**Office Policies**

1. No walk-ins after 10:30 am or after 3:00 pm. Walk-ins will be taken only if there is availability or in case of an emergency. Otherwise they will be scheduled for the next available slot. Walk-ins should expect a reasonable wait time since patients with appointments will be given priority.
2. Please check in at the front window. If a child is not checked in, the appointment will be cancelled and rescheduled to the next available.
3. Anyone more than 15 minutes late will be rescheduled, unless directed otherwise by the physician.
4. In case of an emergency or if there is a need to cancel or reschedule an appointment, please call the office **BEFORE** the appointment time. If there is no notification, we will consider the patient a **NO SHOW** and it will be reported to your insurance. You may be asked to leave the practice after three no-shows at the discretion of the physician.
5. Patients are to watch their children at all times. Children must be accompanied to the restroom and anywhere in the treatment area. If the patient is 16 years or older, the physician may allow the child to come unaccompanied.
6. Anyone other than the legal guardians who comes in with the child, should bring a written permission from the child’s legal guardian. This allows the physician to discuss the child’s diagnosis and treatment with the designated person.
7. Any messages left will be returned the same business day. If it is an emergency, the call will be returned between patients. Use common sense. Call 911 if the child has a life-threatening emergency. Quality health care cannot always be provided over the phone and we may ask you to make an appointment for your child.
8. Please allow up to 48 hours for prescription refill requests or school/therapy/other paperwork to be completed. If your child takes a controlled substance, you must also sign the Controlled Substance Agreement Form provided by us.
9. We would greatly appreciate limiting after-hour calls to emergencies only.
10. We will not tolerate rude behavior, abusive language, or threats directed at any of our employees. This is grounds for immediate dismissal and a report will be made to your insurance.

By signing this, I certify that I have read the above office policies and agree with them.

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian name and signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_