

Dear Parents,

Thank you for choosing Inlet Pediatrics for your child's medical care. We look forward to developing and maintaining a relationship with your entire family. Our office hours are Monday through Friday, 8:15am to 4:30pm. If you should have an urgent medical question after hours, please call the office and a provider will return your call. For medical emergencies, call 911.

If your child is sick, please call the office to schedule an appointment. We also offer Saturday hours for URGENT care from 8:30am-10:00am. We require a 24 hour notice if you need to cancel or reschedule your appointment for any reason. Should we not be given advance notice, you may be charged \$25. After 3 missed appointments, our office reserves the right to dismiss your child as a patient in our practice.

Should you need telephone advice, you may leave a message for the nurse and they will call you back as soon as possible. Prescription refills require 24 hours and all other paper work including but not limited to, immunization records, school physical forms, personal letters, and daycare forms take 48 hours to complete. The fee to copy medical records is \$15 plus \$.50 per page. As a professional courtesy, there is no charge to transfer records to another physician's office.

Inlet Pediatrics uses the immunization schedule recommended by the American Academy of Pediatrics. We do not recommend or give advice on alternative vaccine schedules. We will be happy to provide you with the recommended vaccine schedule should you request one. Please note, our office does not accept patients who are not immunized or whose parents do not plan to immunize. New patients must be up to date on vaccines.

As a patient of Inlet Pediatrics, you consent to medical treatment as deemed necessary by the physicians and nurse practitioners. You also consent to the release of medical information necessary to provide this treatment and to file claims with your insurance company.

Again, thank you for entrusting Inlet Pediatrics to care for your child! We look forward to our relationship with you and your family!

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#### NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, hereby acknowledge that I am aware of and understand the Inlet  
(Print Name of Parent or Legal Guardian)  
Pediatrics Notice of Privacy Practices. I also understand that I may receive a copy of the Notice of Privacy Practices upon request.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date