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Office Policies

Well Check-ups are required

At Desert Bloom Pediatrics (DBP), we feel strongly about children having routine check-ups. These visits allow us to monitor for growth, developmental, behavioral, and academic issues so that we can identify them early, intervene, and treat them effectively. Per the American Academy of Pediatrics, children should receive preventative care at the following ages:

- 3-5 days of life, 1month of age, 2mo, 4mo, 6mo, 9mo, 12mo, 15mo, 18mo, 24mo, 36mo, then 3-22 years of age on a yearly basis

We expect parents to follow these guidelines so that we can provide quality healthcare to our patients. Failure to do so may result in being discharged from our practice. Documents and school forms will not be completed for patients who are not up to date on well checks.

Vaccinations are required

Vaccinations are safe and effective in preventing diseases and health complications in children and adults. DBP requires that all patients are immunized according to the current vaccine schedule recommended by the American Academy of Pediatrics. In order to protect our patients, we do not accept families that don't vaccinate their children. Although recommended, covid and flu vaccines are not part of this requirement. If families have any questions about vaccines, they can speak directly with the doctor about them. If your family ultimately decides not to vaccinate, we will ask you to find a clinic that better aligns with your views.

Chronic medical conditions require follow up

Chronic medical conditions such as ADHD, asthma, depression, and anxiety require frequent follow up to ensure the best care possible. Patients with ADHD need follow up every 3 months once they are stable on their medication. Other chronic medical conditions need follow up every 3-6 months once stable depending on the child's care plan. Medications may not be refilled unless patients keep their follow up appointments.

Shot records are required at time of appointment

Health care providers are required by law to document in the Texas Department of State Health Services' Texas Immunization Registry (ImmTrac2) the vaccines administered to your child. To ensure that your child is in compliance with this regulation we require a copy of the immunizations administer to your child prior to establishing care with Desert Bloom Pediatrics. Without proof of vaccination history, we are unable to sign forms related to proof of immunization compliance including those required for school enrollment. Failure to provide records at time of appointment may result in cancelation and rescheduling of appointment until records are obtained.

Mutual respect of time

DBP strives to stay on schedule. Although there can be emergency situations that prevent us from staying on schedule, we pledge to provide quality care with minimal wait time to the best of our ability. In order to respect your time, we make the following requests:

- Please complete all pre-check-in paperwork prior to appointment time.
- Please arrive 10 minutes prior to your appointment to allow for check in and collection of any co-pays, co-insurance, or deductibles. If you arrive more than 15 minutes late, we will have to reschedule your appointment.
- If you plan on having additional children seen at your appointment, please let us know in advance so we can better accommodate you.
- If you are running late, please call the office. We may be able to accommodate you with advanced notice.
- We ask for 24-hour notice to cancel or reschedule a well child check and 2-hour notice to reschedule or cancel a sick appointment.
- Patients with three (3) no shows and/or multiple last-minute cancelations may be considered for dismissal from the practice.
- New patients who no show without notice to their first appointment may not be scheduled for additional appointments.

Assignment of Benefits

I permit payment directly to Desert Bloom Pediatrics for any benefits due for services rendered. I understand that I am responsible for all charges, whether or not covered by my insurance policy.

Authorization to Release Information (PHI)

I hereby authorize Desert Bloom Pediatrics to: (1) release any information necessary to insurance carriers regarding myself and/or my dependent's illness and treatments; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims. This order will remain in effect until revoked by me in writing.

Acknowledgement of receipt of notice of privacy practice

I acknowledge that I have received and read a copy of DBP's "Notice of Privacy Practices." The notice describes how DBP may use and disclose my protected health information (PHI), the restrictions on the use and disclosure of my healthcare information and the rights I have regarding my PHI.

Text Contact Consent

I authorize Desert Bloom Pediatrics to contact me via text message for communication to better serve my needs. I understand that to receive HIPAA complaint messages, I can download and use the Spruce application for these messages. I can also opt out of these messages at any time.

Consent for artificial intelligence use during office visit

As part of our ongoing efforts to enhance our services, we have incorporated a HIPAA-compliant artificial intelligence (AI) powered scribing tool, into our practice. This tool is only used for clinical documentation and note-taking purposes and not for care planning, symptom assessment, or

medication management. Your healthcare provider reviews all AI-generated content to confirm accuracy and appropriateness before it becomes part of your medical record.

Consent for treatment of a minor

I hereby give consent to Desert Bloom Pediatrics and all persons acting as agents thereof to furnish all forms of diagnostic, preventative, and medical treatment to my child(ren). This authorization will remain in effect until revoked in writing by the parent or legal guardian.

I acknowledge that I have read, understand, and agree to the policies outlined in this document.

Signature: _____ Date ___/___/_____

Name: _____