Our Phones:

Phone: 503-640-2757 Fax: 503-640-9753

Our Locations: Main Street 445 East Main St Hillsboro, OR 97123

Orenco Station 6125 NE Cornell Rd Suite 240 Hillsboro, OR 97124



Mission:

"Our mission is to provide consistent, timely, compassionate and innovative high quality medical care to the children and adolescents of our community."



Fees:

Insurance co-payments are due at the time of service.

Board Certified Pediatricians Certified Pediatric Nurse Practitioners

We Are a Medical Home

Hillsboro Pediatric Clinic LLC was the first pediatric clinic to be recognized in Oregon as a Patient Centered Primary Care Home ("Medical Home"). As a Medical Home you can expect:

- · Access to care when needed
- Comprehensive whole person care
- Medical care received through care teams
- Accountability for best possible care

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- Patient and family centered care
- Coordination with other health care systems to get needed care

Services on site:

- Telephone Advice Nurses
- Emergency Call Coverage 24 hours, 7 days a week
- Evening and Saturday Hours

- Certified Breastfeeding Specialist
- Mental Health through Lifeworks
- Speech Therapy

<u>Patient Portal:</u> Get to the portal through our website. Through the portal you will be able to access your child's health care information, update your information, or send us a message. Please inquire about getting a log in and password at the front desk.

Who we see: Hillsboro Pediatric Clinic LLC (HPC) provides patient centered medical care to children from birth through 21 years of age.

We accept most major insurance plans including the Oregon Health Plan.

Our Hours:

Main Office Hours		Office Phone Hours		Orenco Office Hours	
Monday-Thur	s 8:00 am - 8:00 pm	Monday-Thui	rs 8:00 am - 8:00 pm	Monday-Thurs	8:00 am - 5:00 pm
Friday	8:00 am - 5:00 pm	Friday	8:00 am - 4:30 pm	Friday	8:00 am - 4:30 pm
Most Saturday	s 9:00 am - 12:00 pm	Most Saturday	/s 9:00 am - 12:00 pm	Closed for Lunch fro	m12:15 pm - 1:15 pm

Appointments:

- Please schedule Well Child Checkups or routine appointments 6-8 weeks in advance to avoid disruption in your child's care.
- If you are unable to keep an appointment, please call the office more than 24 hours prior to your scheduled appointment time so we can reschedule your appointment in a timely manner.
- If you are going to be late, please call the office as soon as possible to determine if your appointment needs to be rescheduled.

Emergencies: For emergencies after clinic hours during the week and on weekends, call the main office at 503-640-2757.

In a life threatening emergency, take your child to the hospital Emergency room or call 911.

Patient Rights and Responsibilities

Hillsboro Pediatrics' mission is to provide consistent, timely, compassionate and innovative high quality medical care to the children and adolescents of our community.

As a patient or their representative in our clinic, you have Rights as well as Responsibilities:

1) RESPECT

- ~Your Rights
 - Be treated with respect and courtesy
 - Have your privacy protected and medical records kept confidential
 - Receive safe, ethical, and cost effective medical care
- ~Your Responsibilities
 - Treat clinic staff with respect and courtesy
 - Leave clinic property how you found it for others to enjoy
 - Be considerate of other patients

2) INVOLVEMENT

- ~Your Rights
 - Be involved in the decisions concerning care
 - Give informed consent or refusal for treatment
 - Receive information about payment plans and charges
 - Receive a response to all reasonable requests
- ~Your Responsibilities
 - Participate in the medical care decision making
 - Keep appointments or call us when unable to do so
 - Give receptionist current billing information
 - Know your insurance benefits
 - Be honest about financial needs so we may connect you to the appropriate resources
 - Pay patient account balances promptly

3) MEDICAL TREATMENT

- ~Your Rights
 - Receive timely and proper medical care
 - Have support of social and educational needs
 - Receive the right care for age and developmental needs
 - Understand and agree to the care plan
- ~Your Responsibilities
 - Tell us about concerns and complaints
 - Give provider the complete medical history
 - Follow Doctor's or Nurse Practitioner's care plan as agreed



Well Child Checkup and Vaccine Schedule

Age for Well Child Checkup	Vaccines
1 month	
2 months	DTaP, IPV, Hep B, Hib, PCV13, Rotavirus
4 months	DTaP, IPV, Hib, PCV13, Rotavirus Hep B (if not given at birth)
6 months	DTaP, IPV, Hep B, Hib, PCV13, Rotavirus
9 months	None (unless catch up needed)
12 months	PCV13, MMR, Varicella, Hep A
15 months	DTaP, Hib
18 months	Hep A
2 years	None (unless catch up needed)
3 years	None (unless catch up needed)
4 years	DTaP, IPV, MMR, Varicella (Kinder boosters)
5 years	Kinder boosters if not done at 4 years
6-10 years One every year thereafter	None, unless catch up needed
11-12 years	Tdap, Meningococcal 1 (Junior high catch-up), HPV
16-18 years	Meningococcal 2

^{*}Flu shots in September – February. Flu shots are recommended for all patients over 6 months of age. If shots are missed, catch-up will be done at the first available opportunity.

At each well child checkup you can expect us to:

- ❖ Weigh and measure your child to see how well he/she is growing since the last visit, and to compare him/her on the standard growth charts.
- Check heart rate and breathing.
- We will talk about safety and normal child development for your child's age.
- ❖ As your child gets older, we will check his/her eyesight, hearing and blood pressure.
- ❖ You can also expect to receive routine questionnaires at each Well Child Checkup and/or at other routine visits. Some of the questionnaires will be given to you when you check in for the appointment and others will be mailed to your home address 2 (two) weeks before your appointment. If you receive a questionnaire prior to your appointment it is very important that you fill it out and bring it with you to the scheduled appointment.

Your child will be examined by the doctor or nurse practitioner at each well child checkup and you will have an opportunity to ask questions and discuss concerns about your child.

Possible Reactions to Immunizations

Most children show no reaction to their shots. However, it is not uncommon for some children to have mild reactions to immunizations, usually lasting 2-3 days.

- --Tdap, DTaP, IPV, HIB, HEPATITIS B, PCV 7 fever, redness or swelling at the injection site.
- --MMR—Stings when given; reaction may be delayed 7-10 days and may consist of upper respiratory symptoms, fever, faint rash lasting 2-3 days.
- --HEPATITIS A—soreness at the injection site, headache.
- --VARICELLA—redness or soreness at the injection site, fever, may develop rash up to one month after the immunization.
- --ROTAVIRUS —mild temporary vomiting or diarrhea.
- -- MENINGOCOCCAL, FLU—soreness at the injection site, redness, fever, headache.

WHAT YOU CAN DO:

Plan to spend more time with your child, loving, holding or rocking him or her.

For fever you can give Acetaminophen (Tylenol or other brands-generic is fine) every four hours, and/or a tepid (luke warm) bath. Dress your child in light-weight clothing and offer plenty of liquids.

For a swollen injection site, apply a warm wet washcloth to the area for 10 to 15 minutes 2-3 times a day.

WHEN TO CALL US:

If redness, swelling or fever lasts longer than 72 hours.

If redness or swelling at the injection site gets worse after 3 days.

If your child seems difficult to arouse or out of it when you would expect him or her to be awake.

If your child cries and cannot be consoled.

If your infant is less than 3 months old and has a temperature of 100.4°F or more.

If your child is 3 months or older and has a temperature over 102°F for over 24 hours or 101°F for over 48 hours.

If your child develops vomiting or diarrhea or other symptoms you were not expecting.

WE ARE ALWAYS AVAILABLE FOR QUESTIONS AND A DOCTOR IS AVAILABLE AFTER HOURS BY CALLING OUR OFFICE PHONE NUMBER.

(503)640-2757