
Patient Name

Date of Birth

Integrative Developmental & Behavioral Pediatrics, LLC

GENERAL OPERATIONAL POLICIES AND PROCEDURES

Services Provided: We provide evaluation and ongoing care for children from birth to 10 years of age who experience developmental and behavioral challenges. When appropriate, we provide ongoing care for established patients older than 10 years of age.

Our Mission: Our goal (and passion!) is to optimize your child’s behavior and development by using an integrative medical approach, which coordinates traditional (allopathic) care with holistic, complementary, and/or “alternative” medical treatments.

Hours: The office phone is answered 9am-5pm, Monday through Friday. Our physical presence in the office is variable week-to-week.

Location: 5319 SW Westgate Dr. Ste #168, Portland OR 97221 (just north of Hwy 26 off of Sylvan):

After hours/emergencies: If you have an urgent issue that cannot wait until normal office hours (9-5, Monday-Friday), you may call Dr. Kirchoff on her cell phone at 503-307-0634. If you are unable to reach Dr. Kirchoff by cell phone, you should contact your child’s PCP and/or take your child to the emergency room of the nearest hospital.

Appointment Scheduling: Appointments may be requested by calling 503-444-1745 or by emailing admin@donnakirchoffmd.com.

Fees/payment: See financial policy for more details – payment is due at the time of service, and we are not contracted with any health insurance companies.

Confidentiality: It is sometimes in the best interest for an older child to have particular information remain private between them and their provider. If you have concerns about this, please let us know, so that we can come to an agreement about handling communication. Children 14 and older are required to sign for any release or communication of health care information. There are certain circumstances when information obtained in confidence may be shared, such as: suspected abuse; threat of harm to self or others; when information is needed for emergency medical treatment; when records are ordered by a judge; or if the patient waives confidentiality. Please see “Notice of Privacy Practices for Protected Health Information” for additional information.

Reminder calls: We will endeavor to send reminder calls prior to your appointment. Non-receipt of reminder call does not constitute cancellation of appointment, and missed appointments are subject to full appointment charges, even if no reminder call was made.

Cancellation policy: Missed appointments and appointments cancelled with less than 24 hours notice may be charged the full appointment fee.

Parent/Guardian Initials _____ Patient initials (if 14yo or older) _____ Date _____

GENERAL OPERATIONAL POLICIES AND PROCEDURES, page 2

ADA accessibility: Our office is ADA-accessible – please enter through the front door of the building.

Custody Determination/ legal proceedings: Our focus is on medical and therapeutic interventions. We are not geared toward custody determination and/or other related litigation.

I have read and understand the above information and I consent to treatment.

Patient Name	Date of Birth
--------------	---------------

Signature (patients 14 and older)	Date
-----------------------------------	------

Signature (Parent/Guardian/legal representative)	Date
--	------

Relationship to patient
