



Burkhart Pediatric & Adolescent Dermatology

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Patient and Family Responsibilities

Welcome to Burkhart Pediatric & Adolescent Dermatology, PLLC. As a parent or guardian of the patient, you are an integral member of your child's care team, together with your child, doctors, and other staff. Your involvement will ensure better care, safety, and outcomes. You have an important role as spokesperson, advocate, and supporter.

We ask that you share your knowledge and insights about your child and work TOGETHER as part of the team:

TALK about your role with your loved one. Introduce yourself to staff and describe your relationship to the patient and how you would like to participate in care.

OBSERVE changes (physical, behavioral, emotional) in your child and report them to your care team. Ask your care team what observations they would like you to routinely share.

GATHER helpful information (current medications, medical history, other health care providers, and insurance) and bring it all to your visits.

ENSURE that you are present at times when information will be shared and decisions made.

FOCUS on your child, not on your phone. Please refrain from using your cell phone during clinic visits.

TELL your care team if you have any concerns about your child's condition or safety or if you are uncomfortable because "something just doesn't feel right."

HELP with decision-making about care and treatment. Ask questions and take notes. Encourage your loved one to participate in decision-making to the extent that he or she is able.

ENLIST help from your care team with whom you are comfortable so they can support you and your loved one as you participate in care and decision-making.

READY yourself for success when you get home. Before you leave the clinic, make sure we have answered your questions and those of your child. Know what will be needed afterwards (medications, treatment, equipment, follow-up appointments), what changes in your child's condition should be reported to health care providers, and how to contact your provider (telephone number and patient portal).

Signature: _____ Date: _____

Relationship to Patient: _____