



EFFECTIVE SEPTEMBER 1, 2020

IMPORTANT! PLEASE READ. SIGNATURE REQUIRED.

To Our Pineapple Pediatric Parents & Patients,

Pineapple Pediatrics strives to provide the highest quality care for your child, ages 3 months old to 18 years old, through non-emergent access to a pediatric physician at locations designated by you, or online through convenient telehealth visits. We offer same-day or short-notice care for your child's temporary illness or minor injuries.

- ❑ **WE PROVIDE CARE FOR ILLNESS AND MINOR INJURIES ONLY—NOT EMERGENCY CARE.** Do not seek care through Pineapple Pediatrics for a child who is unconscious, not breathing, struggling to breathe, having an allergic reaction, severe head injury, bleeding, or any other emergent medical need. We do not provide emergency health care. **IF YOU HAVE AN EMERGENCY, CALL 911 OR GO DIRECTLY TO THE NEAREST HOSPITAL EMERGENCY ROOM.**
- ❑ **DOCTOR-PATIENT RELATIONSHIP.** A patient relationship with Pineapple Pediatrics is not established until you have been seen by a Pediatrician during an in-person or telehealth encounter. The request of an appointment and the check-in process does not create a patient relationship.
- ❑ **IN-HOME OR DESIGNATED LOCATION VISITS.** We don't have an office location for patient visits. We will come to your home or a place that you designate to provide care ("House Calls"). Therefore, we will not have control over, nor will we be responsible for, any of the physical accommodations at the place where you choose to receive our medical services.

There may be no Pediatricians in your area on the day you want your child to be seen. Pineapple Pediatrics cannot guarantee that any Pediatricians will be available to provide House Calls in your area on a given day.

- ❑ **IF THE DOCTOR RECOGNIZES AN EMERGENCY SITUATION.** Our Pediatrician may call you prior to arrival to triage the patient's medical concerns. If the signs and/or symptoms of illness are consistent with an emergent condition, he or she may recommend for you to call 911 or refer you directly to the nearest Emergency Room without seeing the patient. No payment will be charged to your credit card; or if a charge has been made, it will be refunded to you. If our Pediatrician refers you to the Emergency Room or directs you to call 911 AFTER seeing the patient, then payment will be due in full for the visit and for any medical services provided.

If our Pediatrician recommends that you seek medical care at the Emergency room and you choose not to follow the Pediatrician's recommendation, Pineapple Pediatrics and the Pediatrician will not be liable for your failure to seek the recommended emergency medical care.

- ❑ **CONVERTING A TELEHEALTH VISIT TO AN IN-PERSON VISIT.** Pineapple Pediatrics offers telehealth visits (online only). You may seek care through a telehealth visit and our Pediatrician may recommend that the patient be seen in person if the Pediatrician feels that the telehealth visit is inadequate for the Pediatrician to do an appropriate evaluation of your child's medical condition and

needs. If this happens, the encounter will be converted to an in-person encounter, the physician will come to the designated location to examine the patient, and you will only be held financially responsible for the in-person encounter (including the convenience fee and in-person service fee), but the initial telehealth encounter will not be charged. If you decline the conversion to an in-person encounter, then you will only be held financially responsible for the telehealth encounter.

- **IF OUR PEDIATRICIAN CAN'T OFFER THE SERVICES YOU NEED AFTER A VISIT.** Sometimes our Pediatrician may determine that he or she can't provide the required medical care services. If this happens, then Pineapple Pediatrics may—at our sole discretion--refund all or a portion of any payments you may have made after considering all of the information and circumstances.
- **FOLLOW UP WITH YOUR PRIMARY CARE PROVIDER.** You will need to follow up with your child's primary care provider on any health care conditions or potential health care conditions detected by our Pediatrician during the patient encounter. You will also need to sign a records release allowing us to send a document describing the medical encounter for the coordination of care between us and your child's primary care provider.
- **YOUR MEDICAL RECORDS.** Pineapple Pediatrics uses web-based Electronic Medical Record software provided by AthenaHealth. All patient information entered into the electronic medical record is private and protected in compliance with the federal law governing privacy and confidentiality of medical information ("HIPAA"). A HIPAA-compliant patient portal account will be available to each patient. You can request an electronic copy of your records by filling out a Records Request, available on the site. We will endeavor to keep the records of any telehealth or in-person visit or any documentation you provide in connection with your child's health care for up to ten (10) years after the patient turns 18, but in no event less than one year after the patient turns 18 ("Retention Period"). After the Retention Period has passed, Pineapple Pediatrics will safely destroy the records in compliance with the law on maintenance and destruction of health care records.
- **PRESCRIPTION POLICY.** Pineapple Pediatrics does not prescribe any Schedule I or II drugs as designated as a by the United States Drug Enforcement Administration. Pineapple Pediatrics also does not manage mental health illnesses. We currently participate in the Surescripts system, which is a Pharmacy Benefit Manager. This allows for the electronic prescribing of medications, which provides a convenience and reduces medication errors. This system also allows us to receive electronically information about your child's prescription benefits and medication history, such as past prescriptions and dosages filled from other pharmacies. This reduces error in medication entry into the electronic medical record and provides us with an up-to-date medication profile. Your consent below will allow us to obtain this information.
- **PEDIATRIC VACCINATION POLICY.** Pineapple Pediatrics recommends adherence to the vaccination schedules put out by the American Academy of Pediatrics (AAP) and Centers for Disease Control (CDC). Prior to a child's visit with Pineapple Pediatrics, you may be asked to provide the child's immunization record. Please have it available when the Pediatrician arrives to the home.

YOU ACKNOWLEDGE THAT YOU HAVE READ THE ABOVE IMPORTANT INFORMATION AND THAT YOU UNDERSTAND IT. ADDITIONALLY, YOU GIVE YOUR SPECIFIC CONSENT TO THE FOLLOWING:

CONSENT TO TREAT: I have requested to receive health care treatment and services from Pineapple Pediatrics on behalf of my minor child and hereby voluntarily consent to the rendering of such care and services as considered necessary and appropriate by one of Pineapple Pediatrics' Pediatricians at the time of the visit. I understand that I have the right to decline treatment and services at any time, but that I may be responsible for paying for services already rendered. I further acknowledge that Pineapple Pediatrics does not guarantee the

effectiveness of any such care and services in alleviating the patient's condition.

MEDICATION HISTORY CONSENT: I give my permission to allow Pineapple Pediatrics to obtain the patient's medication history from the patient's pharmacy, health plans, and other healthcare providers.

PHOTOGRAPHIC CONSENT: I consent to the patient being photographed as needed for the purpose of his/her diagnosis and/or treatment.

CONSENT FOR FOLLOW UP COMMUNICATION: I understand that it is important for my healthcare provider(s) to communicate with me regarding my medical care and treatment. I specifically authorize Pineapple Pediatrics to communicate with me at the phone number(s) I have provided at registration whether it is a landline, cellular phone, or text message. This consent includes all follow up care, coordination of financial benefits, and payment matters.

INDEMNIFICATION. This language protects Pineapple Pediatrics from anything that happens to another person or third party because of something you did or failed to do. I acknowledge that am liable for, and will indemnify, defend and hold harmless Pineapple Pediatrics, its officers, directors, employees, contractors, suppliers, and affiliates, from and against any and all claims, demands, actions, proceedings, suits, liabilities, losses, damages, penalties, fines and expenses (including attorney's fees and costs) arising out of or relating to my use of the Pineapple Pediatrics' services ("Services"), including without limitation any claims that I have used the Services in violation of another party's rights, in violation of any law, or in any manner occasioned by (1) the performance or nonperformance of any duty or responsibility by patient, (2) any tortious acts committed by me or any other person at my residence or other location of the visit, and (3) any damages resulting from any defects at my residence or location. This indemnification is subordinate to any third-party insurance coverage that may cover all or any portion of any indemnification claim, including without limitation an applicable homeowner's insurance policy.

[SIGNATURE] [DATE] [PHONE NUMBER]

Sincerely,

The Providers and Staff of Pineapple Pediatrics