

**CHILDREN'S MEDICAL SERVICES  
REGIONAL PERINATAL INTENSIVE CARE CENTER  
PARTNERSHIP AGREEMENT**

Patient's Name: \_\_\_\_\_

Patient's S.S. No.: \_\_\_\_\_

The Regional Perinatal Intensive Care Centers, (RPICC) Program is made up of certain hospitals which provide special care to women with high risk pregnancies and to sick or low-birthweight infants. The program is directed by Children's Medical Services.

I give RPICC staff permission to examine \_\_\_\_\_ (patient/child's name), and to perform all medical treatments that are in my/his/her best interest without regard to race, color, or national origin (Title VI of Civil Rights of 1964). I also understand that information: name, address, medical condition, etc., will be gathered in a computer and analyzed by CMS.

- A. RPICC staff and families will work together to make appointments concerning RPICC clinics, doctor's offices, lab, etc., to meet the scheduling needs of both parties whenever possible.
- B. RPICC staff and families will work together to make sure that all medical records are kept up to date. RPICC staff will send records to referring clinics or other doctors no more than two weeks after discharge from the RPICC program.
- C. RPICC staff will make every attempt to provide services in a family-centered manner that respects individual and cultural needs and increases family independence.
- D. In an effort to increase family independence, families may request and receive copies of their medical records.
- E. Families will notify RPICC staff of any changes in Name, Address, Phone Number, Caregiver, Medicaid Eligibility/Number or Health Insurance coverage.
- F. Families will notify RPICC staff of any changes in their income.
- G. Families are required to apply for and continue available health care coverage, including Medicaid. Families will allow RPICC to bill health insurance for services covered under the insurance policy.
- H. The family and doctor will work closely to create a plan of care/services that is agreeable to everyone and meets the individual current needs of the patient/family.
- I. Families will be given information on how to resolve differences and disagreements with the RPICC program (Fair Hearing Process, 409.285 F.S.).

I, \_\_\_\_\_ being the (circle one) parent, guardian, patient understand and agree to the above information.

Date: \_\_\_\_\_ RPICC Representative: \_\_\_\_\_