

RAINBOW PEDIATRICS VACCINE POLICY

We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives.

We firmly believe in the safety of our vaccines.

We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the American Academy of Pediatrics.

We firmly believe, based on all available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities.

We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities.

We firmly believe that vaccinating children and young adults is the single most important health-promoting intervention we perform as healthcare providers, and that you can perform as parents/caregivers. The recommended vaccines and their schedule are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians. These things being said, we recognize that there has always been controversy surrounding vaccination.

The vaccine campaign is truly a victim of its own success. Because vaccines are so good at preventing illness, many people have never seen a case of polio, tetanus, whooping cough, bacterial meningitis, or even chicken pox, or known a friend or family member whose child died of one of these diseases. When children aren't vaccinated, those terrible diseases come back.

After publication of an unfounded accusation (later retracted) that MMR vaccine caused autism in 1998, many people in Europe chose not to vaccinate their children. As a result of underimmunization, there were large outbreaks of measles, with several deaths from complications of the disease. In 2010 there were more than 2,000 cases of whooping cough in California, with nine deaths in children less than six months of age. Again, many of those who contracted the illness had made a conscious decision not to vaccinate.

We are making you aware of these facts not to scare you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be a very emotional one for some parents. We will do everything we can to assure you that vaccinating according to the schedule is the right thing to do. However, should you have doubts, please discuss these with your healthcare provider in advance of your visit.

Please be aware that delaying or spreading out vaccines—administering them one or two at a time over multiple visits—does not align with current medical guidelines and is not recommended by health experts. This approach may increase your child's risk of serious illness or even death. It also goes against the medical advice of our providers at Rainbow Pediatrics. Additionally, choosing this option may result in extra office visits, which could lead to additional co-pays or out-of-pocket costs.

Finally, if you should absolutely refuse to vaccinate your child despite all our efforts, or if you delay immunizations by more than 6 months, we will ask you to find another healthcare provider who shares your views. We do not keep a list of such providers. Please recognize that by not vaccinating you are putting your child at unnecessary risk for life-threatening illness and disability, and even death. As medical professionals, we feel very strongly that vaccinating your child on schedule with currently available vaccines is absolutely the right thing to do to protect all children and young adults. Thank you for taking the time to read this policy. Please feel free to discuss any questions or concerns you may have about vaccines with your provider.



Robeson Office
1327 Robeson Street
Fayetteville, NC 28305
(910) 486-5437

Raeford Office
142 Paraclete Drive, Ste. 102
Raeford, NC 28376
(910) 904-0404

Hope Mills Office
4469 South Main Street
Hope Mills, NC 28348
(910) 426-5430

McPherson Office
341 S. McPherson Church Road
Fayetteville, NC 28303
(910) 920-4428

Lumberton Office
4300 Fayetteville Road
Lumberton, NC 28358
(910) 778-1178

PLEASE COMPLETE THE ENTIRE FORM OR IT MAY DELAY THE PROCESS

New Patient Information:

Date: _____

Patient Full Name: _____

Date of Birth: _____ Male or Female

Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____ City and Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Occupation: _____ Work Phone: _____

Primary Insurance Carrier: _____ Policy Holder Name: _____

Policy Holder DOB ____/____/____ Policy # or Medicaid # _____

Policy Address: _____

Secondary Insurance Carrier: _____ Policy Holder Name: _____

Policy Holder DOB ____/____/____ Policy # or Medicaid # _____

Policy Address: _____

Who is your child's current physician? _____

Date of last well child check (Physical) _____

Is your child currently on any medication? _____

If yes, please list medications: _____

Does your child have any chronic illnesses? _____

If yes, please list: _____

Do you have any objections for your child to be immunized? Yes ____ No ____

Why does your child need to be seen? _____

Last Hospitalization? _____ Year: _____ Which Hospital? _____

Reason for hospitalization? _____

Who referred your child to our practice? _____

What is your preferred location? Robeson St. McPherson Ch Rd. Hope Mills Raeford Lumberton

Whom would you like to see: _____

**Email to: newpatient@rainbowpeds.net
Mailing Address: P.O.Box 87407, Fayetteville, NC 28304**

Visit our website at: www.RainbowPeds.net



AUTHORIZATION FOR RELEASE OF INFORMATION

P.O. Box 87407 Fayetteville, NC 28304

P: (910) 486-5437 F: (910) 223-2630

Admin1@rainbowpeds.net

DATE:* _____

PLEASE CHECK ONE OF THE FOLLOWING:*

- I hereby authorize Rainbow Pediatrics to RELEASE the following medical information of:
- I hereby authorize Rainbow Pediatrics to REQUEST the following medical information of:

PATIENT NAME:* _____ DOB:* _____

ADDRESS:* _____

CITY:* _____ STATE:* _____ ZIP:* _____

PHONE:*(_____) _____

INFORMATION TO BE RELEASED:*

- All Records
- Specific Dates _____
- Immunization Records
- Last Well Child Exam
- Other (please list): _____

FORMAT:*

- Paper
- Email

VIA:*

- Fax
- Email
- Mail
- Pickup from Robeson McPherson Hope Mills Raeford Lumberton

PURPOSE OF DISCLOSURE:*

- Attorney/Legal
- Transferring Care
- Continued Patient Care
- Personal
- Other (Specify)

RECORDS TO BE:*

- Requested from
- Sent to

DOCTOR/OFFICE/INDIVIDUAL:* _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ FAX: (_____) _____

EMAIL: _____

I UNDERSTAND THE FOLLOWING:

My healthcare and the payment for my healthcare will not be affected by signing this form. Rainbow Pediatrics may condition the provision of healthcare that is solely for the purpose of creating PHI for disclosure to a third party, upon signing an authorization for disclosure of the PHI to such third party. Rainbow Pediatrics may condition the provision of research related treatment on provision of an authorization for the use or disclosure of PHI for such research. IF the requester or receiver is not a health plan or healthcare provider, the release information may no longer be protected by federal privacy regulations and may be re-disclosed. I may revoke this authorization at any time in writing. Revocation of this release will not have any effect on any actions previously taken. Rainbow Pediatrics will provide me with a copy of this signed authorization upon request. **Once the authorization is submitted for transfer of care, the patient will no longer be considered a Rainbow Pediatrics patient unless special approval is given.**

This consent will automatically expire 90 days from date of signature, unless another date is specified below.

*Authorization not valid beyond: _____ (Date cannot exceed one year from date of signature)

SIGNATURE:* _____

(Relationship)*

DATE:* _____