

Health Form Policies

It is the goal of the physicians and staff to accommodate as many requests as possible to the furthest reasonable extent, bearing in mind the following limitations:

- 1. Blank forms will not be accepted.** Forms will only be accepted for completion if the patient's name and other information has been completed. ***In some cases we may not be able to complete or certify a form if parents have not completed their parts of the forms prior to form submission.***
- 2. Turnaround time for form completion is 1 week.** While every effort will be made to complete forms as quickly as possible, parents should realize that at certain times of the year we may receive hundreds of health forms in one week, and remember that *each* of these has to be carefully reviewed by a physician before it is released. ***Parents are strongly advised not to wait until the last moment to look at the paperwork they have received from the program their child is scheduled to attend.***
- 3. Forms will be held here for parents to pick up.** Because of Health Insurance Portability and Accountability Act (HIPAA) regulations, forms will be released *to parents only*. Federal law prohibits doctors' offices from faxing or mailing medical information to nonmedical facilities. We cannot be responsible for delays or losses in ***the mail***.
- 4. Forms are completed for those whose accounts are in good standing. Delinquent accounts must be brought current before forms will be released. Forms** must be paid for before they are released.
- 5. Many forms require the information to be based on an examination completed within 12 months** of the date the form is completed. These requirements notwithstanding, no form will be completed for any patient who has not had a physical examination in our office in more than 24 months.

I have read and understand this office policy and agree to comply and accept the responsibility.

Patient Name(s) _____

Responsible Party Member's Name _____ Relationship _____

Responsible Party Member's Signature _____ Date _____