

# ***KATHRYN E. WHITE, M.D.***

## **Gynecology & Infertility**

### **PATIENT OFFICE POLICY**

Dr. White would like to welcome you to her practice. In an effort to minimize problems between patients and our office, we have implemented this patient office policy to help make your visit to our office run smoothly.

All patients must have a scheduled appointment. We do not accept walk-in patients. We do have emergency appointments available. When you call our office, please explain the emergency and you will be given an appointment time. The patient understands these appointments may require a wait, as the patient will be worked in between scheduled patients.

If a patient is more than 15 minutes late for their appointment, the appointment will be rescheduled.

We require prior permission from the parent or guardian to treat any child under the age of 18 years old. Please make sure you sign the Consent For Examination Of a Minor Child to give us permission to treat your child in your absence. We will not be able to see any children without this signature. For established child patients, the parent is responsible for keeping the insurance information current on file and making sure the patient is able to pay their responsible portion at the time of each visit.

Children under 10 years of age must be accompanied by an adult at all times. Please do not leave your child unattended at any time. Our office is not equipped to watch your children during your appointment.

We obtain a current driver's license and insurance card (we do not require an insurance card if the patient is fee for service) from each patient or guardian for each patient's chart. This information is obtained for verification purposes.

We require that each patient fill out new patient information sheets each year. Please make sure all information is filled in and signed before returning the forms to the receptionist to avoid delays in your visit.

The insurance companies and our office require all surgery patients (removal of lesions, biopsies, freezings, cosmetic procedures, etc) to sign a consent each time the patient has a surgical procedure. If children are under 18 years of age, the parent or guardian must be present to sign the consent form or surgery will not be performed.

Due to the new HIPPA law effective 4-14-03, our office is now required to obtain more information from each patient whether you are new or established. Any patient who would like to place restriction on any of their medical or personal information being released must ask the receptionist for an additional form. This form will need to be filled out and signed. It will be kept in your chart and will be checked before any information is released. Example: Home phone number, any other personal information or any medical information. Again, if you desire to have this form in your file, please notify the receptionist.

Our office Financial Policy is listed on an additional page. This should be reviewed and signed as well.

We take great pride in the care provided each patient in our practice. Please help our office help you on each visit by understanding our policies and signing below. If you do not agree with the policies of our office, our receptionist will be glad to provide you with a copy of other gyns in our area that may be able to assist you.

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**Patient Office Policy**

I, \_\_\_\_\_ (print name), have received a copy of Kathryn E. White M.D.'s Notice of Private Practices and Financial Policy.

Sincerely,

Kathryn E. White, MD

\_\_\_\_\_  
Printed Name of the Patient

\_\_\_\_\_  
Signature of Patient or Responsible Party if a Minor

\_\_\_\_\_  
Date