



2713 Dantzler Dr
North Charleston S.C. 29406
Office (843)764-1722

748 Orangeburg Rd
Summerville S.C. 29483
Office (843)832-8606

Dear Parents,

Thank you for choosing **Sweetgrass Pediatrics** for your child's medical care. We look forward to developing and maintaining a relationship with your entire family! Our office hours are Monday through Friday, 8am to 5pm. If you should have an urgent medical question after hours please call the office and a pediatric registered nurse will return your call. There will always be a physician supporting the nursing advice center. For medical emergencies please call 911.

If your child is sick, please try to call as soon and as early as possible in the day so that we may schedule your appointment. If you should need telephone advice, your message will be taken and we will call you back as soon as possible. Please try to telephone ahead if you will be late to your appointment. If you are 20 minutes late for an appointment we may need to reschedule. If you have 3 or more "no shows" for a scheduled appointment, we will need to reevaluate your future participation in our practice.

Prescription refills require 24 hours and all other paper work including but not limited to, school physical forms, family medical leave, daycare forms and immunization records take 3 to 4 business days to properly complete, please schedule accordingly.

As a patient with Sweetgrass Pediatrics, you consent to our immunization schedule as recommended by the American Academy of Pediatrics. If you would like a schedule of immunizations we would be happy to provide you with one. Additionally, information sheets will be provided to you about each immunization at the time your child receives them. As a patient you also consent to medical treatment as deemed necessary by the physicians at Sweetgrass Pediatrics, to the release of medical information necessary to provide this treatment and to file claims with your insurance company

There is a \$15 fee for each copy of the patient's medical record.

Only parents or legal guardians are allowed to consent to medical treatment unless another individual is granted permission **and** listed on the Patient Registration form.

Again, thank you for choosing Sweetgrass Pediatrics. We cherish our role in helping your children grow and mature in the safest and healthiest way!

Dr. Colleen Boylston and the Sweetgrass Pediatrics Family.

NOTICE OF PRIVACY PRACTICES

I, _____ hereby acknowledge that I am
Print Name of Parent or Legal Guardian

aware of, and understand the Sweetgrass Pediatrics Notice of Privacy Practices. I also understand that I may receive a copy of the Notice of Privacy Practices upon my request.

Signature of Parent or Legal Guardian

Date