

Desert Valley Pediatrics

Phone: 623-877-7337 Fax: 623-772-0686

Patient Account # _____

Child's Last Name _____ First _____ MI _____

Birth Date _____ Age _____ Sex: F M Primary Language _____

Race _____ Ethnicity _____

Please list names of family members seen by DVP physicians: _____

Pharmacy: _____
(Name) (Location)

Guardian's/
Father's Name _____

Guardian's/
Mother's Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home/Message Phone _____

Home/Message Phone _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

SS# _____ Date of Birth _____

SS# _____ Date of Birth _____

Insurance Information

Insurance Co. Name _____

Insurance Co. Name _____

Patient's Insurance ID #: _____
Include member number if applicable (01, 02, 03, etc.)

Patient's Insurance ID #: _____
Include member number if applicable (01, 02, 03, etc.)

Group: _____

Group: _____

Insurance Policy Holder Name: _____

Insurance Policy Holder Name: _____

Insurance Policy Holder DOB: _____

Insurance Policy Holder DOB: _____

Relationship: _____

Relationship: _____

Address To Send Claims:

Address To Send Claims:

Release of Benefits and Information: I consent for medical treatment and I have verified the insurance listed on this form and authorize my insurance benefits be paid directly to the doctor. I am financially responsible for any balance due. I authorize Desert Valley Pediatrics to release any information required for this claim.

Signed: _____ **Date:** _____



Consent to Treat

Patient Name: _____

DOB: _____

Consent from Parent or Legal Guardian for Authorized Persons

As the legal parent or guardian, I authorize the individual(s) listed below to accompany my child for medical care related to the visit(s) they attend on my behalf.

I understand that the authorized person(s) may provide consent for and receive information related **only to the care provided during that visit**, including:

- Evaluation and treatment
- Vaccinations administered at the visit
- Referrals generated from the visit
- Access to **medical records and health information relevant to that visit**
- Review of medical history **necessary to support care for that visit**

This authorization does **not** grant access to my child's complete medical record beyond what is required for the visit.

Please list the individual(s) authorized to accompany your child for care and provide consent **for visit-related treatment only**.

Full Name of Authorized Person

Relationship to Child

If no one else is authorized to accompany or consent for your child, please check below:

None / No Authorized Persons

Parent/Legal Guardian Name _____

Parent/Guardian Signature

Date

(Valid for 1 calendar year, must be updated every year)



Desert Valley Pediatrics – Office Policies

Financial Policies

Insurance & Payment

DVP will submit claims to your insurance as a courtesy. **Payment is due at the time of service** for co-pays, deductibles, co-insurance, and non-covered services. Co-pays **cannot be waived**. Payment is collected during **pre-visit or in-office check-in**.

Patients are responsible for understanding their benefits and **assigning DVP as their PCP** when required. For out-of-network benefits, claims will be submitted as a courtesy; any remaining balance is the guarantor's responsibility. Notify DVP of changes to insurance, address, or phone number.

Medicaid

Patients must have **active coverage**. If not, the visit may be considered **self-pay**. Non-covered services are the guarantor's responsibility.

Self-Pay Patients

Patients without insurance are considered self-pay. **Full payment is due at the time of service**. Our current list of fee can be found on our website www.dvpeds.com or you may contact the office information.

Returned Checks

There is a **\$35 fee** for returned checks. Payment must then be made in **certified funds**. Personal checks will no longer be accepted on the account.

Past Due Accounts

Past due balances may result in billing statements, notices, and collection calls. Accounts with unpaid balances may have **restricted scheduling** until resolved.

Laboratory Fees: You will receive a separate laboratory fee for outside lab services. Any lab services that are not covered by your insurance will be your responsibility. It is your responsibility to go to a contracted lab. Desert Valley Pediatrics is not affiliated with any labs.

Elective Procedures

Circumcisions and ear piercings may not be covered by insurance. **Full payment is required at the time of service**. Checks are **not accepted**.

Appointments & Scheduling

Appointments

Walk-ins and sibling add-ons are **not accepted**. Urgent concerns should be addressed through a **triage nurse**. Text or call if you are late for your visit time. Staff will determine whether you can be accommodated or must **reschedule**.

No Shows & Late Cancellations

Appointments cancelled **<6 hours** before the visit or missed appointments may affect other patients. Three (3) occurrences within **6 months** may result in **dismissal** from the practice.

Visit & Billing Information

Visits and Coding

Providers code based on **all care provided**. Significant problems addressed during Well Child Checks may result in **additional billing**. Both preventive and problem-oriented services may be billed if provided.

Communication & Family Responsibilities

Visit Information

Providers will **not** conduct post-visit phone reviews. Summaries and instructions are available via the **patient portal**. Families are encouraged to have **both parents/guardians** present when possible.

Divorce & Custody

DVP cannot intervene in parental disputes. The parent or guardian bringing the child is **financially responsible**. Parents must communicate scheduling and cancellations with each other. Repeated disruptions may result in **scheduling restrictions or other consequences**.

Privacy & Consent

DVP is committed to protecting your child’s privacy. Our **Notice of Privacy Practices** explains use and disclosure of protected health information. You may review it anytime; updated copies are available.

By signing, you consent to DVP’s use and disclosure of health information for **treatment, payment, healthcare operations and receipt of the Health Current’s Notice of Health Information Practice**. Treatment may be conditioned on this consent. Requests for disclosure restrictions must be in writing; any agreed restrictions will be honored.

This consent remains in effect until revoked in writing.

Patient Name: _____ **Patient DOB:** _____

Responsible Party Name (Please Print): _____

Your signature: _____ **Date:** _____



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment to Privacy

Desert Valley Pediatrics understands that medical information is personal. We are committed to protecting your child's Protected Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA), applicable federal regulations, and Arizona state law. We create and maintain medical records to provide care to your child and to comply with legal and regulatory requirements.

This Notice explains:

- How we may use and disclose your child's PHI
- Your rights regarding your child's PHI
- Our legal duties with respect to that information

We are required by law to maintain the privacy of PHI, provide this Notice, and follow the terms of the current version of this Notice.

Effective Date 09/23/2013

Date of Revision 06/03/2026

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all PHI we maintain, including information created or received before the changes. The current Notice will be available in our office and on our website upon request.

Contact Information

If you have questions about this Notice or need additional information, please contact:

Privacy Officer: Terri Hale, Director of Operations

Mailing Address: 4137 N. 108th Ave., Phx., AZ 85037

Telephone: 623-877-7337

Fax: 623-772-0686

What Is Protected Health Information (PHI)?

Protected Health Information is information that identifies your child and relates to:

1. Your child's past, present, or future physical or mental health or condition;
 2. The provision of health care to your child; or
 3. The past, present, or future payment for health care services.
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How We May Use and Disclose PHI

For Treatment

We may use or disclose PHI to provide, coordinate, or manage your child's health care. This may include sharing information with physicians, nurses, specialists, laboratories, pharmacies, or other health care providers involved in your child's care.

For Payment

We may use and disclose PHI to bill and collect payment for services provided to your child. This may include eligibility verification, claims submission, utilization review, and authorization activities.

For Health Care Operations

We may use and disclose PHI for operational purposes, including quality assessment, staff training, licensing, accreditation, audits, and business planning.

Appointment Reminders and Health-Related Communications

We may contact you to remind you of appointments, provide instructions, discuss treatment options, or inform you about health-related benefits or services.

Electronic Communications

We may communicate with you about your child's care using:

- Patient portals
- Email
- Text messaging

These communications may include appointment reminders, check-in information, billing notices, or care-related messages. While we take reasonable steps to safeguard electronic communications, they may carry some risk of interception. By providing your contact information and using these services, you acknowledge and accept these risks.

You may request alternative communication methods at any time.

Parents, Guardians, and Minors

Generally, parents or legal guardians may access their minor child's PHI. However, access may be restricted in certain situations as required by Arizona or federal law, including circumstances where a minor may legally consent to care. We will comply with applicable laws regarding minor confidentiality and parental access.

Additional Permitted Uses and Disclosures

We may also use or disclose PHI:

- **As Required by Law** – To comply with federal, state, or local laws.
 - **Public Health Activities** – Including reporting births, deaths, communicable diseases, adverse drug reactions, recalls, and child abuse or neglect.
 - **Health Oversight Activities** – Such as audits, investigations, inspections, and licensure.
 - **To Avert a Serious Threat** – To prevent a serious threat to health or safety.
 - **Business Associates** – To vendors who perform services on our behalf under contracts requiring privacy and security protections.
 - **Law Enforcement and Legal Proceedings** – As permitted or required by law.
 - **Coroners, Medical Examiners, and Funeral Directors** – To carry out their duties.
 - **Workers' Compensation** – As authorized by law.
 - **Breach Notification** – To notify you of unauthorized access to unsecured PHI.
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Uses and Disclosures Requiring Opportunity to Agree or Object

Individuals Involved in Your Child's Care

Unless you object, we may share PHI with family members, relatives, or others involved in your child's care or payment for care. If you are unavailable, we may use professional judgment to determine whether disclosure is in your child's best interest.

Disaster Relief

We may disclose PHI to disaster relief organizations to coordinate care or notify family members, when appropriate.

Uses and Disclosures Requiring Written Authorization

We will obtain your written authorization before using or disclosing PHI for:

- Marketing purposes involving payment
- Sale of PHI

You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

Your Rights Regarding PHI

You have the right to:

- **Inspect and Copy** your child's PHI
- **Receive an Electronic Copy** of electronic health records
- **Request Amendments** to PHI
- **Request an Accounting of Disclosures**
- **Request Restrictions** on certain uses or disclosures
- **Request Confidential Communications**
- **Receive Notice of a Breach** of unsecured PHI
- **Obtain a Paper Copy** of this Notice at any time

Requests must be submitted in writing to the Privacy Officer. Fees may apply as permitted by law.

Complaints

You may file a complaint if you believe your child's privacy rights have been violated. There will be no retaliation for filing a complaint.

To file a complaint with us: Contact the Privacy Officer at the address listed above.

To file a complaint with the U.S. Department of Health and Human Services: Office for Civil Rights, U.S. Department of Health and Human Services.

Language Assistance

If you have difficulty reading or understanding English, free language assistance and translated versions of this Notice are available upon request, including Spanish.

This Notice applies to all services provided by Desert Valley Pediatrics.



Notice of Health Information Practices

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This Notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

How does Health Current help you to get better care?

In a paper-based record system, your health information is mailed or faxed to your doctor, but sometimes these records are lost or don't arrive in time for your appointment. If you allow your health information to be shared through the HIE, your doctors are able to access it electronically in a secure and timely manner.

What health information is available through Health Current?

The following types of health information may be available:

- Hospital records
- Medical history
- Medications
- Allergies
- Lab test results
- Radiology reports
- Clinic and doctor visit information
- Health plan enrollment and eligibility
- Other information helpful for your treatment

Who can view your health information through Health Current and when can it be shared?

People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, transition of care planning and population health services.

You may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form. Health Current may also use your health information as required by law and as necessary to perform services for healthcare providers, health plans and others participating with Health Current.

The Health Current Board of Directors can expand the reasons why healthcare providers and others may access your health information in the future as long as the access is permitted by law. That information is on the Health Current website at healthcurrent.org/permitted-use.

Does Health Current receive behavioral health information and if so, who can access it?

Health Current does receive behavioral health information, including substance abuse treatment records. Federal law gives special confidentiality protection to substance abuse treatment records from federally-assisted substance abuse treatment programs. Health Current keeps these protected substance abuse treatment records separate from the rest of your health information. Health Current will only share the substance abuse treatment records it receives from these programs in two cases.

One, medical personnel may access this information in a medical emergency. Two, you may sign a consent form giving your healthcare provider or others access to this information.

How is your health information protected?

Federal and state laws, such as HIPAA, protect the confidentiality of your health information. Your information is shared using secure transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.

Your Rights Regarding Secure Electronic Information Sharing

You have the right to:

1. Ask for a copy of your health information that is available through Health Current. Contact your healthcare provider and you can get a copy within 30 days.
2. Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.
3. Ask for a list of people who have viewed your information through Health Current. Contact your healthcare provider and you can get a copy within 30 days. Please let your healthcare provider know if you think someone has viewed your information who should not have.

You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 36, section 3802 to keep your health information from being shared electronically through Health Current:

1. You may “opt out” of having your information available for sharing through Health Current. To opt out, ask your healthcare provider for the Opt Out Form. After you submit the form, your information will not be available for sharing through Health Current.
Caution: If you opt out, your health information will NOT be available to your healthcare providers even in an emergency.
2. You may exclude some information from being shared. For example, if you see a doctor and you do not want that information shared with others, you can prevent it. On the Opt Out Form, fill in the name of the healthcare provider for the information that you do not want shared with others.
Caution: If that healthcare provider works for an organization (like a hospital or a group of physicians), all your information from that hospital or group of physicians may be blocked from view.
3. If you opt out today, you can change your mind at any time by completing an Opt Back In Form that you can obtain from your healthcare provider.
4. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

IF YOU DO NOTHING, YOUR INFORMATION MAY BE SECURELY SHARED THROUGH HEALTH CURRENT.