



## Notice of Policies and Procedures

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**Patient Name**

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**Patient Date of Birth**

This policy applies to all Palmetto Pediatric and Adolescent Clinics and Sandhills Pediatrics Clinics, as affiliated practices of SCPA. We are dedicated to providing you with the best possible care and service and believe understanding our policies and procedures is an essential element of your care and treatment.

### **Patient and Parent Rights**

Patients and parents/guardians have the right to be seen in a timely manner. If an unexpected delay occurs, the practice will communicate the delay and offer the option to reschedule when appropriate. Patients and parents/guardians also have the right to receive their child(ren)'s test results in a timely manner, consistent with clinical appropriateness and applicable regulations.

### **Appointments and Attendance**

Patients and parents/guardians are responsible for arriving on time for scheduled appointments. 4 or more missed appointments per family in a 12-month period may result in dismissal from the practice.

### **Patient/Parent Misconduct**

We expect all patients and parents/guardians to treat our healthcare team and other patients with courtesy and respect. Misconduct will not be tolerated. This includes, but is not limited to: verbal abuse, harassment, threats, intimidation, discriminatory language, disruptive behavior, or failure to follow office policies. Any inappropriate behavior may result in corrective action, up to and including dismissal from the practice.

### **Medical Records**

Patients and their legal representatives have the right to request a copy of their medical records or have them transferred to another physician upon request. A medical record form must be completed and signed by the authorized representative. Please allow up to 30 days for medical records to be released.

### **Vaccine Policy**

We are a pro-vaccine, evidence-based practice. Please reference the AAP vaccination schedule. These are the minimum requirements for our patients.

**Name of Person completing form (Printed):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_