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PATIENT/FAMILY BILL OF RIGHTS AND RESPONSIBILITIES

At Centennial Valley Pediatrics, we strive to provide exceptional, progressive medical care that is respected among our peers and community. We do this by building trust and lasting relationships with our families while guiding our parents to raise happy, healthy children.

Our vision is to exceed our patients and caregivers expectations in service, integrity and compassion while providing personal and high quality medical care. We want you to share that vision, to understand your rights and to have the highest expectations when it comes to your child's care. We are committed to providing the best care possible.

YOU AND YOUR CHILD HAVE THE RIGHT TO:

BE TREATED WITH RESPECT It is our privilege to serve every patient that comes through our door. We pledge to serve patients with competent, considerate and respectful healthcare without discrimination at all times. We will take reasonable steps to overcome cultural or other communication barriers.

CONFIDENTIALITY You have the right to confidential management of communication and records. You have the right to talk in confidence with your healthcare providers and, within legal limits, to have your privacy protected at all times.

QUALITY CARE You will receive health care that is based on American Academy of Pediatrics guidelines. Be told medical choices for care or treatment. You can expect timely and reasonable answers to your questions that are complete and easily understood and be seen within a reasonable time.

PARTICIPATE IN YOUR HEALTHCARE You have the right to all information you need to make the best possible decisions, including treatment options, test results and an explanation of costs involved for your child. You have the right to accept or reject a treatment plan and seek and pay for a second opinion. You will be informed about medical consequences of exercising your right to refuse care. You may refuse to participate in research. Your child's care will be improved if you participate in the decisions regarding their health.

ACCESS TO MEDICAL RECORDS You may have access to your child's medical record until they reach 18 years of age. However, in Colorado, teens from 13-17 can, without their parents knowledge, get treated for pregnancy, sexually transmitted diseases, drug and alcohol use, and for those 15 and over, they can also be treated for mental health problems. These are the only areas for which teens can get services without a parent's permission. The reason for these laws is that legislators wanted to ensure that teens who had these health issues could get treatment, even if they felt uncomfortable or unsafe having their parents involved. They felt the health need was too important.

SAFETY Your child has the right to be free from mental, physical and sexual abuse and to be treated in a safe environment.

KNOWLEDGE OF BILLING AND CHARGES Upon request, you have a right to a copy of your bill and explanation of charges.

DISPUTE RESOLUTION You have the opportunity to file a complaint should a dispute arise regarding care, treatment or service or to select a different clinician.

YOU AND YOUR CHILD ARE RESPONSIBLE FOR:

PROVIDE INFORMATION We expect you to give true and complete information about your child's present and past health and family history. Providing your pediatrician with any change in your child's health and providing information to your pediatrician about any care your child received outside our practice. Notify your pediatrician of all prescriptive and non-prescriptive medications or herbal therapies your child has taken. Report any condition changes or reactions to medications. Provide correct and complete name, address, telephone numbers and emergency contact information each time you see your clinician so we can reach you in the event of a schedule change or to give medical instruction. Sign a release of information if needed to obtain medical records from other clinicians.

CONCERNS Let us know your concerns. Tell us if you do not understand your child's plan of care and what is expected of you.

APPOINTMENTS Keep appointments you have scheduled, and notifying us 24 hours advance if you cannot. Be aware of which office you have been scheduled at. Be respectful of all health care professionals and staff as well as other patients.

YOUR CHILD'S CARE Follow the plan of care agreed upon by you and your pediatrician. Be responsible for your actions if you refuse treatment or do not follow the agreed upon plan of care between you and your pediatrician.

FINANCIAL RESPONSIBILITY Provide current and complete insurance information including any secondary insurance each time you see your clinician. Pay copayment at the time of the visit. Pay your bill within a reasonable time. We encourage you to discuss a payment plan that works for you with our billing department if necessary.

SAFETY Do not smoke, become violent, or bring weapons of any kind into the clinic.

RESPECT the rights of property of the office and its employees and other persons in the clinic.