

KIDDIE WEST

PEDIATRIC CENTER

4766 West Broad St. • Columbus, OH 43228
Telephone: (614) 851-PEDS (7337) • Fax: (614) 851-0080
www.kiddiewest.com

PARENT/GUARDIAN RESPONSIBILITIES

1. Arrive on time and attend scheduled appointments.
2. Bring your insurance card and driver's license or other identification to each appointment.
3. Complete all forms necessary for the medical file and update us when there is new information.
4. Call 24 hr's in advance if possible to cancel any appointment that cannot be kept.
5. Ask questions when directions/diagnosis/ treatment plans/vaccine information or other information is unclear to you.
6. Follow the physician instructions regarding treatment plan. (give the medication as directed , obtain all necessary testing, etc.)
7. Be respectful of and courteous to Kiddie West staff, and other patients and their families.
8. Submit payment in a timely manner for services received.
9. When calling for advice, leave a detailed message, phone number, pharmacy number, and any allergies for the patient.
10. Follow specific rules for the management for certain diagnosis (ADHD, mood disorders, etc.)
11. Be respectful of others' privacy and keep the door to the examination room closed at all times.
12. Clean up any spills of liquids, foods, or bodily functions done by the patient in our building.
13. Inform our staff of any concerns you have regarding the cleanliness of our facility.
14. Inform our staff of any concerns you may have about your visit.
15. Ensure the safety of others by monitoring your children's activities closely.
16. Be proactive in the patient's needs and care.

PARENT/GUARDIAN SIGNATURE

WITNESS SIGNATURE

DATE

DT 5-17-06