BELLEVILLE LAKE PEDIATRICS
PRACTICE POLICIES & PATIENT/PARENT ACKNOWLEDGMENT

PATIENT INFORMATION

Patient Full Name: _____

Date of Birth: ____ / ____ / _____

Parent/Legal Guardian Name (if patient is a minor): _____

Relationship to Patient: _____

1. CHILDHOOD IMMUNIZATION POLICY

At Belleville Lake Pediatrics, we believe that childhood immunizations are an essential part of protecting the health of our patients and our community. Our practice follows the childhood immunization schedule recommended by the American Academy of Pediatrics (AAP), which are based on extensive scientific research and evidence regarding vaccine safety and effectiveness.

Our Immunization Policy

Belleville Lake Pediatrics requires patients to receive routinely recommended childhood immunizations in accordance with the immunization schedule identified above (the "Required Immunizations"), with the exception of influenza, COVID-19, and HPV vaccines. While these vaccines are strongly recommended, they are not required to establish or maintain care at our practice, and declining them will not, by itself, result in dismissal from the practice.

We welcome children who are behind on their immunizations, provided their families are willing to follow a medically appropriate catch-up schedule as determined by the child's treating provider.

Vaccines may be split between visits when medically appropriate, provided your child remains within the recommended schedule, as determined by the treating provider. This may require additional "shot-only" visits between regularly scheduled appointments to stay on schedule.

We do not offer elective vaccine delays or alternative vaccine schedules, other than a catch-up schedule determined by the treating provider or a schedule modification required by an approved medical exemption.

We are always happy to answer questions and discuss concerns about immunizations.

Medical exemptions will be considered in accordance with current medical guidelines and applicable law.

Families who choose not to follow the practice's requirements for the Required Immunizations are unable to establish care at Belleville Lake Pediatrics. Michigan law allows parents or guardians to obtain nonmedical (religious, philosophical, or other) waivers of school and childcare immunization requirements under MCL 333.9215 and Mich. Admin. Code R 325.176. Those waivers apply to school and childcare enrollment and are separate from this practice's immunization policy.

For established patients, persistent refusal of the Required Immunizations (not including influenza, COVID-19, or HPV vaccines) may result in dismissal from the practice, consistent with applicable legal requirements, continuity-of-care obligations, and professional standards. This determination will be made on a case-by-case basis. Any dismissal will be preceded by reasonable written notice of at

least thirty [30] days, during which the practice will remain available for urgent and emergency care to allow a reasonable transition to a new provider, and the practice will transfer copies of the patient's medical records to the new provider upon proper authorization.

2. NEWBORN VITAMIN K AND SCREENING POLICY

Belleville Lake Pediatrics expects that all newborns receive a vitamin K injection after birth, which is typically administered at the birth hospital or birthing facility, and complete Michigan newborn screening, which is conducted under MCL 333.5431. These important preventive measures help protect babies from serious bleeding and identify certain medical conditions early, when treatment can be most effective. Families are asked to provide documentation of vitamin K administration and newborn screening results, such as hospital discharge records, when available.

3. ILLNESS AND INFECTION PREVENTION

To help protect our patients, families, and staff, we ask that families notify our office before arriving if their child has a known or suspected highly contagious illness or an exposure requiring special precautions. Examples may include measles, chickenpox, influenza, pertussis, COVID-19, or other infections requiring additional precautions. Our staff may provide specific arrival instructions or make alternative arrangements to ensure that your child receives appropriate medical care while minimizing exposure to others. The practice may require masking, use of an alternate entrance, or other precautions. Families agree to provide complete and accurate information regarding symptoms, exposures, and communicable diseases to help us protect other patients, visitors, and staff.

4. AFTER-HOURS COMMUNICATION

Belleville Lake Pediatrics provides after-hours telephone access for urgent medical concerns that cannot reasonably wait until the next business day. Our after-hours service is intended for urgent medical questions and is not a substitute for emergency medical care.

We make every effort to return after-hours calls within approximately sixty (60) minutes; however, response times may vary and are not guaranteed. Your call may be returned by the on-call physician, another clinician, or our answering service or nurse triage line. If you have not received a response within sixty (60) minutes, please call again.

Routine questions, prescription refills, appointment requests, school forms, and other nonurgent concerns should be addressed during regular office hours.

If your child is experiencing a medical emergency, or if you feel that your child's condition cannot safely wait for a return call, call 911 or proceed to the nearest emergency department. Do not wait for a return call from our office.

We understand that urgent medical concerns can be stressful, especially outside regular office hours. We ask that families communicate respectfully with the physician, clinician, or staff member responding to after-hours calls. Threatening, harassing, or abusive language or behavior will not be tolerated. Our goal is to provide timely, compassionate guidance while maintaining a safe and respectful environment for everyone.

5. PRESCRIPTION REFILLS

We ask families to plan ahead when requesting prescription refills. Please allow up to three (3) business days for routine refill requests, including requests submitted through the patient portal, to be

reviewed and processed. Families should request refills before their child's medication supply runs out.

Some medications may require a follow-up appointment, medication monitoring, laboratory testing, or additional evaluation before a refill can be authorized. Controlled substances and certain specialty medications may be subject to additional legal, regulatory, and practice requirements.

Refill requests should be submitted during regular office hours through the patient portal or by contacting our office. Refill requests are generally not handled after hours, on weekends, or on holidays, except for urgent medication needs that cannot safely wait until the next business day.

6. PATIENT PORTAL COMMUNICATION

The patient portal is a convenient way to communicate with Belleville Lake Pediatrics regarding nonurgent medical questions, prescription requests, and other routine concerns.

Please allow three (3) to five (5) business days for a response to general patient portal messages. Portal messages are reviewed during regular business hours and are not continuously monitored during evenings, weekends, or holidays.

Please do not use the patient portal for urgent or emergency medical concerns.

Some medical questions or concerns may require a scheduled appointment rather than communication through the portal. Our office will help determine the most appropriate way to address your child's needs.

For urgent concerns outside regular business hours, please use our after-hours service. For emergencies, call 911 or seek immediate emergency care.

Electronic communications, including patient portal messages, may become part of the patient's medical record, which is retained in accordance with applicable law.

Parent or guardian (proxy) access to an adolescent patient's portal account may be limited. Under Michigan law, minors may consent to certain services on their own (for example, under MCL 333.5127 and MCL 333.6121), and information related to those services may not be available through proxy access.

7. PARENT, GUARDIAN, AND CAREGIVER AUTHORIZATION

To help ensure safe and appropriate medical care, families are responsible for keeping their child's demographic, contact, insurance, and legal guardianship information current.

Parents and legal guardians should notify Belleville Lake Pediatrics of any custody arrangements, court orders, or changes in legal decision-making authority that may affect their child's medical care. Absent a court order or other legal document limiting a parent's rights, either parent generally may consent to the child's medical care and access the child's medical records. The practice will follow custody orders, court orders, and other legal documents provided to it, and parents and legal guardians should provide the practice with copies of any such orders.

Families should also keep the office informed regarding any additional adults authorized to accompany their child to appointments or consent to medical care when legally permitted.

Belleville Lake Pediatrics may request documentation to verify legal guardianship or medical decision-making authority.

Authorization for other adults to consent to care must be completed through the practice's designated authorization process or, where applicable, a written delegation of parental authority by power of attorney under MCL 700.5103. An adult's permission to accompany a child does not automatically grant authority to make all medical decisions. Under Michigan law, minors may consent on their own to certain health care services, and confidentiality rules may limit parental access to information about those services.

8. RESPECTFUL BEHAVIOR AND COMMUNICATION

At Belleville Lake Pediatrics, we are committed to providing a welcoming, respectful, and safe environment for all patients, families, visitors, and staff.

All patients, parents, guardians, and visitors are expected to:

- Treat physicians, staff, patients, and families with kindness and respect.
- Communicate concerns, questions, or disagreements respectfully.
- Refrain from threatening, aggressive, intimidating, discriminatory, harassing, or abusive behavior.
- Respect the privacy and confidentiality of patients, families, and staff.
- Follow reasonable office safety procedures and staff instructions.
- Supervise children appropriately while in the office.
- Refrain from photographing, video recording, or audio recording patients or staff without proper authorization.

We understand that medical visits may be stressful and that families may have concerns or disagreements about their child's care. We welcome respectful discussions and will make every effort to address concerns thoughtfully and professionally.

Threats, harassment, violence, or abusive behavior will not be tolerated. In cases of threats or violence, the practice may contact law enforcement.

9. PATIENT AND FAMILY RESPONSIBILITIES

To help us provide safe and effective care, patients and families agree to:

- Provide accurate and complete medical, medication, allergy, insurance, and contact information.
- Notify the practice promptly of changes in address, telephone number, insurance coverage, or legal guardianship status.
- Arrive on time for appointments and provide advance notice of cancellations whenever possible, in accordance with the practice's missed-appointment/no-show policy.
- Ensure that a parent, legal guardian, or other authorized responsible adult accompanies a minor patient to appointments and remains with the minor during the visit, except where the minor may lawfully consent to care or as otherwise permitted by practice policy.
- Follow treatment recommendations and communicate concerns regarding care plans.
- Meet financial obligations, including co-payments, deductibles, coinsurance amounts, and balances for services rendered, subject to applicable insurance contracts and laws.

PRIVACY ACKNOWLEDGMENT

I acknowledge that I have received, or been offered, a copy of Belleville Lake Pediatrics' Notice of Privacy Practices and understand that the practice may use and disclose protected health information as permitted by applicable law, as described in that Notice.

PATIENT/PARENT ACKNOWLEDGMENT

By signing below, I acknowledge and understand the following:

- I have read and understand the Childhood Immunization Policy.
- I understand the practice's expectations regarding newborn vitamin K administration and newborn screening.
- I understand the expectations regarding illness and infection prevention.
- I understand the appropriate use of the after-hours line, including the anticipated (but not guaranteed) callback time and emergency care instructions.
- I understand the prescription refill policy.
- I understand the patient portal communication policy.
- I understand that electronic communications, including patient portal messages, may become part of the patient's medical record (my own record if I am the patient, or my child's record if I am signing as parent or legal guardian).
- I understand my responsibility to maintain accurate demographic, insurance, guardianship, and caregiver authorization information.
- I understand the expectations regarding respectful behavior and communication.
- I understand my responsibilities as a patient, or as the parent or legal guardian of a patient, of Belleville Lake Pediatrics.
- I understand the practice's missed-appointment/no-show policy and that a parent, legal guardian, or other authorized responsible adult must accompany a minor patient, except where the minor may lawfully consent to care.
- I understand that failure to comply with applicable practice policies and requirements may affect my family's ability to establish or continue care with Belleville Lake Pediatrics, subject to applicable law, insurance requirements, and continuity-of-care obligations.
- I understand that these policies may be updated from time to time.
- I have had the opportunity to ask questions regarding these policies and have received satisfactory answers.

SIGNATURES

Patient (If 18 Years of Age or Older and Signing on Own Behalf)
Signature: _____
Printed Name: _____
Date**:** ____ / ____ / _____

Parent or Legal Guardian (If Patient Is a Minor and Signing on the Patient's Behalf)
Signature: _____
Printed Name: _____
Relationship to Patient: _____
Date**:** ____ / ____ / _____

Office Use Only
Date Received: _____
Staff Initials: _____
Patient Account Number: _____
Document Scanned/Uploaded: □ Yes □ No

Acknowledgment Refused: □ Yes □ No

Reason for Refusal / Good-Faith Effort Documented: _____