PATIENT-PROVIDER AGREEMENT (PATIENTS 18 AND OLDER)

Welcome, and thank you for continuing your care with Reis Pediatrics. Our mission is to provide the highest quality patient-centered medical care in an environment that is nurturing, empowering, supportive and loving. Now that you are 18 or older, **you make your own health care decisions,** and we look forward to partnering with you directly.

Your commitment to our patient-centered medical home gives you an expanded type of care. We will work with you and your other health care providers as a team. You will also have better access to us by phone or through our website: www.reispediatrics.com.

Your privacy now that you are 18

Once you turn 18, your parents or guardians no longer have automatic access to your health information, medical records, or patient portal. We will share your information with family members only as you choose. You can tell us who may be involved in your care in the "Family and Support Persons" section of the Consent and Acknowledgment page, and you can change your choices at any time.

Planning your move to adult care

Reis Pediatrics cares for young adults **until their 26th birthday.** Before then, we will work with you to choose an adult primary care provider, transfer your records, and make sure any ongoing care continues without a gap. We encourage you to start this conversation with us by age 24.

As your primary care provider, we will:

- Learn about you, your life situation, and your health goals and preferences, and suggest treatments that make sense for you.
- Take care of short-term illnesses, long-term chronic conditions, and your all-around well-being.
- Keep you informed about recommended vaccines and preventive screening tests.
- Connect you with specialists and other members of your care team, and coordinate your care with them.
- Be available after hours for urgent needs.
- Notify you of test results in a timely manner.
- Communicate clearly so you understand your condition(s) and all of your options.
- Listen to your questions and concerns, and respond promptly in a way you understand.
- Respect your privacy and your decisions about your care.
- Help you plan your transition to an adult primary care provider.

We trust that you will:

- Know that you are a full partner in your care.
- Come to each visit with updates on any medications, dietary supplements, or remedies you are using, and with any questions you have.
- **Stay up to date on recommended vaccines.** We strongly recommend the vaccines advised for young adults by the American Academy of Pediatrics and your provider (for example, meningococcal, HPV, COVID-19, and yearly flu vaccines). We will discuss any questions you have, and the decision is yours.
- Schedule and attend recommended yearly checkups.
- Let us know when you see other health care providers so we can coordinate care.
- Keep scheduled appointments, or call to reschedule or cancel at least 24 hours in advance. A missed-appointment fee may apply as described in our Financial Responsibility Agreement.

- Ask questions about your care and tell us when you don't understand something.
- Follow the care plan we have agreed on, and take medications as prescribed.
- Call us if you have not received your test results within two weeks.
- Contact us after hours only if your issue cannot wait until the next business day.
- If possible, contact us before going to the emergency room, so someone who knows your history can help.
- Learn about your health insurance coverage and contact your insurer with questions about benefits.
- Pay your share of any fees.
- Give us feedback to help us improve our care.

Ending our partnership

We value every patient we care for, and we will always try to resolve concerns with you first. However, we may end our care relationship if, after discussing it with you, either of the following continues:

- Missing **3** scheduled appointments within 12 months without notice; or
- Having an unpaid balance more than **90 days** past due without an active payment plan.

If this happens, we will notify you in writing, remain available for your urgent care needs for 30 days, and transfer your records to the new provider you choose once you sign a release. Members of Med-QUEST (Medicaid) health plans will be handled according to their health plan's requirements. Reaching our age limit is a planned transition, not a discharge, and is handled as described above.

CONSENT TO TREATMENT

I confirm that the information I have provided is correct to the best of my knowledge, and I will tell this office about any changes.

With my informed consent, I authorize Reis Pediatrics to provide treatment, medication, and therapy related to my diagnosis and treatment plan, and to perform or order diagnostic procedures and tests it considers appropriate. I understand that care may be provided by physicians, physician assistants, and nurse practitioners, and I consent to care by these providers. I understand these services are voluntary and that I have the right to refuse them.

USE OF AI-ASSISTED DOCUMENTATION

Our providers may use a secure artificial intelligence (AI) documentation tool that listens to the visit and helps prepare a draft of the medical note. This allows your provider to focus on you instead of the computer. Your provider reviews the draft and is responsible for everything in the final medical record.

We use these tools only through vendors that have signed agreements requiring them to protect your health information as required by federal privacy law (HIPAA). Visit recordings and transcripts are deleted within 30 days; the final note becomes part of your medical record.

By signing this agreement, you consent to the use of AI-assisted documentation during your visits. **You may opt out at any time,** for a single visit or for all visits, without affecting your care. Simply tell your provider or our front desk, and we will note your preference in your chart.

INSURANCE AUTHORIZATION

Assignment of Insurance Benefits: I authorize payment of medical benefits directly to Reis Pediatrics. I authorize the release of any medical information needed to process insurance claims and any referrals needed for my care. A copy of this authorization is as valid as the original. I understand that costs not paid by insurance will be my responsibility unless prohibited by state or federal law.

I understand that if I do not inform Reis Pediatrics of a change in insurance coverage within 30 days of the change, I may be responsible for charges that cannot be submitted on time because of the delay.

Note: If you are covered under a parent's insurance plan, the plan may mail statements (Explanation of Benefits) about your visits to the policyholder. If this is a concern, ask us or your insurance plan about requesting confidential communications.

GOVERNMENT HEALTH PLAN AUTHORIZATION (MED-QUEST / MEDICAID, TRICARE)

If I am covered by Med-QUEST (Medicaid), TRICARE, or another government health program, I certify that the information I have provided is correct. I authorize any holder of my medical information to release information needed to process claims to the program, its agencies, and its contracted health plans. I assign benefits for physician services to Reis Pediatrics and authorize Reis Pediatrics to appeal any denial of benefits on my behalf.

Patients confirm their agreement by signing the Reis Pediatrics Consent and Acknowledgment page.