



1-to-1 Pediatrics Technology and Form Program Agreement

I, _____, agree to sign up my family for the 1-to-1 Pediatrics Technology and Form Program (hereafter “the Program”). In entering into this agreement, I acknowledge that the Program is optional and provides services not normally covered or reimbursed by traditional health insurance outside of scheduled office visits. These services are listed below in Schedule 1. The term of this agreement is for a 1-year period and will automatically renew unless I request to opt out in writing at least 30 days prior to the renewal date.

I understand that if I chose to opt out of the Program, that I will still be able to obtain the services listed in schedule 1. However I will be required to schedule an office visit for each individual service and thus incur normal insurance charges subject to copays, coinsurance and deductibles. Appointment availability for these services will **not** take priority over visits of a more urgent medical nature.

Once signed up for the Program, I understand that I will be given access to a patient portal account for each of my children. Using this account I will be able to communicate with the office staff via a HIPAA secure electronic environment for questions or concerns. On occasion I may choose to communicate with the office staff via traditional, non-secure, email to send photographs, etc. I acknowledge that this form of electronic communication is inherently not private and I utilize it at my own risk. (see attached waiver)

Name(s) of child(ren) covered by the Program

_____	_____
_____	_____
_____	_____

Parent/Guardian Name

Parent Guardian Signature

Date of Agreement: _____



Schedule 1

Services Included in the Technology and Form Program

1. Advice calls with the staff and Dr. Nash during normal business hours.
2. Refills of regularly prescribed medication electronically.
3. Form completion (for preschool, school, camp, sports, etc.) faxed or emailed.
4. Prior authorization requests for medications through insurance.
5. Letter writing for school, PE excuses, insurance authorization, etc.
6. E-mail access for questions via HIPAA secure electronic environment. Questions will be answered during normal business hours.
7. Access to Healow, our patient portal, where patients/parents can review lab results, request appointments, access immunization records and view their bill.



Schedule 2

Annual Fee for Technology and Form Program Spring 2016

The annual fee for the Program is based on the size of the family.

1 child	\$150/year
2 children	\$250/year
3 or more children	\$300/year



1-to-1 Pediatrics Email Disclaimer

- 1) Please be advised that communicating via email is not secure communication. By return receipt of this email disclaimer you understand the potential risks inherent with email communication and agree to accept the possible risks and use email communication as a way for you and this office to communicate.
- 2) I understand Andrew L. Nash, MD., a Medical Corporation, does not and cannot guarantee the confidentiality of any email communications and will not be liable for improper disclosure of confidential information and/or breaches in confidentiality caused by me or a third party. I understand Andrew L. Nash, MD., a Medical Corporation, has no control over the security or management of my individual email service provider and cannot guarantee that information will not be intercepted, altered, or read by an unintended recipient.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Email Address: _____