

Patient Authorization to Release Medical Records

Patient Information

Name of Patient _____ Date of Birth _____

Doctor/Facility to PROVIDE records

Name of Doctor/Facility _____

Phone # _____ Fax # _____

Doctor/Facility to RECEIVE Records

Name of Doctor/Facility Allied Pediatrics _____

Phone # 423-602-9545 _____ Fax # 423-602-9546 _____

Records TO BE Released

For the purpose of continuity of care initial one box indicating which records you would like sent

- All Medical Records (complete copy including test results, labs, X-rays, photos, reports, dictations and all records from other physicians)
- Medical Records for specific date of service (date date/s) _____

Expiration or Revocation of Authorization

I understand that I may revoke this authorization at any time and that, unless an earlier date is specified, it will automatically expire 12 months after the date below.

Signature of patient or guardian

Name of patient or guardian

Relationship if guardian

Date

If with Power of Attorney please attach supporting documentation

Information for New Patients

*Please initial these policies indicating that you have read, understand and agree to comply with each

1. **After Hours** - Office hours are 8:00 AM to 5:00 PM Monday through Friday. If you have a medical emergency after office hours call 911 or go to your nearest Emergency Department. For non-emergent sickness after hours go to your nearest Urgent Care. Refilling prescriptions are not an emergency. If you need to speak to a provider outside of normal business hours please call 423-602-9545 and leave a message and you call will be returned within 1 hour.

2. **Immunization** - We support the importance of immunizing children according to the American Academy of Pediatrics immunization schedule. We accept only those patients who plan on vaccinating their children. I plan on vaccinating my children

3. **Missed Appointment** - If you are unable to keep your scheduled appointment, please contact us 24 hours in advance. If you miss three appointments you will be dismissed from the practice. Each missed appointment may be subject to a \$25.00 "lost opportunity" fee.

4. **Coming Late** - If you are more than 10 minutes late for your appointment, you will be asked to reschedule. If you contact the office with a valid reason for being late, the provider will determine, depending on the schedule, if they can still see you or not.

5. **Insurance Verification** - Patients must provide an active insurance card at each visit. Without this information, patients may be rescheduled or registered as self-pay.

6. **Insurance Benefits** - It is the patient's responsibility to know his/her insurance benefits including wellness benefits prior to time of service.

7. **Insurance Co-Pay** - Due at the time of service. When a patient is diagnosed with a problem during a well check, a co-pay may be required, depending on how insurance processes the claim.

add | 7405 Shallowford Rd Ste 270 Chattanooga, TN 37421-2662 **web** | www.MyAlliedPediatrics.com

twitter | @MyAlliedPeds **tel** | 423-602-9545 **fax** | 423-602-9546 **f** | MyAlliedPediatrics

8. Insurance Deductibles and Co-insurance - Due upon receiving the mailed statement. Patients will be asked to settle any outstanding amounts before their next appointment.

9. Patient Balances - Our electronic system will automatically send patient balances, which are not resolved in a timely manner, to an outside collection agency and additional collection fees may be added.

10. Patient Self-Pay - We recognize that not every patient has insurance. We strive to work with patients to manage their healthcare expenses. Payment plans can be set up by calling during office hours.

11. Billing Claims to Insurance - Our office will send claims on behalf of patients to their insurance company(s). After insurance processing any remaining balances will be billed to the patient for payment. If insurance denies payment due to information needed from the patient, the entire payment will be billed to the patient until information has been submitted to the insurance company and our office has been notified.

12. Payments – Payments can be made at or mailed to:

Allied Pediatrics
7405 Shallowford Rd Ste 270
Chattanooga, TN 37421-2662

13. Newborns – Newborns are covered under their mother’s medical insurance for the first 30 days provided that the insurance company was informed of the child’s birth. After 30 days the child will be seen as a self-pay patient until they have their own insurance and the information has been provided to Allied Pediatrics.

ALLIED PEDIATRICS

DELIA A WESSELS, MD, FAAP

add | 7405 Shallowford Rd Ste 270 Chattanooga, TN 37421-2662 **web** | www.MyAlliedPediatrics.com

twitter | @MyAlliedPeds **tel** | 423-602-9545 **fax** | 423-602-9546 **f** | MyAlliedPediatrics

14. Co-Payment Information – If you bring in your child for a well check, typically there is no co-pay. However, if the provider finds a medical problem that needs to be addressed during the well check, or needs to/is requested to address an existing medical problem, it has to be noted in the patient’s chart and reported to your insurance company. This may result in a co-pay for the visit depending on how your insurance company processes the claim.

15. Sick Visits – The best time to call for a same day sick visit is between 8am - 10am. We do reserve a number of openings for these visits, however, they are available on a “first call first seen” basis. We do expect that you keep that appointment once scheduled.

Signature of Patient or Guardian

Date

Notice of Personal Health Information Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We keep the health and financial information of our current and former members private as required by law, accreditation standards, and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

We reserve the right to revise or amend our Notice of privacy practice without additional Notice to you. Any revision or amendment to this Notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Allied Pediatrics, PLLC will post a copy of this notice as amended in a prominent place in our office and on our website.

This notice becomes effective July 1, 2011 and amends our previous form of Notice. No amendment relates to any substantive right of an Allied Pediatric patient or any duty of Allied Pediatrics. If you have any questions about the Notice of Personal Health Information Practices, please contact our Privacy Officer at 423-602-9545.

Treatment - Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing a medical condition, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment - Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Healthcare operations - Your health information may be used as necessary to support the day-to-day activities and management of Allied Pediatrics. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement - Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting - Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department

Health Oversight Activities - We may disclose medical information to a health oversight agency, such as the Department of Health and Human Services, for activities authorized by law. These oversight activities include,

for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor health care system, government programs, and compliance with civil rights laws.

Family Members - We may release medical information, including mental health information, about you to the family member who is involved in your medical care without consent or authorization if the individual's involvement is related to such information. We may also give medical information, including prescription information or information concerning your appointments to friends who are involved in your care. We may also give such information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Business Associates - We have contracted with other entities to provide services to Allied Pediatrics. When these "associates" require your personal health information in order to accomplish tasks asked of them by Allied Pediatrics It will be provided to them. Examples of business associates are: billing service, collection agency, answering service, insurance service, transcription service, and computer software/hardware provider.

Research/Teaching/Training - Your PHI can be used for the purpose of research, teaching and/or training.

Appointment Reminders - Your health information will be used by our staff to send appointment reminders to you.

Workers Compensation - We may release medical information about you for workers' compensation or similar programs without consent or authorization. These programs provide benefits for work-related injuries or illness. For example, if you are injured on the job, we may release information regarding that specific injury.

Marketing - Your health Information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you. In addition, your name and address may be used to send you a newsletter about our practice and the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

Other uses and disclosure require your authorization - Disclosure of your health information or its uses for any other purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a release of disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Individual Rights - You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health information
The right to receive confidential communications concerning your medical condition and treatment
The right to inspect and copy your protected health information

The right to amend or submit corrections to your protected health
The right to receive an accounting of how and to whom your protected health information has been disclosed
The right to receive a printed copy of this notice

Allied Pediatrics' Duties - We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Changes - As permitted by law, we reserve the right to amend or notify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit unless the revisions are not significant. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information - As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the medical records department of Allied Pediatrics.

Requests for Restrictions on Protected Health Information - You have a right to request us to restrict how we use and disclose your protected health information. We are not required by law to agree with your requested restriction in certain situations. These situations include emergency treatment disclosures to the Secretary of the Department of Health and Human Services, and any uses and disclosures described on the front page of the notice. However, if we decide to grant your request, we are bound by our agreement

Complaints - If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

HIPPA Privacy Officer
Allied Pediatrics, PLLC
7405 Shallowford Road Ste 270
Chattanooga, TN 37421-2662

If you believe that your privacy rights have been violated, you should call the matter to our attention by calling the Privacy Officer at 423-602-9545 or by sending us a letter describing the cause of your concern to the address provided. You may also address any complaint to the United States Secretary of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint

Signature of Patient or Guardian

Date

Policy for Charges Associated With Release of Protected Health Information (PHI)

A signed request for the release of Protected Health Information (PHI) is required to release medical records. Due to the expenses associated with copying and mailing medical records the following charges apply per patient.

Patient and Attorney Requests

There will be a charge to patients or attorneys who request copies of medical records.

- \$25.00 for pages 1-25 plus applicable postage
- \$10.00 for pages 26 and over

Once printed you will be pre-billed by Allied Pediatrics and your records will be sent once payment is received.

Healthcare Provider and Insurance Company Requests

- Free of charge

Immunization Records Requests

- Birth thru 12 months of age – Copies of immunization records will be provided free of charge once infants receive shots on a routine basis.
- Requests for immunizations records typically take at least 24hrs to process.
- 13 months thru adulthood - One copy of an immunization record will be provided free of charge per calendar year.
- One TN or GA immunization record will be completed free of charge per calendar year.
- A\$5.00 charge will apply for each copy requested thereafter in the same calendar year.

Questions Regarding Release of Immunization Records

Questions regarding release of immunization records may be directed to Allied Pediatrics at (423) 602-9545.

I understand the above information regarding the charges associated with the release of my Protected Health Information (PHI).

Signature of Patient or Guardian

Date

RISK ASSESSMENT QUESTIONNAIRE

Name of Patient _____ Date of Birth _____

Date of Assessment _____

Yes No Unknown

SECOND HAND SMOKE

- Does any household member smoke?
- Is smoking done indoors and/or in cars?

LEAD

- Does the child live in or regularly visit a house/apartment built before 1950? This could include a daycare, home of a baby sitter or a relative.
- Does the child live in or regularly visit a house/apartment built before 1978 with recent or ongoing remodeling?
- Does the child have a sibling or playmate that has or did have lead poisoning?
- Does the child live near or visit with someone who lives near a lead smelter, battery recycling plant or other industry that could release lead or has a hobby which uses lead such as welding, construction or pottery making?
- Does your child frequently come in contact with an adult who works with lead (construction, welding, pottery, etc.)?
- Have you ever been told that your child has low iron?
- Does your child live within 80 feet (or one block) of a heavily traveled road or heavily traveled street?
- Does your family use pottery ware or lead crystal for cooking, eating or drinking?
- Has your child been seen eating paint chips, crayons, or soil/dirt?
- Is your child given any home or folk remedies that may contain lead (may include moonshine, Azarcon, Greta, Payloohah)?
- Does your home's plumbing have lead pipes or copper pipes with lead solder joints?

Authorization for Alternate Caretakers

Allied Pediatrics understands that emergencies may arise. If for some reason you cannot bring your children to their appointment and you wish to send them with an authorized caretaker please let us know before the appointment time. We allow up to 3 different authorized caretakers to bring your children to their appointments but they must have a valid ID with them at each visit. If the authorized caretaker does not have a valid ID with them we will not be able to proceed with the appointment. Please indicate below the caretakers that you wish to authorize to bring your children to their appointments with Allied Pediatrics.

Caretaker 1 Name _____ Telephone # _____

Relationship to child _____ Caretaker date of birth _____

Caretaker 2 Name _____ Telephone # _____

Relationship to child _____ Caretaker date of birth _____

Caretaker 3 Name _____ Telephone # _____

Relationship to child _____ Caretaker date of birth _____

Parent/Guardian Signature _____ Date _____

Relationship to child _____ Parent/Guardian date of birth _____

Telephone # _____