Pediatric Providers

4000 Old Court Road, Suite 205, Pikesville, MD 21208
Phone: 410-484-9950 Fax: 410-484-9953 Email: admin@pediatricproviders.com

Effective Date: June 1, 2026

This document combines our Notice of Privacy Practices, HIPAA Acknowledgment, and Patient Policy Handbook into one easy-to-read guide.

Please read each section carefully. Your signature at the end confirms you received and reviewed this document.

If you have questions about anything in this packet, please ask a staff member. We are happy to help.

PART 1: NOTICE OF PRIVACY PRACTICES

THIS NOTICE TELLS YOU HOW WE MAY USE AND SHARE YOUR CHILD'S HEALTH INFORMATION AND WHAT RIGHTS YOU HAVE. PLEASE READ THIS CAREFULLY.

OUR DUTY UNDER THE LAW

A federal law called HIPAA (Health Insurance Portability and Accountability Act) and Maryland state law require us to keep your child's health information private. We must also tell you our privacy rules and follow them.

HOW WE MAY USE YOUR CHILD'S HEALTH INFORMATION

For Care

We may share your child's health information with doctors, nurses, labs, or hospitals that help care for your child.

For Payment

We may use your child's health information to bill your insurance company, Medicaid, or the Maryland Children's Health Program (MCHP).

For Office Work

We may use health information to check the quality of our care, train our staff, and run our office.

Appointment Reminders

We may contact you to remind you about upcoming appointments. It is your responsibility to remember your reserved appointment date and time.

Family Members & Friends

We may share your child's health information with a family member or friend present at the visit if we reasonably believe you would not object. If you are not present or unable to consent, we may use our professional judgment to determine whether sharing information is in your child's best interest — for example, to allow someone to pick up a prescription or records on your behalf.

Divorced or Separated Parents

We will make your child's health record available to both parents unless instructed otherwise by a court order. Please provide a copy of any relevant court order to our office.

CRISP Health Information Exchange

Our practice participates in CRISP (Chesapeake Regional Information System for our Patients), Maryland's statewide health information exchange (HIE). This allows us to securely share your child's medical records with other care providers involved in your child's treatment, and for other limited permitted purposes under HIPAA and Maryland law.

Information Requested by Your Child's School

We may give information regarding your child's health to appropriate personnel at your child's school when so requested (immunization records, copies of physical exams, permission to dispense medicine during school hours, etc.)

Other Permitted Disclosures

We may also share information when:

- The law requires it
- We need to protect public health or report certain contagious diseases to the health department
- Maryland state health oversight activities (audits, investigations, inspections) require it
- It is needed for a legal case, court order, or administrative proceeding
- It is needed for an emergency or to prevent a serious threat to health or safety
- It is needed for organ donation or research — information used for research will not personally identify your child
- Information that does not personally identify your child may be used without restriction

EXTRA PROTECTION UNDER MARYLAND LAW

Maryland law gives extra protection to certain types of health information. This includes:

- HIV/AIDS information
- Mental health records
- Drug and alcohol use records
- Reproductive health information
- Genetic information

We follow all Maryland laws that provide stronger protection than HIPAA.

YOUR RIGHTS ABOUT YOUR CHILD'S HEALTH INFORMATION

You have the right to:

□ Ask to see and get a copy of your child's health records (Md. Code, Health-Gen. § 4-304)
□ Ask us to fix a mistake in your child's health records
□ Ask for a list of who we have shared your child's information with
□ Ask us to limit how we use or share certain information
□ Ask us to contact you in a certain way or at a certain place
□ Ask for a paper copy of this notice at any time

RIGHTS FOR OLDER CHILDREN

Under Maryland law, some older children can make their own health decisions in certain cases — like for STI treatment, mental health care, or drug and alcohol treatment (Md. Code, Health-Gen. §§ 20-102, 20-104). We follow these laws. In those cases, the teen may have the right to keep that part of their record private, even from parents.

HOW TO FILE A COMPLAINT

If you think we have not followed these privacy rules, you may:

- File a complaint with our Privacy Officer at the address in the header above
- File a complaint online with the U.S. Department of Health and Human Services at www.hhs.gov/ocr

We will not punish you or change your child's care if you file a complaint.

UPDATES TO THIS NOTICE

We may update our privacy practices from time to time. The new notice will be available at our office and on our website. Your continued use of our services after an update means you accept the new notice.

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PART 2: PATIENT RIGHTS & RESPONSIBILITIES

YOUR RIGHTS AS A PATIENT

You and your child have the right to:

- Be treated with respect and kindness by all staff
- Receive safe, high-quality medical care
- Have your child's health information kept private under HIPAA and Maryland law
- Ask questions and receive clear, honest answers
- Take part in decisions about your child's care
- Get help in your language at no cost — including interpreters and translated materials
- See and receive copies of your child's medical records
- File a complaint without fear of losing your child's care
- Receive a written notice before we end your child's care (except for emergencies)

YOUR RESPONSIBILITIES AS A PATIENT FAMILY

To help us give your child the best care, we ask you to:

- Give correct and complete information about your child's health history and insurance
- Bring insurance cards and photo ID to every visit
- Follow care instructions — or ask questions if you do not understand
- Be respectful to our staff and other patients
- Pay required co-pays or fees on time
- Arrive on time for appointments — or call at least 24 hours ahead if you cannot come
- Tell us right away if your insurance, address, or contact information changes

PART 3: OFFICE POLICIES

NON-DISCRIMINATION & LANGUAGE ACCESS

We treat all patients fairly. We do NOT discriminate based on:

- Race, skin color, or national origin
- Language or English ability
- Religion
- Sex, gender identity, or sexual orientation
- Age or disability
- Use of Medicaid or other public insurance

Free language help is available, including:

- In-person or phone interpreters
- Translated written materials

Tell us at check-in if you need language help or special accommodations. We will make arrangements at no cost to you.

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MISSED APPOINTMENTS & NO-SHOW POLICY

We ask for at least 24 hours' notice if you need to cancel or change an appointment. This allows us to offer the time to another child who needs care.

What happens if I miss an appointment without calling?

- A $50 no-show fee may be charged. This cannot be billed to insurance.
- After multiple no-shows, we may send a warning letter.
- Repeated no-shows may lead to dismissal from the practice.

We will NEVER deny urgent or medically needed care for a child because of missed appointments, especially for children on Medicaid.

AFTER-HOURS & EMERGENCY CARE

Our office has on-call provider coverage when we are closed.

- Call our main number to reach the on-call provider after hours.
- For life-threatening emergencies, call 911 or go to the nearest emergency room.
- Do NOT use email or the patient portal for urgent medical questions.

Examples of emergencies that require 911 or the ER:

- Trouble breathing or turning blue
- Chest pain or heart racing
- Severe injury or uncontrolled bleeding
- Seizures or loss of consciousness
- Severe allergic reaction

PRESCRIPTION REFILL & MEDICATION POLICY

Please plan ahead for all medicine refills.

- Call your pharmacy directly to request a refill — they will contact us.
- Allow 2–3 business days for refills to be processed.
- Controlled substances (like ADHD medications) may require an in-person visit before refill.
- We do not refill medications after hours except in emergencies.
- Always store medicines locked and away from children.

MEDICAL RECORDS — ACCESS & CORRECTION

You have the right to see and get copies of your child's medical records under HIPAA and Md. Code, Health-Gen. § 4-304.

- Requests must be made in writing. You may ask at the front desk or submit a written request.
- Records are usually ready within 30 days of your request.
- A small copying fee may apply as allowed by Maryland law.
- If you believe something in the record is wrong, you may ask for a correction in writing. We will respond within 60 days.

Note: Some teenage health services may be private by law (e.g., STI treatment, mental health, substance use). Parents may not have access to those specific records.

FINANCIAL POLICY & PAYMENT RESPONSIBILITY

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We participate with most major insurance plans and Maryland Medicaid/MCHP. You are responsible for:

- Paying required co-pays at check-in before your appointment
- Paying any deductible or co-insurance amounts at time of service or when your EOB is received
- Notifying us right away if your insurance changes or your child loses Medicaid coverage

Maryland Medicaid/MCHP does not allow us to charge co-pays for most covered services.

If you cannot afford your bill, please ask about payment plans, sliding-scale fees, or state assistance programs. We are committed to caring for every child in our community.

FORM FEES & ADMINISTRATIVE CHARGES

It is the parent or guardian's responsibility to stay informed of current office fees. Please ask at the front desk for any updates. The following fees apply to commercial insurance patients (fees may differ for Medicaid):

Form / Service	Fee
Routine School / Camp / Sports Physical Form	$5.00
Routine Daycare Form	$5.00
School Medication Authorization Form	$5.00
Asthma Action Plan Form	$5.00
Special Olympics Form	$15.00
MVA (Motor Vehicle Administration) Form	$15.00
BGE / Utility Assistance Form	$15.00
Food Allergy Letter / Allergy Action Plan	$15.00
Family & Medical Leave (FMLA) Form	$15.00

VACCINE ADMINISTRATION FEES

We administer vaccines according to the schedule recommended by the American Academy of Pediatrics (AAP). Vaccines may be covered by your insurance at no cost to you — please verify your benefit before your visit.

VFC (Vaccines for Children) Program: For uninsured patients, VFC-eligible children, Medicaid VFC-eligible children, and Native American/Alaskan Native children, the maximum administration charge is $23.28 per dose, as set by federal VFC program guidelines. No child will be denied a vaccine due to inability to pay the administration fee.

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PATIENT DISMISSAL / END OF CARE POLICY

We work hard to maintain a good relationship with every family. In rare cases, we may need to end the patient-practice relationship. This may happen due to:

- Repeated missed appointments without notice
- Non-payment of required fees
- Abusive, threatening, or unsafe behavior toward staff or other patients
- Repeated failure to follow treatment plans that put your child's safety at risk

If we need to end the relationship:

- We will give you written notice of dismissal.
- We will continue urgent and medically necessary care for 30 days after notice.
- We will assist with transferring records to a new provider.

We will NEVER dismiss a patient because of:

- Use of Medicaid or public insurance
- Filing a complaint against our practice
- Having a disability or language barrier
- Race, religion, gender identity, or national origin

PART 4: VACCINES & IMMUNET — WHAT YOU SHOULD KNOW

VACCINE INFORMATION SHEETS (VIS)

Federal law (42 U.S.C. § 300aa-26 — National Childhood Vaccine Injury Act) requires us to give you the most current Vaccine Information Sheet (VIS) before we give your child any vaccine. A VIS explains the vaccine, its benefits, and its possible side effects.

What this means for you:

✓ We will always give you the most up-to-date VIS for every vaccine your child receives.

✓ You will have time to read it and ask questions before the shot.

✓ The current VIS sheets are always available at our front desk or at www.cdc.gov/vaccines/hcp/vis

IMMUNET — MARYLAND'S VACCINE RECORD SYSTEM

Our practice uses ImmuNet for every patient. ImmuNet is Maryland's statewide vaccine record system, run by the Maryland Department of Health. It is required by Md. Code, Health-Gen. § 18-109.

What ImmuNet does:

- Keeps a safe, complete record of all your child's vaccines in one place.
- Lets your child's doctors quickly check their shot history.
- Helps make sure your child does not get the same shot twice.
- May be shared with your child's school to verify required shots.
- May be seen by public health workers as allowed by Maryland law.
- All records are kept private and secure under HIPAA and Maryland law.

If you would like to limit who can see your child's ImmuNet records, please ask a staff member at check-in. Note: Maryland law still requires that all vaccines be reported to the state health department, even if you limit sharing.

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PART 5: SAFETY & INFECTION CONTROL

OUR COMMITMENT TO A SAFE ENVIRONMENT

Our practice follows all OSHA (Occupational Safety and Health Administration) standards and Maryland workplace safety regulations to keep patients, families, and staff safe.

This includes:

- Use of personal protective equipment (PPE) such as gloves, masks, and gowns
- Proper disposal of needles, sharps, and medical waste per OSHA Bloodborne Pathogen Standards (29 CFR 1910.1030)
- Regular cleaning and disinfection of all exam rooms and common areas
- Proper hand hygiene protocols followed by all clinical staff
- Separation of sick and well patients when possible

INFECTION PREVENTION

To protect all of our patients, especially infants and immunocompromised children, we ask that you:

- Let us know when scheduling if your child has a fever, rash, or is contagious
- Wear a mask in the office if you or your child are sick with a respiratory illness
- Follow any posted instructions about where to wait in the office

PART 6: POLICY UPDATES & YOUR ACKNOWLEDGMENT

HOW WE COMMUNICATE POLICY CHANGES

This practice may update or change these policies at any time to follow the law, insurance requirements, or to improve care. When policies change:

- We will notify parents or legal guardians in writing or by email.
- Updated policies will be posted in our office and on our website.
- You may always ask for a current copy at the front desk.

Your signature below confirms receipt and acknowledgment of this document. It does not require a new signature for future routine updates — but we will let you know when significant changes are made.

ACKNOWLEDGMENT OF RECEIPT

By signing below, you confirm that:

✓ You received the HIPAA Privacy and Practice Policies document today.

✓ You have read it or had the chance to read it.

✓ You understand these policies or had the chance to ask questions.

✓ It is your responsibility to stay informed of future policy updates after you are notified.

✓ Your child's care may follow updated policies once notice has been given.

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CONSENT FOR TREATMENT OF A MINOR

PERMISSION FOR MEDICAL CARE

I am the parent, legal guardian, or caregiver of the child named above. I give Pediatric Providers permission to provide medical care to my child. This includes check-ups, tests, shots, lab work, and other medical services that the doctor thinks are needed.

Please check each box to show you understand:

□ Medical care may include check-ups, tests, shots, lab work, and medicines.

□ The doctor will explain any procedures before doing them, and I can ask questions.

□ I can take back this permission in writing at any time, unless care has already started.

□ In an emergency, the doctor may provide care even if I cannot be reached right away.

PHOTOS AND VIDEOS

□ I give permission for photos or videos to be taken for my child's medical records only. These will NOT be used for marketing without my separate written permission.

NOTE ABOUT OLDER CHILDREN AND MARYLAND LAW

Under Maryland law, some older children can get certain types of care on their own — such as STI treatment, mental health care, or drug and alcohol treatment — without a parent's permission. We follow these laws.

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FINANCIAL POLICY & PATIENT RESPONSIBILITY

Thank you for choosing Pediatric Providers. Please read our payment policy below.

BILLING YOUR INSURANCE

We work with most major insurance plans and Maryland Medicaid/MCHP. It is your job to make sure our doctors are in your insurance network before your visit. We will bill your insurance for you. You are responsible for any costs your insurance does not cover.

PAYMENT DUE AT YOUR VISIT

□ Co-pays must be paid when you check in, before your appointment.

□ Deductibles and co-insurance amounts must be paid at the time of the visit or when we receive your insurance's Explanation of Benefits (EOB).

□ If you have no insurance: Payment is due at the time of the visit. Please ask us about our fees.

MEDICAID PATIENTS

Maryland Medicaid/MCHP does not allow us to charge co-pays for most covered services. If your child loses Medicaid coverage, please let us know right away so we can make a payment plan.

CANCELLED OR MISSED APPOINTMENTS

We ask for at least 24 hours' notice if you need to cancel or change an appointment. A $25 fee may be charged if you miss an appointment without notice. This fee cannot be billed to insurance. If you miss appointments often, you may not be able to stay as a patient.

RETURNED CHECKS OR DECLINED PAYMENTS

A $35 fee will be charged for returned checks or payments that do not go through.

UNPAID BILLS

Bills not paid after 90 days may be sent to a collection agency. We will try to reach you first. Collection costs may be added as allowed by Maryland law.

IF YOU NEED HELP PAYING

We want to take care of every child in our community. If you are having trouble paying, please talk to our billing team. We may be able to offer a payment plan, reduced-cost care, or connect you with state programs.

FORMS AND RECORDS FEES

There may be a fee to fill out forms for school, camp, or sports if they are not done at a scheduled visit. Copies of medical records will be charged as allowed by Maryland law.

I AGREE TO THE FOLLOWING:

□ I will pay for any costs not covered by my child's insurance.

□ I understand co-pays are due at check-in.

□ I understand the cancelled/missed appointment policy and the $25 fee.

□ I understand unpaid bills may be sent to a collection agency after 90 days.

□ I understand I will be told about any costs before services are provided.

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TECHNOLOGY CONSENT — TELEHEALTH & ARTIFICIAL INTELLIGENCE

This form covers your permission for two types of technology we may use at Pediatric Providers: (1) telehealth visits and (2) artificial intelligence (AI) tools. This form follows Maryland telehealth law, HIPAA, and current guidelines on AI in healthcare.

SECTION A: TELEHEALTH CONSENT

Telehealth means getting medical care using a phone, video call, or secure online message instead of coming into the office.

WHAT IS TELEHEALTH?

Telehealth services at Pediatric Providers may include:

- □ Video visits using a secure, private video platform
- □ Phone calls for patients we already know
- □ Secure messages for minor questions
- □ Review of test results, medicine refills, and care coordination

BENEFITS OF TELEHEALTH

- □ No need to travel to the office
- □ Less chance of getting sick in a waiting room
- □ Easier to get care when you are sick or during an emergency
- □ Convenient follow-up visits between regular appointments

RISKS AND LIMITS OF TELEHEALTH

- □ Technology problems — like bad internet — may interrupt the visit.
- □ The doctor may not be able to do a full check-up over video.
- □ Some health needs require an in-person visit. The doctor will let you know.
- □ There is some privacy risk with any online connection, though we use secure tools.

PRIVACY — TELEHEALTH

We use HIPAA-approved tools for video visits. All sessions are private. Please be in a private place during the visit. Maryland law does not allow recording of medical visits without everyone's permission.

BILLING — TELEHEALTH

Telehealth visits are billed like regular office visits. Maryland law requires most insurance companies to cover telehealth (Md. Code, Ins. § 15-139). You may still owe a co-pay, co-insurance, or deductible. Maryland Medicaid covers most telehealth services.

IN AN EMERGENCY

If there is a medical emergency during a telehealth visit, call 911 or go to the nearest emergency room right away. Telehealth is not for emergencies.

YOUR RIGHTS — TELEHEALTH

- □ I can say no to or stop telehealth at any time. This will not affect my child's in-person care.
- □ I can always ask for an in-person visit.
- □ I will be told about any costs before the visit.
- □ I can get a copy of my child's records from telehealth visits.

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SECTION B: ARTIFICIAL INTELLIGENCE (AI) TOOLS CONSENT

Pediatric Providers may use AI tools to help our staff provide better and faster care. This section explains what AI tools we use, why, and your rights.

HOW AI MAY BE USED

□ Help with diagnoses and treatment decisions: AI tools may help our doctors spot patterns or suggest options — but the doctor ALWAYS makes the final decision.

□ Note-taking during visits: AI may listen during your visit and help write the doctor's notes. You will be told before this happens and can say no.

□ Screening tools: AI may help review questionnaires to flag children who may need extra support.

□ Office tasks: AI may help with scheduling, billing, or sending reminders. It does not make medical decisions.

□ Reading images: AI may help review X-rays or other images, but a licensed doctor always reviews the results.

WHAT AI DOES NOT DO

AI tools at our office support our doctors — they do not replace them. All diagnoses, treatment plans, and prescriptions are made by a licensed provider. AI does not treat or prescribe medicine for your child on its own.

PRIVACY AND DATA USE — AI

□ All AI tools follow HIPAA and Maryland privacy law.

□ Your child's information is only used by approved companies that have signed a privacy agreement with us.

□ Your child's information will NOT be sold or used for advertising.

□ If an AI note-taking tool is used, you will be told before the visit starts and can say no.

□ All AI-written notes are reviewed and approved by your child's doctor before they are added to the medical record.

YOUR RIGHTS — AI

□ I can ask which AI tools were used during my child's visit.

□ I can ask that AI note-taking NOT be used. This will not change the care my child receives.

□ I can review my child's medical records, including AI-assisted notes, and ask for corrections.

□ I can ask the doctor to explain any AI-assisted finding or recommendation in plain words.

AI CONSENT

AI Help with Diagnoses and Treatment: I give permission for AI clinical decision support tools to help my child's doctor.

AI Note-Taking / Listening During Visits: I give permission for AI note-taking tools to be used during visits. I know I will be told before each session.

AI for Office Tasks (scheduling, billing, reminders): I give permission for AI to be used for office tasks.

If you have questions about any AI tool, please ask to speak with our Privacy Officer before signing.

I AGREE THAT:

□ I have read and understood both Section A (Telehealth) and Section B (AI) of this form.

□ I had a chance to ask questions.

□ I know I can change my choices in writing at any time and my child's care will not be affected.

□ This permission stays in effect until I cancel it in writing or sign a new form.

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TECHNOLOGY COMMUNICATION POLICY

This form explains how Pediatric Providers uses technology to communicate with you. Please read and sign below to show you understand and agree to this policy.

HOW WE COMMUNICATE WITH YOU

We may use the following tools to communicate with you about your child's care:

- □ Phone calls — to schedule, confirm appointments, or share important health updates
- □ Text messages (SMS) — for appointment reminders and general health tips
- □ Email — for non-urgent information, appointment summaries, and office notices
- □ Patient portal (secure website) — to share test results, medical records, visit summaries, and messages with your doctor's office
- □ Secure messaging — HIPAA-compliant messages through our patient portal or approved app
- □ Fax — for sharing records with other providers (not used for patient communication)

EMAIL AND TEXT MESSAGE (SMS) COMMUNICATION

If you give us your cell phone number, we may text you appointment reminders and general wellness tips.

- □ I give permission to receive text messages at my cell number listed above.
- □ I give permission to receive non-urgent information by email.

Note: Regular email is not fully secure. We will not send personal medical information by regular email. We use a secure patient portal for medical records and detailed health information.

Standard message and data rates from your phone carrier may apply. You can stop texts at any time by replying STOP.*33

SOCIAL MEDIA POLICY

We do not communicate with patients or families through social media (such as Facebook, Instagram, or X/Twitter). Please do not send medical questions through social media. For urgent concerns, call our office directly.

AFTER-HOURS AND URGENT COMMUNICATION

For urgent medical questions after hours, please call our main number. You will be connected to an on-call provider. For emergencies, call 911 or go to the nearest emergency room. Do NOT send urgent questions through the patient portal, text, or email.

PRIVACY AND SECURITY

We take steps to protect your child's privacy when we use technology to communicate. All digital tools we use follow HIPAA and Maryland privacy law. However, no technology system is 100% secure. By choosing to communicate through email or text, you accept some privacy risk.

OPTING OUT

You can change your communication preferences at any time by calling our office or updating your information at your next visit. Changing your preferences will not affect the quality of your child's care.

CHILDREN AND PRIVACY

Under Maryland law, some older teens (12 and older) may have the right to keep certain health information private, even from parents. If this applies, we may contact your teen directly for specific types of care.

I AGREE THAT:

- □ I have read and understood this Technology Communication Policy.
- □ I give permission for the office to contact me using the method(s) I checked above.
- □ I understand that non-secure communication (like regular email or text) carries some privacy risk.
- □ I know I can update my preferences at any time by calling the office.

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SUMMARY OF POLICIES

The signature below applies to all five forms listed above and on the following summary.

Form / Policy	What It Covers
HIPAA Privacy & Practice Policies	Notice of Privacy Practices, patient rights & responsibilities, office policies (no-show, after-hours, prescriptions, records), vaccine information (VIS & ImmuNet), safety & infection control, and policy acknowledgment.
Consent for Treatment of a Minor	Authorization for medical care including exams, tests, shots, and lab work. Designates authorized caregivers to approve care in the parent's absence. Includes photo/video consent.
Financial Policy & Patient Responsibility	Co-pay and deductible obligations, Medicaid policy, missed appointment fee ($50), returned check fee ($35), collections policy (90 days), form fees schedule, and payment assistance options.
Technology Consent — Telehealth & AI	Consent for telehealth visits (video, phone, secure messaging) and AI tools (clinical decision support, AI note-taking, office automation). Includes benefit/risk disclosures and individual opt-in choices.
Technology Communication Policy	Contact preferences for phone, text (SMS), email, and patient portal. Social media policy, after-hours communication guidelines, and privacy/security acknowledgment.

PATIENT & GUARDIAN INFORMATION

Patient (Child) Full Name: _____

Date of Birth: _____ **Today's Date:** _____

Parent / Guardian Full Name: _____

Relationship to Child: □ Mother □ Father □ Legal Guardian □ Grandparent □ Other

If Other, explain: _____

ACKNOWLEDGMENT & SIGNATURE

By signing below, I confirm that:

✓ I have received, read, and had the opportunity to ask questions about all five forms in this packet.

✓ I authorize Pediatric Providers to provide care, bill my insurance, use the communication methods I selected, and use technology tools as I have indicated in this packet.

✓ I understand and agree with the financial policies, including co-pay, missed appointments, and collections terms.

✓ I understand my rights under HIPAA and applicable Maryland law.

✓ It is my responsibility to stay informed of future policy updates after being notified.

_____ _____

Signature of Parent or Legal Guardian Date

_____ _____

Print Name Relationship to Child