

WELCOME TO KIWI PEDIATRICS

About our Clinic

Our clinic provides pediatric consultation services to family doctors and other clinicians. We work with your family doctor to provide care for your child. **WE DO NOT PROVIDE PRIMARY CARE SERVICES.** Please be aware we only see the child for what they are referred for, additional concerns require a new referral.

Follow up appointments are dependent on the physician and the needs of your child. Any child not seen within a 12-month period will automatically be discharged; a new referral will be needed for the child to be seen again.

This office is a teaching facility through the University of Calgary. At times there are medical trainees working in the clinic. Each learner is supervised and decisions regarding care are made in conjunction with your pediatrician. If you do not want your child seen by a learner, please advise the reception staff.

Clinic Hours

Regular clinic hours are Monday to Thursday 8 am to 4 pm and Fridays from 8 am to 3 pm. The office is closed weekends and statutory holidays. In addition, the office is closed between Christmas and the New Year.

Collection of Personal Information

For the purpose of providing patient care the office collects personal information on all patients. This information is kept private at all times and is not distributed except where necessary to provide the required service to your child (sending referrals and booking diagnostic tests). At times phone calls to allied health professionals may be necessary to provide care to your child. A valid signed consent will be required prior to such discussions.

To help identify you child, Dr. Ross likes to have a photograph as part of the chart. This photo will not be used for any other reason. If you do not wish to have your child's photo used, please advise the reception staff.

Alberta Health Care/Uninsured Services/ Out of Province Patients

Your Alberta Health Card is required for each visit. Patients not insured through Alberta Health Care are required to pay for all services before the appointment. There are certain services that are not covered, such as letters and forms. You will be billed directly for these and will be notified of the cost before the service is provided. Payment is due upon receipt and the office currently only accepts CASH.

Cancellation/Missed Appointment

If you are not able to make your appointment, we require a minimum of 2 business days notice to cancel, unless due to illness. Missed appointments are subject to a \$100 fee for a new consult and a \$50 fee for a follow up appointment payable prior to rebooking.

Abuse of Staff

At all times we strive to provide a safe and friendly environment for patients and staff. Abuse of any kind will not be tolerated and may result in a patient being denied further medical care at this office.

Kiwi Pediatrics uses a secure email service called Brightsquid to communicate with our families.

Email can be used to send and receive forms and other documents to assist with the care of your child and to inform your physician of any pertinent information such as completed medical tests or visits to the emergency department

Email cannot be used to book appointments or request medication refills.

If you have sent an email but have not received a response and one was expected, please call the office to follow-up.

Emails will be checked several times throughout the day, but not on weekends or holidays

Brightsquid is a secure email service but does not completely remove the risk of personal information being accessible to others through diversion, misaddressing the email, etc. It may also be easier to alter or forge documents sent by email.

Email communications are part of your child's medical record.

If you would like to be able to communicate with the staff and your pediatrician via email please select 'Yes' below.

Child's first and last name: _____

I/We have read this policy & acknowledge & agree with its contents: Yes / No

I/We agree to the use of Brightsquid Secure email: Yes / No

Email address: _____

Parent's signature: _____

Date: _____