



Notice of Policies and Procedures

PLEASE NOTE:

A refusal to sign this form will result in us being unable to provide medical care to you/your child.

Vaccine Policy:

Due to the potential exposure unvaccinated children bring to our other patients and our practices in general, we strongly advise that our patients become fully vaccinated prior to their second birthday. Patients who are immunocompromised will meet with our physicians to determine the best course of action based on their specific needs. Refusal of any vaccine outside of the recommendation of the CDC will require the parent/guardian to sign a vaccination declination form. Refusal to sign this form will result in dismissal from the practice.

We report all immunizations to the SC Immunization Registry. The statute established the Immunization Registry Regulation 61-120 may be found in SC Code Section 44-29-40(B).

Tardiness and No-Show Policy:

We respect our patients' time and work hard to run our schedule efficiently. Our workflow is heavily dependent on our patients arriving on time for their appointments. As a courtesy, we provide appointment reminders which are sent to the demographic information that we have on file for the patient. Patients may also access their upcoming appointments in the healow app or on the patient portal. Patients should make every attempt to arrive on time to their appointment, however, we know that incidents may occur that would prevent timely attendance. For this reason, we offer a 15-minute grace period within which a patient may check in to their appointment without penalty.

If a patient arrives after that grace period, the appointment status will be changed to a "no-show". If the patient no-shows a scheduled sick or injury appointment, we will make every effort to work the patient back into the schedule for the same day, with no guarantee that the new appointment will be within a certain amount of time of or with the same provider as the original appointment. If the patient no-shows a scheduled well check appointment, you will be asked to reschedule to another date and time.

Missed appointments come at a cost to us and to other patients who could have been seen in the time set aside for you. Patients with more than 2 no-show appointments within a 12-month period will be discharged from our practice. We will continue to see the patient for up to 30 days from the dismissal letter date to allow them time to find a new medical home.

Patients may cancel or reschedule their appointment **prior** to the appointment date and time, which will not be counted as a no-show appointment. A 24-hour cancellation for appointments is appreciated.

Walk-In Appointments:

Our practices are not walk-in clinics. If you need to come to our office without an appointment or add an additional child onto a visit already scheduled, we will consult our schedule to see if we can work the patient in. This may result in extra wait time or the request to return at a specific time. The patient may be asked to see a different provider than their normal provider.

School Excuses:

We adhere to local school district policies by only providing school excuses for children who have been seen in our office. School excuses will be provided in person or faxed directly to the school. Forgery of school excuses will result in a dismissal from our practice.

Property Damage Policy:

Any patient, or individual attending an appointment with a patient, who causes damage to our facilities, furnishings, or equipment may be held liable for costs incurred for replacement or repair.

Patient/Parent Misconduct:

To protect the families we serve as well as our providers and staff, abusive language and behavior, whether in our clinics or over the phone, will not be tolerated and may result in dismissal from our practice.

Firearms Policy:

Pursuant to South Carolina Code of Laws Section 23-31-215, firearms are not permitted at any SouthernMED facility.

Support Animals:

As a pediatric practice, it is imperative that we prioritize the safety and well-being of our patients, their families, and our staff. Certified support animals are trained to perform tasks that directly assist individuals with disabilities, making them better suited to navigate healthcare settings without causing disruptions or potential safety concerns. As such, only certified support animals are permitted within our pediatric practice. Emotional support animals will not be allowed on the premises.

Prescription Refills:

Please allow 48 hours for prescription refills to be written or called in. Prescription refill requests are received Monday through Friday during business hours. Requests will only be processed when submitted by a parent or patient. Requests submitted by a pharmacy are not accepted.

Immunization Record Requests:

Please allow up to 5 business days for immunization records to be prepared.

Infectious Disease Testing:

For the protection of our patients and staff, in the event of a needle stick, a blood draw may be recommended to test for infectious diseases including, but not limited to HIV and hepatitis.

Release/Search of Medical Records:

A Medical Records Release form must be completed to receive a copy of the patient's medical records. Please allow up to 30 days for medical records to be released and please note that there may be a charge for this service. Biological parents have equal right to access their child's records. In cases of divorce or separation, we cannot keep information away from either party unless we have specific court documents stating this.

The practice may search patient medical records to assist with clinical trial recruitment activities.

Transition of Care:

We strive to provide quality care from birth to early adulthood. That said, when a patient has reached the age of 21, care should be transferred to an adult provider. Patients, both male and female, regardless of age, whose actions result in a pregnancy or marriage, will also be asked to transition care.

Inactivity:

In the event that an established patient has not been seen for three years or more, their chart will be marked inactive. Should the patient wish to re-establish care, they will be considered a new patient at that time.

Custodial Situations:

SouthernMED is dedicated to providing the highest quality of medical care to your child(ren). We are required to follow all applicable federal and state laws as they pertain to parental rights. Only in situations where there is a confirmed, documented Court Order will a parent be denied access to the minor child(ren)'s health records or visits at our office. We must have a copy of this Court Order on file. We will not be involved in any disputes regarding named individuals on consent forms unless instructed by the court.

Please make decisions regarding appointments and vaccinations prior to visiting our practice. It is both parents' responsibility to communicate with each other about the patients' care, appointments and any other pertinent information. It is not the responsibility of SouthernMED to communicate to each custodial parent separately.

It is our policy to collect payment at the time of service from the parent, guardian or caretaker who brings the child in for the appointment. Financial obligations must be arranged prior to the appointment.

If we feel that any of the above-mentioned items are not being followed, or otherwise become an obstacle to properly care for your child(ren), we reserve the right to discharge the family from the practice.

Legal Action:

Please be advised that for any legal action that is initiated, both mediation and litigation must be conducted in Lexington County.

Age of Consent:

In South Carolina, the law states that a minor 16 years or older can consent to any health services provided by a healthcare provider for themselves; consent of no other person is required, including the parent. At the age of 16, a child also has the option to sign their own HIPAA form and include or exclude whomever they choose. Parents can and should discuss this issue with their teen. At the age of 18, a patient is considered an adult and will be required to complete and sign all patient paperwork. Disclosure of any protected health information will be at the patient's discretion.

I have read and understand the Southern Medical Management policies and procedures:

Patient Name

Patient Date of Birth

Signature of Responsible Party

Date