



Rife Pediatrics
888 Graham drive Suite 200, Tomball, Tx 77375
Phone/text: 281-729-4414
info@rifepediatrics.sprucecare.com
Fax: 281-942-1220

Telehealth service agreement

What you pay:

\$150 sign up fee/first appointment (In office) includes well exam on all children

\$40 a month covers all telehealth visits for all children in the family. Payment is due by the 5th of every month. First month will not be prorated.

There is no late fee, but if payment not received by the 15th of the month service will be automatically canceled. After 2 months of no payment, a new sign-up fee (\$150) will apply to re-register.

This monthly fee does not include any in person office visits, these are \$90.

After one year of consecutive membership you earn one free in office visit per family.

Included in your membership:

Includes all your children

Direct access to doctor via phone, text, email for a Quick Doctor Answer about your child

Telemedicine visits - Evaluation and diagnosis over the phone/video with prescriptions as needed

Telemedicine visits can care for:

Cough and cold	Fever	ADHD
Depression	Anxiety	Allergies
Cuts and abrasions	Flu symptoms	Sinus infections
Insect bites	Rash	Vomiting and diarrhea
Pink Eye	Asthma	Breathing problems
Ear infections	Musculoskeletal injuries	

While many illnesses can be managed over phone/videochat, there are limits to what can be done. In the instance that Dr. Rife feels your child needs an in person evaluation, she works with a doctor that will be able to meet you at the clinic during normal business hours or somewhere in town after hours if needed. Normal in office visit fee will apply (\$90). If that doctor happens to be unavailable or your child's illness requires a higher level of care, then Dr. Rife will help you decide the best place to seek care and she will communicate with that facility regarding your child's illness.



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Not Included in your membership:

Labs and X-rays - Dr. Rife can order labs and X-rays and help you find the most economical way to get them done. Many xrays are less than \$100 if paying cash. Labs are variable depending on what is ordered.

Vaccinations - if you need vaccinations for your child Dr. Rife has several options depending on insurance:

Medicaid: Express Family Clinic – walk in clinic that provides vaccines for \$10 each

Commercial insurance – Dr. Hussain at Creekside Pediatrics, or order from pharmacy

Cash pay – there are few low cost vaccines available from Rife Pediatrics

Uninsured or cost sharing plan – I give Tomagwa's vaccines in my clinic they charge \$10 each

In office visits will be available a few days a month - so you can schedule well visits, but sick visits will usually be telemedicine visits unless Dr. Rife happens to be available.

Dr. Rife would like to see each child in person once a year. Visits will be available in Tomball a few days each month. Dates will be emailed out to patients each month and posted on the Facebook page. Appointments can be made for well or sick visits.

Reasons your membership will end:

You don't pay by the 15th of the month and make no attempt to pay within 2 months.

The doctor-patient relationship is no longer mutually beneficial - one of us is not happy

Patient or physician may cancel the service at any time for any reason. Refunds will only be given for months that have not started yet, no pro rated refunds will be given.

Reasons to call Dr. Rife:

For non urgent concerns please send an email that will be answered within 24 hours

For quick basic concerns that can be easily answered send Dr. Rife a text and she will do her best to answer within the hour, if you do not get a response or get more worried please call.

Your child is sick and you are not sure what to do

You are trying to decide if you need to take your child to urgent care or the ER

If you are taking your child to the ER - Dr. Rife can call ahead and help you navigate the health care system

You may contact Dr. Rife at anytime you are concerned about your child. For real medical emergencies please call 911.

For urgent advice please don't hesitate to call Dr. Rife even at night.



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Benefits:

No need to rush all your children into an urgent care for one sick kid. Just stay at home and call Dr. Rife for a telemedicine visit

No dirty waiting rooms

No wait times - Quick Doctor answers are usually available immediately or within the hour, Telemedicine visits will be scheduled at your convenience

After hour availability

Get trusted medical care by your child's doctor every visit

I consent to Rife Pediatrics providing medical care for my child/children

Signature

Date

I give Rife Pediatrics permission use nonsecure means to communicate with me such as SMS text and email.

Signature

Date



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PRIVACY POLICY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

MY PLEDGE REGARDING MEDICAL INFORMATION: I understand that medical information about you and your health is personal. I am committed to protecting medical information about you. It is my duty to safeguard your Protected Health Information (PHI). Your personal doctor or other community-based providers may have different policies or notices regarding their use and disclosure of your medical information or PHI created in their offices, clinics, or facilities.

This Notice will tell you about ways in which I may use and disclose medical information about you. I also describe your rights and certain obligations I have regarding the use and disclosure of medical information. If I significantly change my privacy practices I will revise this Notice and make it available to you at your next appointment.

Contents of this Notice:

- I. Introduction to Notice and PHI
- II. How Your Protected Health Information (PHI) Can Be Used and Shared
- III. Your Rights Regarding PHI About You
- IV. If You Have Questions or Problems
- V. Effective Date, Restrictions, and Changes to Privacy Policy

I. Introduction to Notice and PHI

This Notice will tell you how I handle information about you. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. I am also required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Each time you visit this practice or any doctor's office, hospital, clinic, or any other "healthcare provider," information is collected about you and your physical and mental health. It may be information from your past, present, or future health/conditions. It may also be information of the treatment or other services you received from your therapist or from others or about payment for healthcare. The information collected from you is called, in the law, Protected Health Information (PHI). This information goes into your medical or healthcare record or file. At this clinic, this PHI is likely to include these kinds of information:

- I. Your History – as a child, in school, at work, marital, and other personal history.
- II. Reasons you came for treatment (i.e., problems, complaints, symptoms, and/or goals).
- III. Diagnoses – medical terms for your symptoms.
- IV. A treatment plan for therapy.
- V. Progress notes – written account of what occurs during our sessions.
- VI. Records obtained from other providers.
- VII. Educational or Psychological testing – results and interpretations.
- VIII. Information about medications you took or are taking.
- IX. Billing information.

This information is used to:

- To plan your care and treatment.
- To decide how well the treatments are working for you.
- To discuss your treatment with other healthcare providers who are also treating you.
- To show that you actually received the services for which you were billed.



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HIPAA NOTICE OF PRIVACY PRACTICES

Your right to privacy in this medical practice is paramount and we will never disclose any of your personal information without your express consent, unless required to do so by law.

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. Please read it carefully.

The Physician/Non-Physician Providers/Nurse Practitioners collectively known as "HEALTH CARE PROVIDERS" will acquire private information about their patients. This is confidential and will not be discussed outside the office, except that the HEALTH CARE PROVIDERS may discuss patients with other healthcare professionals in terms that do not allow identification of the individual.

Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment.

Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you. If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. You have a right to confidential communications and to request restrictions relative to such contacts, or contact by alternative means.

Additionally, we may be required to disclose your health information in the following circumstances: In the event of an emergency; if required by law; if there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care; if ordered by the courts, government authorities, public health, law enforcement, coroners, or funeral directors; in the event of organ donations, research, military activity, or for national security.

Patients have the right to receive an accounting of any such disclosures made by our office.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

Our office shall maintain a patient's record a minimum of seven (7) years following the last patient encounter with the following exceptions:

- * Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child; or
- * Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or
- * Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

By Signing, I acknowledge that I understand and agree.

Signature

Date