, we ask that patient's allow us to access their medication history through the pharmacies and insurance companies electronic database.

The privacy of your Personal Health Information (PHI) contained in all prescriptions, whether written of electronic is protected by Federal and State laws. The Health Insurance Portability and Accountability Act (HIPAA) requires that your PHI be shared only for the purpose of providing patient clinical care. E-prescribing meets this requirement.

If you do not want your prescription sent electronically, or your pharmacy does not support e-prescribing, DSP can print the prescription.

Please check ONE of the following:

O I consent to allow the provider to access all of my/ my child's medication history
O I consent to allow the provider to access only medications prescribed in this office
O I DO NOT consent to the provider accessing ANY of my/ my child's medication history

.

_______________________________ _______________

Parent or Legal Guardian Date

CONSENT FOR TREATMENT

I hereby authorize evaluation and treatment by the physicians and staff associated with Dripping Springs Pediatrics. I understand and agree that the signatures and dates on this form will not expire without written notice or in the case that a minor becomes the age of 18, and that a photograph of this form is considered as valid as the original.

______________________________	______________________________
Parent or Legal Guardian	*Date*