

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, 8:30am 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 bring them to the office during walk-in hours. Walk-in hours are Monday 8:30am-11:00pm and 1:30pm-3:30pm, Tuesday-Friday 8:30am-10:00am. We offer Saturday hours 8:30am-10:00am for URGENT care. If you cannot make the walk-in hours, call the office and we will try our best to fit your child in the schedule for that day. 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 within the same business day. 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 \$0.50 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.

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

Print Name of Parent of Legal Guardian

of and understand the Inlet Pediatrics Notice of Privacy Practices. I also understand that I may receive a copy of the Notice of Privacy Practices upon my request.

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Signature of Parent of Legal Guardian

Date