

2010

SOUTHSIDE PEDIATRICS A PROFESSIONAL MEDICAL CORP.

Patient Information

Patient Name: _____ **Sex:** M ♂ F ♀
(Please Print)

Address: _____ **City, St, Zip** _____

Home Phone: _____ **Cell Phone:** _____

SSN: _____ **Date of Birth:** _____ **Lives with:** _____

School or daycare that child attends: _____ Year/Grad: _____

Responsible Party Information

Mothers Name: _____ **Date of Birth:** _____

Address: _____ **City, St, Zip** _____

Email address: _____ **SN:** _____

Employer: _____ **Work Phone:** _____

Fathers Name: _____ **Date of Birth:** _____

SSN: _____ **Employer:** _____ **Work Phone:** _____

List Siblings: _____

Emergency Contact Information

Name: _____ **Phone:** _____ **Relationship:** _____

Notice of Privacy Practices (HIPPA)

By signing below you are acknowledging that you have read the Notice of our Privacy Practices:

Print Name: _____ Date: _____

Signature: _____ Relationship to child: _____

Please return all completed forms to receptionist and present your insurance card and picture ID for verification.

Thank You!

Appointment Policy

There is a twenty minute grace period for all scheduled appointments. If check in is after the twenty minutes, the appointment will be rescheduled for the next available time. If you fail to call and cancel an appointment there will be a **\$20.00** non cancellation fee due before another appointment will be scheduled. If the patient misses three appointments he/she will be dismissed from the practice. You will have 30 days to find another Primary Care Physician.

Additional Fees and Policies

There will be a \$5.00 fee for any forms and letters needed to be filled out by the physician. There will be a \$1.00 charge for copies of shot records. Please remember to obtain any school or work excuses needed while at check out. Excuses or shot records will not be faxed or mailed; they will have to be picked from the office.

We accept cash or checks and major credit cards only; please note there will be a \$30.00 NSF fee for any checks returned unpaid from your bank. This will have to be paid before another appointment will be scheduled.

Persons Permitted to Bring Patient to Appointment

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Insurance Information

Private

Medicaid

Self Pay

(Circle All That Apply)

Name: _____ **Policy:** _____ **Group:** _____

Policy Holder: _____ **Relationship:** _____

Date of Birth: _____ **SSN:** _____

Effective date: _____ **Termination Date:** _____

Mail Claims to (address): _____

I authorize the release of any medical or other information necessary to process this claim. I also authorize payment of medical benefits to the physician or supplier for services described.

office use: _____

patientprivacyrights

Health Privacy Rights

Health Privacy “Rights” Under HIPAA

- Receive **notice** of how providers *use and share* your information with over 4 million “covered entities”, **without asking you** (“Privacy Notice” or “Notice of Privacy Policies”).
- The right to a copy of your health records. The provider may charge a “reasonable fee” for such copies.
- You can **request changes** to your health records. *The provider does NOT have to make the changes requested.* Your changes must be added to your records and the provider has to state reasons s/he disagrees with changes.
- You can **request an accounting of disclosures** of your health information. *Most disclosures do not require consent and have no audit trails.* Audit trails are required only for disclosures for “non-routine” uses.
- Health establishments and “covered entities” are required to **secure information** to the best of their ability, and a **privacy official** must be designated by each “covered entity.”
- The ADA prohibits an employer from asking about health information or requiring a physical prior to an offer if they have more than 15 employees. After the offer is made, the employer may require a medical exam if it is required by all employees with similar positions. Employers may also ask employees to authorize disclosure of their medical records. **But, if the employer is self-insured they can access their employees’ medical information without consent.**

Job discrimination is the most common complaint sent in to Patient Privacy Rights.

Health Privacy Rights You Should Have

These rights are based on thousands of years of medical ethics, our own Constitution and state laws.

None of these rights are provided by HIPAA.

- Right to **control** who can see, use, share and sell your health information.
- Right to **feel safe talking truthfully** to your doctors.
- Right to privacy and control of health information unless otherwise stated or required by law.
- Right to be **notified of any breach** or possible breach of information.
- Right to **audit trails** of every disclosure of health information. Health IT makes it easier than ever to know exactly who has your information.
- Right to EHR and PHR systems that have the highest standards for **security (keep hackers out)**.
- Right to participate in **research** and have researchers access your records **ONLY** if you give informed consent
- Right to **segment sensitive information** such as mental health, addiction or STDs, in your health record.
- Right to obtain **prescriptions** with privacy; no one should be able to use or sell your prescriptions without your consent.
- Right to obtain **employment, insurance, credit, admission to schools**, etc. without being compelled to share health information unless required by statute.

Patient Privacy Rights is working to ensure **these rights** are guaranteed by Congress.