

Orange Park Pediatric Associates

Affiliated with  Baptist Primary Care

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2140 Smith St.
Orange Park, Fl. 32073
(904) 269-2140
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6353 Argyle Forest Blvd
Suite # 4
Jacksonville, Fl. 32244
(904) 908-0200
(904) 908-3915 fax

Below is a list of items that should be brought to your visit to the office.

- Drivers License
- Insurance Card
- Previous Records including Immunization Record
- Discharge Paperwork if the patient is a newborn or was seen in the ER or Urgent Care Center
- If the patient is being seen for a Behavioral Conference:
 - Behavioral Conference Forms (Available at OrangeParkPediatrics.com)
 - Any previous evaluations

Please plan to arrive at least 15 minutes early to allow us time to process your paperwork.

Please present insurance card and photo ID for us to copy.

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Date _____

Patient Information:

Name: _____
Address: _____
City, State, Zip: _____
Home Phone #: _____
Date of Birth: _____ Sex _____
Social Security Number: _____

Person Responsible For Bill:

Guarantor Name: _____
Date of Birth: _____ SS# _____
Street Address: _____
City, State, Zip: _____
Home Phone #: _____ Cell Phone #: _____
Employer: _____ Work Phone #: _____
Relation to Patient: _____

Other Parent Information

Name: _____
Date of Birth: _____ SS# _____
Street Address: _____
City, State, Zip: _____
Home Phone #: _____ Cell Phone #: _____
Employer: _____ Work Phone #: _____
Relation to Patient: _____

Primary Insurance Name:

Policy # _____ Group #: _____
Subscriber Name: _____
Date of Birth: _____ SS# _____
Patient Relation to Subscriber: _____

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Date: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Drug / Medication Allergies: _____

Current Medications: _____

Past Medical History: *(Please describe any major medical problems and their dates)*

Hospitalizations / Operations (with dates): _____

Family History:

ADD/ADHD	No	Yes	Patient	Family	_____
Arthritis	No	Yes	Patient	Family	_____
Asperger's Syndrome	No	Yes	Patient	Family	_____
Asthma	No	Yes	Patient	Family	_____
Autism	No	Yes	Patient	Family	_____
Bleeding Disorder	No	Yes	Patient	Family	_____
Cancer _____	No	Yes	Patient	Family	_____
Developmental Delay	No	Yes	Patient	Family	_____
Diabetes Type I / II	No	Yes	Patient	Family	_____
Hepatitis B / C	No	Yes	Patient	Family	_____
Thyroid Disorder	No	Yes	Patient	Family	_____
Mental Illness / Depression	No	Yes	Patient	Family	_____
Migraine	No	Yes	Patient	Family	_____
Seizure Disorder	No	Yes	Patient	Family	_____
Skin Problems	No	Yes	Patient	Family	_____
Hypertension	No	Yes	Patient	Family	_____
Heart Disease	No	Yes	Patient	Family	_____
Genetic Disease _____	No	Yes	Patient	Family	_____
Kidney disease	No	Yes	Patient	Family	_____
High Cholesterol	No	Yes	Patient	Family	_____
Tuberculosis	No	Yes	Patient	Family	_____
Anemia	No	Yes	Patient	Family	_____
Auto Immune Disorder	No	Yes	Patient	Family	_____
Other _____	No	Yes	Patient	Family	_____

Social History:

Birthplace: _____

Birth Weight: _____ Vaginal / C-Section

Members of Immediate Family:

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies:

Is the child SENSITIVE / INTOLERANT / ALLERGIC to any of the following foods?

Milk/Dairy Wheat/Gluten Peanuts Soy Eggs Corn Yeast Chocolate Citrus Fish/Shellfish Strawberries

Other: _____

Please list any other allergies your child has been diagnosed with or that you suspect:

Does anyone in the home smoke? No Yes Type: Cigarettes Cigars Pipes Other _____

Number/day: _____

Signature: _____

Print Name: _____

Relationship to Patient: _____

Date: _____

Baptist Primary Care
AUTHORIZATIONS AND ACKNOWLEDGMENTS

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Please ask us if you have any questions about our fees, financial policy, or your payment responsibility.

All new patients will be asked to provide patient information prior to being seen by the physician. We also may ask to make a copy of any type of picture identification to remain a permanent part of your chart.

INSURANCE INFORMATION

- If you are covered by Medicare, Champus or any of our managed plans, we will file your insurance claim. You are responsible for any co-pay, co-insurance, deductible, or non-covered services at the time of your visit. If we do not participate with your insurance company, you will be responsible for full payment at the time of your visit.
- All self-pay patients are expected to pay for services in full at the time that services are rendered.
- We will file with all insurance plans for our professional fees for any hospital admissions.
- In the event your insurance company does not pay the full balance within 90 days, we will notify you so that you may contact your insurance carrier. Please remember that ultimately, payment responsibility rests with the patient.
- Please advise the office personnel of any changes in your insurance or mailing address.
- Should it ever become necessary to use the services of a collection agency to collect your account, you would be responsible for any costs incurred for that purpose.

WORKER'S COMPENSATION

Worker's Compensation patients will be seen only after the proper authorization and paperwork has been received.

UNACCOMPANIED MINORS

The parents (or guardians) will be responsible for full payment unless covered by a participating managed plan. Authorization to treat an unaccompanied minor must be on file.

COMPLETION OF FORMS

Baptist Primary Care reserves the right to charge a nominal fee for the completion of disability and/or Family Medical Leave forms.

I hereby authorize Baptist Primary Care to bill my insurance company directly for these services. I understand I am financially responsible for charges not covered by my insurance company. I authorized any holder of medical or other information about me to release to the Social Security Administration or intermediaries any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of medical benefits either to myself or to the party who accepts assignment. I certify that the above information is currently correct.

Responsible Party Signature

Patient's Name (Please Print)

DOB

Date

NOTICE OF PRIVACY PRACTICES

I acknowledge receipt of a copy of the Baptist Primary Care (BPC) Notice of Privacy Practices (NPP) either at this time or previously. By accepting services at BPC, I authorize BPC to use and disclose information from and release copies of my (the patient's) medical records in accordance with BPC's policies and privacy practices, which are summarized in the NPP, including disclosure to my (the patient's) past, present and future healthcare providers.

PATIENT or PARENT (GUARDIAN)

METHODS OF PAYMENT

CASH, CHECK, VISA, MASTERCARD and DISCOVER

**ORANGE PARK PEDIATRIC ASSOCIATES
PARENTAL AUTHORIZATION FOR MEDICAL CARE**

For families who are ongoing patients of ORANGE PARK PEDIATRICS it may be more convenient to have prior authorization for medical care delivered to minors without a parent having to be present prior to treatment. Please review the following authorization for treatment and complete the information if you wish to authorize treatment in advance.

I/we request and authorize Orange Park Pediatrics and its personnel to deliver medical care to my/our child/children listed below:

PLEASE PRINT CHILD/CHILDREN'S NAME

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

I/we authorize the following people to bring in my child/children for treatment:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

Please try to contact me/us regarding the health care of my/our child/children at the following phone numbers:

PARENTS NAME _____

PHONE _____

PARENTS NAME _____

PHONE _____

OTHER NAME _____ RELATIONSHIP _____

PHONE _____

SIGNATURE _____

NOTE: If there are any special parental or custodial relationships (such as custody with one parent only, legal custody/guardianship with non-parent, etc.), please explain in space below.

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI made by alternative means such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

Home Telephone _____ <input type="checkbox"/> O.K. to leave message with detailed information <input type="checkbox"/> Leave message with callback number only	Written Communication _____ <input type="checkbox"/> O.K. to mail to home address <input type="checkbox"/> O.K. to mail to work/office address <input type="checkbox"/> O.K. to fax to this number
Work Telephone _____ <input type="checkbox"/> O.K. to leave message with detailed information <input type="checkbox"/> Leave message with callback number only	_____ <input type="checkbox"/> Other _____

Patient Name: _____ Birthdate _____

Parent Signature _____ Date _____

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI, to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency

FOR OFFICE USE ONLY			
Record of Disclosures of Protected Health Information			
Date	Disclosed to Whom Address or Fax #	Description & Purpose of Disclosure	By Whom Disclosed

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REQUEST FOR RECORDS

Records to be sent to the following address:

NAME: Orange Park Pediatrics PHONE: 904-269-2140 FAX: 904-264-3018

ADDRESS: 2140 Smith Street

Orange Park, FL 32073

Reason for Release of Records: _____

Records to be received from:

PHYSICIAN/FACILITY: _____

ADDRESS: _____

Release from my medical records the following information for the following dates:

From: _____

To: _____

As part of the medical record, the following information will be released unless stricken:

SEXUAL ABUSE INFORMATION
DRUG & ALCOHOL ABUSE INFORMATION
CHILD ABUSE & NEGLECT INFORMATION
PSYCHIATRIC INFORMATION
AIDS/HIV

I have carefully read this consent, understand its contents and authorize the release of the above-specified information. This information is for the person/facility to which it is addressed only. The confidentiality of this information is protected by Federal law. The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal law. I may cancel this authorization in writing at any time. This authorization will expire in one year from date of signature.

Signed: _____ Date: _____

Patient Name: _____ DOB: _____ SS# _____

Witness: _____ Date: _____

If the patient is unable to sign due to mental or physical disability or is a minor, authorization must be signed by the legal guardian.



Depend On Us For Life.SM

NOTICE OF PRIVACY PRACTICES

Effective Date: May 12, 2008

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.

Each time you receive care or treatment at a physician office, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment information, a plan for future care or treatment, identifying information and billing-related information. The physician offices of the Baptist Health-affiliates set forth below (collectively, "Baptist") share an electronic medical record for continuity of care purposes and for administrative convenience. This Notice is provided to inform you regarding (i) how the Baptist physicians and staff may use or disclose medical information about you, (ii) with whom medical information about you may be shared, (iii) the safeguards Baptist has in place to protect medical information about you and (iv) your rights to access and amend medical information about you. For purposes of this Notice, "medical information about you" includes sexually-transmissible disease-related information (including HIV and AIDS), genetic information, alcohol and/or substance abuse information, mental health information and other specially protected health information that may be subject to additional confidentiality protections under applicable State and federal law.

BAPTIST ENDOCRINOLOGY

BAPTIST OBSTETRICS & GYNECOLOGY

BAPTIST RHEUMATOLOGY

BAPTIST INFECTIOUS DISEASES

BAPTIST PRIMARY CARE

Baptist is required to maintain the privacy of medical information about you and abide by the terms of this Notice (or the version currently in effect). Baptist reserves the right, however, to change this Notice in the future. Its effective date is noted at the top of this first page. Baptist reserves the right to make the revised or changed notice effective for health information it already has about you as well as any information it receives in the future. You may obtain a copy of the current version of this Notice at any time in the future by accessing the Baptist Health website at www.e-baptisthealth.com, contacting the Baptist Privacy Officer and requesting a copy be mailed to you, or asking for a copy at your next visit to Baptist.

You will be asked to provide a signed acknowledgment of receipt of this Notice. Since Baptist's intent is to make you aware of the possible uses and disclosures of medical information about you and your privacy rights, the delivery of your health care services will in no way be conditioned upon your signed acknowledgment of this Notice. If you decline to provide a signed acknowledgment, Baptist will continue to provide your treatment and will use and disclose medical information about you to the extent permitted by applicable law.

USE AND DISCLOSURE OF MEDICAL INFORMATION ABOUT YOU

For Treatment: Baptist may use medical information about you, as needed, to provide treatment or services to you. Baptist may disclose medical information about you to, and obtain your medical information from, doctors, nurses, technicians, medical students or other individuals who are involved in taking care of you. For example, a Baptist physician treating you for a broken leg may want to refer you to a specialist, such as an orthopedic surgeon, and if so will need to release information about your condition to such specialist. Medical information about you may also be shared between various Baptist offices in order to coordinate your care. Baptist may also provide a subsequent healthcare provider with medical information about you (e.g., copies of various reports) that should assist him or her in treating you in the future. Baptist may also disclose medical information about you to, and obtain your medical information from, appropriate regional health information organizations (commonly referred to as RHIOs), in which you participate or for which you qualify for the purpose of the participating providers' treatment, payment and healthcare operations. RHIOs are electronic health information networks in which community healthcare providers (such as Baptist) may participate to facilitate the provision of care to patients (such as yourself). Information contained in RHIOs may also be analyzed by the participating healthcare providers to improve their respective healthcare operations. Baptist may also obtain information about you from, or transmit information about you through, electronic equipment and systems, such as medical devices used in your care, video cameras/monitors on Baptist premises, Baptist's computer systems and any other applicable technology.

For Payment: Baptist may use and disclose medical information about you, as needed, to bill and collect payment from you, your insurance company or a third party payer for care or treatment rendered to you. For example, Baptist may need to give your insurance company information about your visit so that it will pay Baptist or reimburse you for treatment provided by Baptist in connection with such visit, or Baptist may need to give a consulting specialist information about you so that he or she can bill your insurance company for his or her professional services in connection with such consultation. Baptist may also tell your health plan about treatment you are going to receive to determine whether your plan will cover the cost of it. Baptist may also use and disclose medical information about you, as needed, to obtain reimbursement from any other entity or program for services or products provided to you by Baptist. For example, if Baptist provides a dose of medication to you, and such medication (which is not reimbursed by you or your insurance company) qualifies under a pharmaceutical manufacturer's "drug replacement program," then Baptist may disclose information about your care to such pharmaceutical manufacturer to the extent necessary to obtain a free or discounted replacement dose of such medication.

For Healthcare Operations: Baptist may use and disclose medical information about you, as needed, to support the daily activities related to its healthcare services. These activities include, but are not limited to, quality assessment activities, oversight of staff performance, healthcare education, licensing, fundraising, communications about a product or service, patient satisfaction surveys and focus groups, and conducting or arranging for other healthcare-related activities. In addition, Baptist may permit various observers to accompany its physicians and staff as they provide care to you and other patients on its premises. For example, Baptist may disclose medical information about you to medical school students observing patients at Baptist, may call you by name in a waiting room when the physician or other provider is ready to see you, and may use or disclose medical information about you, as necessary, to contact you to remind you of an appointment.

Baptist may share medical information about you, as needed, with independent "business associates" who perform various activities (for example, billing services, transcriptionists and survey entities) for Baptist. Baptist's business associates will also be required to protect any medical information Baptist provides about you. Baptist may also use or disclose medical information about you, as needed, to provide you with information about treatment alternatives or other health-related benefits and services that might be of interest to you. For example, your name and address may be used to send you a newsletter about Baptist and the services it offers or to send you information about products or services that Baptist believes might benefit you.

To the extent permitted or required by law, Baptist may disclose to a member of your family, a relative, a close friend or any other person you identify, medical information about you that directly relates to that person's involvement in your care. Baptist may also disclose information to someone who helps pay for your care. Baptist may use or disclose medical information about you to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care, of your location, general condition or death. Baptist may use or disclose medical information about you to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your care.

As Permitted or Required by Law: Baptist may use or disclose medical information about you to the extent permitted or required by applicable law:

For Public Health: Baptist may disclose medical information about you to a public health authority who is permitted by law to collect or receive such information. Such disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- Notify the appropriate government authority if Baptist believes a patient has been the victim of abuse, neglect, or domestic violence.

Regarding Communicable Disease: Baptist may disclose medical information about you, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

For Health Oversight: Baptist may disclose medical information about you to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies may include State and federal government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

For Product Tracking: Baptist may disclose medical information about you to a person or company required by the Food and Drug Administration (FDA) to do the following:

- Report adverse events, product defects, or problems and biologic product deviations;
- Track products;
- Enable product recalls;
- Make repairs or replacements; or
- Conduct required post-marketing surveillance.

In Legal Proceedings: Baptist may disclose medical information about you during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized) and, in certain conditions, in response to a subpoena, discovery request, or other lawful process.

For Law Enforcement: Baptist may disclose medical information about you for law enforcement purposes, including the following:

- Responses to legal proceedings;
- Information requests for identification and location;
- Circumstances pertaining to victims of a crime;
- Deaths suspected from criminal conduct;
- Crimes occurring at Baptist; or
- Medical emergencies believed to result from criminal conduct.

To Coroners: Baptist may disclose medical information about you to coroners or medical examiners for identification, to determine the cause of death or for the performance of other duties authorized by law.

For Research: Baptist may use medical information about you or disclose medical information about you to researchers when authorized by law. For example, Baptist may disclose information about you to a researcher pursuant to an institutional review board (IRB) or privacy board approved protocol or retrospective review request that has been determined to pose minimal risk to your privacy.

For Health, Safety and National Security: Baptist may disclose medical information about you, in accordance with State and/or federal law, if it believes that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Baptist may disclose medical information about you if it is necessary for law enforcement authorities to identify or apprehend an individual. Baptist may also disclose medical information about you to authorized federal officials for conducting national security and intelligence activities.

Regarding Workers' Compensation: Baptist may disclose medical information about you to comply with workers' compensation laws and other similar legally-established programs.

Regarding Inmates: If you are an inmate of a correctional facility, Baptist may use or disclose medical information about you to such facility.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You may exercise the following rights by submitting a written request to the Baptist Privacy Officer. Please be aware, however, that Baptist might deny your request, when legally permitted to do so.

Right to Inspect and Copy: For as long as Baptist maintains medical information about you, you may inspect and obtain (for a reasonable, cost-based fee) a copy of medical information about you contained in certain medical and billing records maintained by Baptist. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and medical information about you that is subject to a law that prohibits access to medical information about you.

Right to Request Restrictions: You may ask Baptist not to use or disclose medical information about you for treatment, payment, or health care operations (as described in this Notice). Your request must be submitted in writing to the Baptist Privacy Officer. In your request, you must specifically state (i) what information you want restricted; (ii) whether you want to restrict Baptist's use, disclosure, or both; (iii) to whom you want the restriction to apply, for example, disclosures to your spouse; and (iv) an expiration date. If Baptist believes that the restriction is not in the best interest of either party, or Baptist cannot reasonably accommodate your request, Baptist is not required to agree. If the restriction is agreed to by Baptist, Baptist will not use or disclose medical information about you in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications: You may request that Baptist communicate with you using alternative means (e.g., e-mail) or at an alternative location (e.g., post office box). Baptist will not ask you the reason for your request, and will accommodate reasonable requests, when possible.

Right to Request Amendment: If you believe that the information Baptist maintains about you is incorrect or incomplete, you may request an amendment to such information. While Baptist will accept requests for amendment, Baptist is not legally required to agree to an amendment.

Right to an Accounting of Certain Disclosures: You may request that Baptist provide you with an accounting of certain disclosures it has made of medical information about you. This right applies to disclosures made for purposes other than treatment, payment or health care operations (as described in this Notice). To be accountable, the disclosure must have been made after April 14, 2003 and no more than 6 years from the date of your request. This right excludes disclosures made to you, to family members or friends involved in your care or for notifications required by law (including disclosures for law enforcement, national security or intelligence purposes). The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

Right to Obtain a Copy of this Notice: You may obtain a paper copy of this Notice (or the version currently in effect) from Baptist or view it electronically via the BH website at www.e-baptisthealth.com.

PRIVACY LAWS

This Notice is provided to you as a requirement of the rules created under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). There are several other State and federal privacy laws that also apply to medical information about you including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. To the extent not preempted by HIPAA, Baptist has taken such laws into consideration in developing its privacy policies and this Notice.

COMPLAINTS

If you believe Baptist has failed to comply with this Notice or that Baptist has violated these privacy rights, you may file a written complaint with the Baptist Privacy Officer or the Department of Health and Human Services. Baptist will not retaliate against you for filing a complaint.

CONTACT INFORMATION

You may contact the Baptist Privacy Officer for further information about the complaint process or for further explanation of this document. The Baptist Privacy Officer (or his designee) may be contacted at:

Baptist Privacy Officer
1325 San Marco Boulevard, Suite 902
Jacksonville, Florida 32207
(904)202-HIPA (4472) *telephone*
(904)202-4094 *facsimile*