OFFICE POLICIES

These are some office policies GOSHEN PEDIATRICS set in place to ensure the same standard for all so each patient receives the care they need. Please note, some policies are required by law. We exercise the right to refuse any requests made that do not comply with our policy practices to ensure fairness to all of our patients.

APPOINTMENTS

Patients are seen by scheduled appointments only, we do not accept walk-ins. We do not "bump-up" appointments because you are "needing to be somewhere." Please keep in mind our office does their best to make sure we keep on time but also provide thorough care. If you are on a time restriction, we can reschedule your appointment should there be a more pressing matter to attend and are unable to wait to see the physician for the time you are scheduled.

RESCHEDULING/CANCELLATION

If you are unable to keep your appointment, we ask you call no later than 24 hours before your scheduled appointment to let us know to prevent a no-show fee. By calling us, you inform us of an opening in our appointments that another child may need, so please be polite and call. We call 1-2 days prior to your appointment to confirm, as a courtesy, so please make sure your phone number is up-to-date in our records and that your voicemail is set-up if you wish for us to leave you a message. If you are late we reserve the right to reschedule your child(ren)s appointment.

For more information, please see our: Late/No-show/Cancellation Policy

PHYSICALS/WELLNESS VISITS

Our office requires ANNUAL well visits after 2 years of age. School physicals do not count, if you choose to go to another provider for a physical these also are not applied to our office. For infants-we have a set schedule for wellness visits to be done at: 2mos, 4mos, 6mos, 9mos, 12mos, 15mos, 18mos, & 2 years of age. These are required as we do developmental checks and discuss potential concerns. If your child is sick at the time of their well visit, the appointment changes to a sick visit so your child can be treated for the illness but you will need to reschedule the physical/wellness visit.

Please note: If your child has missed a 3-year period of physicals/well visits with our office, they will be considered a "new patient" and during our busy season (May-October) we are unable to see new patients.

VACCINES

If they need to receive vaccines for school/daycare, they must be current and up-to-date on their annual well physicals. It is best to call us and book it as soon as possible to avoid having a later appointment than needed, due to our schedule filling up quickly.

For more information, please see our: Vaccination Policy

MEDICATION

If your child takes any medication(s) routinely, they must have a medication recheck visit every 3 months. There are no exceptions for this requirement. As a courtesy, we use the annual well physical as one of these rechecks. To make sure you have your child's medication refilled before your out of the medication, you should schedule these appointments before the last dose of medication is used. Typically, we recommend 1-5 days prior to the next fill. You may schedule the next needed appointment at the end of your current visit to help you from forgetting. Refills will not be submitted until your child is seen and medication is reviewed.

REFERRALS

For referrals to a specialist, you must give our office at least 1 week notice before any scheduled appointment requiring the referral so we can process your request and gather any extra needed information. For insurance required referrals, we need to have seen your child, within the past 3 months, regarding the health concern requiring a specialist to provide official supporting documentation and medical necessity. Insurances may take an additional 7-10 business days to approval the referral, but it is best for you to check with your insurance directly.

FORMS/PAPERWORK/LETTERS

If you need any forms completed for your child (i.e.-for school, daycare, scripts for therapies/services, camp, sports, etc.) your child must be up-to-date on their annual yearly physical and have been seen in our office for any related condition/medication/request. If you bring forms to your appointment, we will do our best to complete them the same day. For drop-offs, it takes up to 72 hours to have forms completed and ready for pick-up. Make sure your child's name & date of birth are on all forms and that you have all the parent/guardian sections already completed. If you do not complete your sections, we will be unable to finalize the documents and will request you do your part before we take them. All paperwork needing to be completed, needs to be supplied by the parent/patient. Some paperwork requires an appointment for us to complete. *IT IS YOUR RESPONSIBILITY TO GIVE US THE FORMS YOU/YOUR CHILD NEEDS. WE DO NOT KEEP FORMS IN OFFICE DUE TO EACH FACILITY REQUESTING DIFFERENT ONES.*

LAB RESULTS

Due to new insurance regulations and technology, ALL patients who have testing done must follow-up in our office for the doctor to review their results. To review labs not ordered by Dr. Wapshare, an appointment is required and ultimately, he will refer you back to the physician who ordered it.

NEW PATIENTS

You must contact our office to see if we are accepting new patients, prior to transferring medical records to us. We have a new patient inquiry and screening that must be reviewed prior to being able to accept and schedule appointments for new patients to make sure we are a good fit for you/your child.

FINANCIAL/INSURANCE

While we participate with many insurances, you are responsible for verifying, by calling your insurance, that we are a provider covered by your specific policy. You are also responsible to verify active insurance periods and if your insurance requires a PCP assigned, it must be listed as JAMES WAPSHARE, prior to your appointment or you will need to reschedule. You are responsible for any charges not covered by insurance at the time your child was seen.

For more information, please see our: Financial Responsibility/Consent for Treatment Policy

RECORD INFORMATION FOR ADULTS

Patients 18 years old and up are no longer minors. By law we cannot release ANY medical information (this includes vaccine records and completed forms) without their written consent. To obtain this consent, when they turn 18, they must provide their ID & fill out paperwork in the office specifying to whom they permit to obtain information and what information we may disclose.

For more information, please see our: Privacy Practices and the HIPAA Info for pts 18 yrs & up

RELEASE OF RECORDS

Records transfer can take up to 30 days once we receive all needed information. If we have already transferred your records, we no longer are “owners” of the records and you must contact the provider that now maintains your records for them. For parents/legal guardians of minor children requesting records be transferred, you must fill out a HIPAA release form and provide a copy of a valid state ID. If you are a patient 18 years or older, you must fill out the form and provide your ID. The form must be completed with the new physician’s information (name and location) along with their fax number.

INACTIVE PATIENTS

In New York State, medical records must be retained for the following minimum periods before they can be legally destroyed, please see below for the **Retention Periods:**

- **Adult Patients:** At least **6 years** from the date of discharge or last date of service.
- **Minor (Pediatric) Patients:** At least **6 years** from the date of discharge, or **3 years after the patient reaches the age of majority (age 18)**—meaning until the patient turns 21—whichever is longer. (Some specific profession rules or guidelines suggest retaining minor records until age 21 or 22/23 depending on the exact licensing board).
- **Deceased Patients:** At least **6 years** post-death.
- **Pending or Noticed Litigation:** Records must be preserved indefinitely or until the litigation/ investigation is fully resolved, regardless of standard timelines.

If you disagree or are unable to comply with the office policies, our practice may not be the right fit for your family.

Print Name:_____ Signature:_____

Date:_____