



## Treatment Consent

Welcome to Metropolitan Pediatrics, your Medical Home! We look forward to assisting you with your healthcare goals. Here is some important information you should know about our clinic before we begin to work with you, your child(ren), and family.

### Care & Services

As a Medical Home, we are dedicated to providing proactive, patient-centered care to the children and families we serve. Your child's **care team** includes a **pediatrician** or **nurse practitioner**, **medical assistant**, sometimes a **nurse care manager** or **behavioral health clinician**, and any necessary **specialists**. We help patients and families with social, emotional, developmental, learning, and behavioral health concerns in addition to medical needs. Our overall goal is to keep children and adolescents healthy by more effectively managing their care.

By signing our Treatment Consent, you are authorizing the providers and clinic personnel of Metropolitan Pediatrics to conduct physical examinations and routine services, order and perform tests, and administer treatment deemed necessary by the examining provider. Should treatment be performed, the provider will fully inform you as to the nature of the procedure, the alternatives to treatment, and the risks involved. You will be given the opportunity to ask questions and have your questions answered. Should special procedures be indicated, the examining provider will discuss this with you and additional consent(s) may be required.

### Behavioral Health

Our behavioral health team will work with you to meet your/your family's specific needs. It is a collaborative process, and we encourage you to formulate questions and/or identify specific goals you would like to accomplish. You may request changes in treatment or end treatment at any time.

If medication is recommended for a behavioral health concern, your pediatrician or nurse practitioner will discuss the risks, benefits, and alternatives. When accepting a prescription for medication, you agree to follow the prescribing provider's recommendations regarding ALL aspects of treatment.

When a treatment referral inside the clinic is recommended, the information about your medical and mental health issues will be shared between providers in order to provide optimum care. When a treatment referral outside the clinic is recommended, the provider will attempt to provide you with alternatives.

### Confidentiality

The privacy of your medical/behavioral health is important to us. Information shared between providers is confidential. Metropolitan Pediatrics maintains a single chart to record the services that are provided. We will maintain your chart for 10 years from the last date of treatment or through the age of 18 years, whichever is longer.

Metropolitan Pediatrics is a Medical Home and, as such, will share information about your medical/mental health between our providers and clinics without written consent. While we will generally try to obtain your written consent to release records outside of Metropolitan Pediatrics, there are exceptions to your confidentiality:

- When there is suspected child, elder, or disabled abuse
- When there is threat of harm to self or others

- When medically relevant information is needed for emergency medical treatment
- When records are subpoenaed by order of a judge, or if the client waives confidentiality

We may communicate with other professionals on your behalf, release evaluation reports, and provide treatment plans/summaries.

- In Oregon, 14 is the legal age for consent to medical/mental health treatment and to disclose/release information.
- There may be charges for photocopying and mailing records.
- In the case of divorce, both parents have equal access to information in the chart of a child under the age of 14.

Information may be required by your insurance company to process a claim. Typically, this involves disclosure of a diagnosis and the dates of service. In some instances, more information may be required. Your child’s file may be reviewed for quality assurance by Metropolitan Pediatrics or your insurance company. We will maintain your confidentiality during this process.

Metropolitan Pediatrics respects the rights of a child/parent/adult to have certain information remain private between themselves and their healthcare provider. If you have concerns about this, let your provider know and an arrangement can be reached, which allows treatment to progress yet respects the rights of individuals. Please let us know if you wish to be contacted only in a particular way or only at certain phone numbers.

Email and fax communication present a potential risk to patient confidentiality. MyHealth is the preferred way to send secure messages to your care team. Metropolitan Pediatrics does not consider email or MyHealth messages a replacement for office visits. Email and MyHealth messages are not intended for immediate or urgent communications.

Your provider has an agreement with your insurance company to provide services within certain limitations. Here is some information regarding different insurance contracts:

- **Verification of Primary Care Provider:** This will be done during your first visit at the clinic each year as the front desk checks you in for your appointment.
- **Insurance Plans:** Payments from your insurance plan are subject to the benefits that are unique to your plan. Please review your policy and know your plan benefits.
- **Managed Care Insurance:** Your policy may have medical or behavioral health coverage that is limited to “medically necessary” procedures (for acute symptom relief). It is the responsibility of the parent/patient to ensure all necessary preauthorization is current.

We will call or text to remind you of upcoming appointments. Please let us know each time you schedule an appointment if you do not want a reminder call or text.

Phone calls are answered between 7:30am-5:30pm, Monday through Friday (some clinics have additional weekday and/or weekend hours). Your provider will try to return your call within 24 hours. If you need to contact a provider after hours, you may reach the answering service by calling your clinic’s regular phone number.

If you have concerns regarding these policies, please discuss them with your provider during your initial appointment. Should you feel dissatisfied with your treatment for any reason, please talk with your provider. If you and your provider are unable to resolve the problems, you may submit a written letter of concern to the Practice Manager. You will receive a return call within 48 hours.

**Electronic Communication**

**Your Health Coverage**

**Appointment Reminders**

**Emergencies**

**Grievance Procedure**