PEDIATRIC CARE COORDINATION

Terms of Care & Service Agreement

Keeping pediatric care connected, coordinated, and supported.

Patient & Parent/Guardian Information

Child's Name: _____

Date of Birth: _____

Parent/Legal Guardian: _____

Relationship to Child: _____

Phone: _____

Email: _____

Purpose of This Agreement

This agreement explains the role, scope, limitations, and expectations of Pediatric Care Coordination. Our goal is to help families navigate complex healthcare needs by improving communication, organization, follow-up, education, and access to appropriate resources.

By signing this agreement, I understand the services Pediatric Care Coordination may provide and the responsibilities of both the care coordination team and my family.

Services We May Provide

Depending on my child's individual needs, Pediatric Care Coordination services may include:

- Coordinating communication among pediatricians, specialists, hospitals, therapists, and other members of the healthcare team
- Helping organize appointments, referrals, follow-up care, and specialty services
- Hospital and emergency department follow-up and assistance with transitions of care
- Reinforcing education and instructions provided by my child's treating healthcare professionals
- Helping my family understand and navigate insurance processes, prior authorizations, and coverage concerns
- Helping locate community resources, support programs, medical equipment, and other services
- Supporting school-related healthcare coordination, including communication regarding IEP/504 or nursing needs when appropriate
- Helping identify family goals, priorities, barriers, and care coordination needs
- Supporting communication between my family and my child's healthcare team
- Advocating for my child's healthcare needs and helping my family prepare questions or concerns for treating providers
- Maintaining and updating a care coordination plan as appropriate

What Pediatric Care Coordination Does Not Replace

Pediatric Care Coordination is intended to supplement and support my child's existing healthcare team. It does not replace my child's pediatrician, primary care provider, specialists, therapists, home-health providers, or other treating healthcare professionals.

Care coordination does not guarantee access to a particular provider, appointment, medication, treatment, insurance benefit, prior authorization, referral, medical equipment, community program, or other service.

Diagnosis, Treatment & Medical Decisions

I understand that diagnosis, prescribing, medication changes, treatment decisions, procedures, and medical management remain the responsibility of the appropriately licensed healthcare professional responsible for my child's treatment.

Education or information provided through care coordination is intended to help my family understand and follow the established plan of care. I should contact my child's treating healthcare provider for questions that require diagnosis, treatment decisions, medication changes, or medical evaluation.

Emergencies & Urgent Concerns

PEDIATRIC CARE COORDINATION IS NOT AN EMERGENCY SERVICE OR A SUBSTITUTE FOR 911, AN EMERGENCY DEPARTMENT, OR AN ON-CALL MEDICAL PROVIDER.

If my child is experiencing a medical emergency, I will call 911 or seek immediate emergency medical care. For urgent medical concerns, I will contact my child's pediatrician, specialist, after-hours provider, urgent care, or another appropriate healthcare resource.

Availability & Response Times

Care coordination services are provided during established business hours and are not intended to provide continuous or 24-hour monitoring. Messages and requests will be reviewed and addressed as soon as reasonably possible during available service hours.

I understand that sending a message, voicemail, email, or other communication does not guarantee an immediate response. I will not use Pediatric Care Coordination communication methods for emergencies or time-sensitive medical concerns.

Family Responsibilities

To help Pediatric Care Coordination provide effective services, I agree to:

- Provide complete and accurate information about my child's health, medications, providers, insurance, and current services
- Notify the care coordination team of significant changes such as hospitalizations, emergency visits, new providers, medication changes, insurance changes, or changes in contact information
- Participate in identifying goals and priorities for my child's care
- Attend scheduled medical appointments and communicate directly with treating providers when medical evaluation or treatment decisions are needed
- Treat staff respectfully and use care coordination services appropriately
- Notify Pediatric Care Coordination if I no longer wish to participate in services

Communication & Privacy

Care coordination may require communication with healthcare providers and other individuals or organizations involved in my child's care. Protected health information will be handled in accordance with applicable privacy requirements.

This service agreement does not replace any separate Notice of Privacy Practices, HIPAA authorization, release-of-information form, or communication consent that may be required.

Fees & Financial Terms

Fees, payment expectations, billing arrangements, cancellation terms, and other financial responsibilities are addressed in a separate Financial/Self-Pay Agreement. Signing this Terms of Care & Service Agreement does not replace that financial agreement.

Ending Care Coordination Services

The parent/legal guardian may request to discontinue care coordination services. Pediatric Care Coordination may also end services when appropriate, including when services are no longer needed, requested services are outside the program's scope, required information or cooperation is not provided, payment obligations are not met, there is abusive or threatening behavior, or continued services are otherwise not appropriate or feasible.

When reasonably appropriate, Pediatric Care Coordination will communicate the end of services and encourage the family to continue care with the child's established healthcare providers.

Acknowledgment & Agreement

By signing below, I acknowledge that I have reviewed this Terms of Care & Service Agreement and understand the role and limitations of Pediatric Care Coordination.

☐ I understand the services Pediatric Care Coordination may provide.

☐ I understand that care coordination does not replace my child's treating healthcare providers.

☐ I understand that Pediatric Care Coordination is not an emergency or 24-hour service.

☐ I understand my responsibilities as a parent/legal guardian participating in care coordination.

☐ I understand that separate privacy, authorization, communication, telehealth, and financial documents may apply.

☐ I have had the opportunity to ask questions about this agreement.

Child's Name	Date of Birth
Parent/Legal Guardian Name	Relationship to Child
Parent/Legal Guardian Signature	Date
Pediatric Care Coordination Representative	Title
Representative Signature	Date