



(205) 333-8222 ▲ 657 Helen Keller Boulevard ▲ Tuscaloosa, Alabama 35404

Dear Expecting Parents,

Congratulations on your pregnancy! We are honored that you have chosen Tuscaloosa Pediatrics to provide medical care for your child. We look forward to getting to know your family over the first 18 years of your child's life.

In order to provide the best care possible for your new baby, we request that you fill out this new patient packet and return to our office at least two months before your baby is due. That way we will have all the needed information to schedule your baby's first appointment with his or her pediatrician as soon as they are born. Please circle your first and second choice pediatricians on the demographic form. We will make every attempt to make sure your child is scheduled with one of these physicians for all of their checkups. We ideally try to keep you with the same physician each time but in the event that particular physician is unavailable, we will try to schedule you with your second choice. If you desire to change at any point and begin using a physician you did not originally schedule as a first or second choice, please let our front office know. If you prefer to see a particular pediatrician for sick visits, we recommend you call and make an appointment rather than come to walk-in clinic as the physician seeing patients during walk-in hours varies from day to day.

If you are delivering at DCH Regional Medical Center, your baby will be seen by one of our pediatricians within 24 hours of birth. Please be sure and let them know your baby is a patient of Tuscaloosa Pediatrics when you arrive to the hospital. If you deliver on the weekend, it is possible you may be seen by one of the other pediatricians in town who share call with us. If you are delivering at Northport DCH or at a hospital in Birmingham, your baby will be seen by a hospitalist pediatrician. Please let them know you will be a patient of Tuscaloosa Pediatrics so they can send us all the necessary records. Please call us on the day you are getting discharged to schedule your baby's first checkup. Also, don't forget to call and have your baby added to your insurance policy after they are born.

Most babies will need a weight and jaundice check within 1-3 days after discharge from the nursery. Typically, we like for all of our breastfeeding babies to see a lactation consultant for this visit so they can assist with any breastfeeding concerns. The lactation consultant then contacts us with the baby's weight and any concerns she may have. If your baby is formula feeding, then we schedule this visit for our office instead with one of our pediatricians.

Again, we are so happy you have chosen Tuscaloosa Pediatrics as your baby's medical home. Please feel free to contact us with any questions.

Sincerely,

The Physicians and Staff of Tuscaloosa Pediatrics

*****PLEASE RETURN THIS PACKET AT LEAST 2 MONTHS BEFORE YOUR BABY'S DUE DATE.** It is not necessary to have the baby's full name, social security number, or date of birth at the time you turn in the packet as we are aware you may not have all this information yet. You can email to newbaby@tuscaloosapeds.com or fax to (205)333-8233.

Tuscaloosa Pediatrics, P.C.

___ Denise Brown, M.D.
___ Allison Cunningham, M.D.
___ Thomas Farmer, M.D.

Select 1st & 2nd Choice Physician

Megan McGiffert, M.D. ___
Michelle Parchman, M.D. ___
Julie Vaughn, M.D. ___

Account #: _____

Date: _____

Name you prefer we call your child: _____

Social Security #: _____

Last: _____ First: _____ Middle Name: _____

Date of Birth: _____ Sex: Male _____ Female _____

Home Address: _____

City: _____ State: _____ Zip: _____

Sibling: _____ DOB _____ Sibling: _____ DOB _____

Sibling: _____ DOB _____ Sibling: _____ DOB _____

Ethnic Group: Hispanic Non Hispanic **Race:** Asian Black White Other _____

Language: Arabic English German Korean Spanish Other _____

Select one for Appointment Reminders: Text#: _____ Phone#: _____

Email: _____

Mother Stepmother Guardian

Father Stepfather Guardian

Name: _____

Name: _____

Cell Number: (____) _____

Cell Number: (____) _____

Work Number: (____) _____

Work Number: (____) _____

Home Number: (____) _____

Home Number: (____) _____

E-mail Address: _____

E-mail Address: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Social Security #: _____

Social Security #: _____

Driver License/St.: _____

Driver License/St.: _____

Marital Status: _____

Marital Status: _____

Emergency Contact (other than parent): _____ Phone#: _____

Patient's cell phone number if age 14 years or older. (State of AL Age of Consent is 14) _____

Primary Insurance

Secondary Insurance

Insurance Co: _____

Insurance Co: _____

Policy Holder: _____

Policy Holder: _____

Contract/ID#: _____

Contract/ID#: _____

Group #: _____

Group #: _____

Effective Date: _____

Effective Date: _____

Relation to Child: _____

Relation to Child: _____

Policy Holder Date of Birth: _____

Policy Holder Date of Birth: _____

Does your insurance require a Primary Care Doctor or any type of Physician Referral? _____

Does your insurance require you to use a specific lab or x-ray facility? ___ If so, which one? _____

Tuscaloosa Pediatrics, P.C.
657 Helen Keller Blvd
Tuscaloosa, Alabama 35404
Phone 205-333-8222
Fax 205-333-8233

Consent to Receive Cell Phone Calls or Text Messages

As a service to our clients we provide a courtesy appointment reminder call and possibly other important calls that may be placed using a pre-recorded message. By providing your cell phone you consent to receive such calls or text messages on your cell phone. If you do not want to be contacted in the above manner, please do not provide your cell phone number when you complete the Demographics information.

Parent/Patient Signature: _____

Date: _____

HIPAA Authorization Statement

(Please complete the following so we may contact you properly & securely)

Please list the family members or other persons, if any, whom we may inform about your child's general medical condition and diagnosis (including treatment, payment, and healthcare operations).

Name _____

Phone # _____

Name _____

Phone # _____

Please list the family members or significant others, if any, whom we may inform about your child's medical condition **ONLY IN CASE OF EMERGENCY**.

Name _____

Phone # _____

Name _____

Phone # _____

If you would like your billing statement and /or correspondence from our office to be sent to an address other than your home, please list below.

Name _____

Address _____

Please list the telephone number(s) you could like to be contacted for appointment, lab and x-ray results, or other health care information if other than your home telephone number. (Please be aware that a cell phone is not a secure and private line).

Telephone # _____ Telephone # _____

Can confidential messages be left on your telephone answering machine? Yes No

Circle

Patients Name (Please Print)

Signature (Parent/guardian if under 18 years of age)

Tuscaloosa Pediatrics Vaccine Policy

We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives.

We firmly believe in the safety of the vaccines we provide.

We firmly believe that all children and adolescents should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and the American Academy of Pediatrics.

We firmly believe, based on all the available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities. We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in only a very few vaccines now, does not cause autism or other developmental disabilities.

We firmly believe that vaccinating children and adolescents may be the most important health-promoting intervention we provide to your child as their pediatrician. The recommended vaccines and the schedule by which they are given are the results of years and years of scientific study and data gathered on millions of children around the world by thousands of our brightest scientists and physicians.

This being said, we recognize that there has always been and will likely continue to be controversy surrounding vaccination. The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that many people do not understand the severity of the illnesses we are trying to prevent. Because of vaccines, many people have never seen a child with polio, tetanus, whooping cough, bacterial meningitis, or even chickenpox. Less than a century ago these illnesses were commonplace and they caused the majority of early infant and childhood deaths. The success of vaccines has led our generation to complacency about vaccinating which can have tragic results.

Over the past two decades, many people in Europe chose not to vaccinate their children with the MMR vaccine due to a fraudulent study suggesting a link between the MMR vaccine and Autism Spectrum Disorder. This resulted in multiple outbreaks of measles in Europe. The results of this study have since been proven false multiple times by numerous follow-up studies. But these outbreaks still occur and they are not without complications including permanent neurologic deficits and several deaths. There is a fatal, progressive disorder called Subacute Sclerosing Panencephalitis that only occurs 7-10 years after a natural measles infection so consequences may be still to come from these outbreaks.

While Europe and these disease outbreaks may seem a long distance from us in the United States, they are really only a plane ride away. We have had our own outbreaks of measles, mumps, Hemophilus Influenza B meningitis, meningococcal meningitis, and whooping cough in the U.S. in the past few years. These cases have mainly occurred in unvaccinated babies, children, and even adults.

We are making sure you are aware of these facts not to scare or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the decision to vaccinate your child may be a very emotional one for some parents. Should you have doubts, please discuss them with us. Please be advised, however, that delaying or "breaking up the vaccines" to give one or two at a time goes against expert recommendations, and it can put your child at risk for serious illness or death. This goes against our medical advice as physicians at Tuscaloosa Pediatrics.

Should you absolutely refuse to vaccinate your child, you will be asked to find another health care provider who shares your views.

We appreciate the trust you have put in us to care for your children. Thank you for reading this policy. Should you have any questions we will be happy to discuss them during your office visit. We have several handouts available regarding vaccines and the diseases they prevent. We also have links to reliable vaccine information sites on our website www.tuscaloosapeds.com and we encourage you to look closely at those.

*Thank you,
The Physicians of Tuscaloosa Pediatrics*

I, _____, have read the above Tuscaloosa Pediatrics Vaccine Policy and I plan to vaccinate my child according to the recommended vaccination schedule from the American Academy of Pediatrics and the Centers for Disease Control.

Signature

Relationship to Patient

Date

Tuscaloosa Pediatrics Financial and Office Policies

Please be aware if you are a new patient and fail to show up for your 1st appointment without giving a 24 hour notice, you may be asked to find another medical office or physician for medical care.

Please be aware our office does not accept all insurances. You may be asked to transfer out of the practice if you change to an insurance we do not accept or our Patient Panel is full at the time you make the insurance change.

All professional services rendered by Tuscaloosa Pediatrics, P.C. are charged to the patient. We will gladly file your insurance for you. However, the parent or guardian is responsible for all fees that are not covered by the insurance.

Payment is due at time services are rendered (such as co-pays, deductibles and non covered services) regardless of who brings the patient in for his/her visit. There will be a \$10.00 administrative fee added to your account if your co-pay is not paid at the time of service. We accept cash, check, Visa, MasterCard, American Express and Discover.

No well visits or immunizations will be given if you have an outstanding account balance or if you have not made prior arrangements for your account to be paid in full.

It is the patient's responsibility to know your insurance benefits and whether the physicians in this practice are preferred providers. Some insurance companies require referrals to specialists and urgent care facilities. It is your responsibility to notify our office within 48 hours if you are seeing or have seen another physician. Don't assume that referrals are done if you don't speak to someone in our insurance office, even if our physicians or nursing staff refer you.

We will not give referrals to urgent care facilities or emergency rooms if you go during our regular business hours unless approved in advance or it is considered a life-threatening emergency.

Most insurance companies allow 30-45 days for you to add your newborn to your insurance policy. We require you to pay for the visit in full for the 2 month check-up if we cannot verify your baby's enrollment before the visit.

We must have a release signed by a parent or guardian on file to release medical records. We request your account be paid in full in order to release your medical records if you are transferring your child/children to another physician. Accounts that are not paid in full or arrangements made to do so will be treated as a bad debt and will be forwarded to a collection agency.

There is a fee and a 72 hour waiting period on all medical forms, blue cards not associated with a check-up and medical record copying. Please check with the office staff in advance on the cost for each request.

There is a \$10.00 fee for after hours telephone calls. Please read and follow our Telephone Policy to avoid unnecessary costs.

There will be a \$40.00 No Show/Cancellation fee for failure to cancel your Well Check-up appointment 24 hours prior to the scheduled appointment time and 4 hours prior to sick or recheck appointment time. You could be asked to find another physician for repeat offences.

There is a \$25.00 fee on all returned checks.

Agreement to Accept Financial Responsibility, Insurance Authorization and Assignment of Benefits

I acknowledge that, at my request, Tuscaloosa Pediatrics, P.C. has provided my dependent with professional services and I agree to the above financial policy. I also understand that if I fail to comply with this agreement, and if my account becomes more than 90 days past due, it may be turned over to a collection agency, an attorney or small claims court for collection. I understand the collection agency charges Tuscaloosa Pediatrics a 33 1/3% fee in an effort to collect outstanding balances. This fee will be added to my bill and become my responsibility.

I hereby authorize Drs. Brown, Cunningham, Farmer, McGiffert, Parchman and Vaughn to furnish medical information to my insurance carriers for payment of claims. I hereby assign to the physicians all payments for the medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance.

Communications Regarding My Account

Until my account is finally settled, I give my direct consent to receive communications regarding my account from any servicers and any collectors of my account, through various means such as 1) any cell or text number that I provide, 2) any email address that I provide, 3) auto dialer systems, 4) voicemail messages, and other forms of communications.

Signature

Relationship

Date

Tuscaloosa Pediatrics, P.C.
657 Helen Keller Blvd.
Tuscaloosa, AL 35404

Receipt of Privacy Practices Written Acknowledgement Form

I, _____ as parent or legal guardian of

_____ have received a copy of the 2014 Notice of Privacy
(Name of Child)

Practices Form from Tuscaloosa Pediatrics, P.C.

(Signature of Parent or Guardian)

(Date)

FAMILY HISTORY

Date form completed: _____

Is your child adopted? YES NO

Please list medical history for biological relatives:

	<u>Name</u>	<u>Age</u>	<u>Medical Problems</u>
Mother	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Father	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Siblings	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Have any family members had the following? If YES then list what relative and any known details.

Deafness YES NO _____

Allergies YES NO _____

Asthma YES NO _____

Tuberculosis YES NO _____

Heart Disease (under 50 years old) YES NO _____

High Blood Pressure (under 50 years old) YES NO _____

High Cholesterol YES NO _____

Anemia YES NO _____

Bleeding Disorder YES NO _____

Liver Disease YES NO _____

Diabetes (specify type 1 or 2 , age of onset) YES NO _____

Seizures or Epilepsy YES NO _____

Febrile (Fever) Seizures YES NO _____

Alcohol or Drug Abuse YES NO _____

Mental Illness (depression, anxiety, OCD, schizophrenia, bipolar disorder, etc.) YES NO

ADHD or Learning Disorders YES NO _____

Autism Spectrum Disorder YES NO _____

Mental Retardation YES NO _____

Immune System Disorders (AIDS, etc.) YES NO _____

Thyroid Problems YES NO _____

Gastrointestinal Problems (Reflux, Irritable Bowel Syndrome, Crohn's Disease, Ulcerative Colitis, etc.) YES NO

Migraine Headaches YES NO _____

Cancer (type, age at diagnosis if known) YES NO _____

Blood Clots YES NO _____

Arthritis (age of onset if known) YES NO _____

Lupus YES NO _____

Fever Blisters/Cold Sores YES NO _____

Kidney Disease (including kidney reflux) YES NO _____

Skin Problems (Eczema, Psoriasis, etc.) YES NO _____

Blindness/Vision Problems YES NO _____

Any other medical problems in the family that you feel we need to know about?

Tuscaloosa Pediatrics Telephone Policy

Emergency Calls (Day or Night):

Call 911 for any life threatening emergency in which your child may require resuscitation (seizure, not breathing, severe choking spell, unconscious, etc.)

Call our office for minor emergencies (accidents, allergic reactions, etc.) When you call, always state clearly "This is an emergency." Do not let the answering service or office staff put you on hold.

For accidental ingestions, call the poison control center at 1-800-222-1222.

Calls about sick children during office hours:

We see sick children by appointment Monday through Friday from 8 a.m. to 12 p.m. and from 1 p.m. to 4:30 p.m.

We also offer walk-in hours Monday through Friday from 8 a.m. to 10:30 a.m. Our walk-in clinic is for acute illness only (ear infections, fever, vomiting, etc.). We do not see chronic illnesses or routine rechecks during this time since your child will be seeing the "walk-in doctor" who will vary from day to day. Children with chronic illnesses are best served by seeing their regular doctor at a scheduled sick visit appointment.

If your child is sick but you are uncertain if he needs to be seen by the doctor, call and press the prompt to speak with one of our telephone nurses. They are specially trained to make decisions about which patients need to be seen by the doctor and how to provide home care for children who don't need to be seen urgently.

If the office staff is busy, please leave a message and they will return your call. If your call is not returned within 60 minutes then please call again. If your call is more urgent, then please stay on hold until you are assisted. Keep in mind that Monday mornings and the winter months are our busiest times.

We keep appointments open during the later hours of the afternoon for children who become ill later in the day and need to be seen at that time. Therefore, we appreciate your cooperation in taking earlier in the day appointment times when you call in the morning.

Well Child Appointments and Questions:

We are happy to provide you with information regarding parenting issues but we recommend first checking our website www.tuscaloosapeds.com as there are links to information sites that may answer your questions. Please call about behavioral questions or other well child issues during regular office hours. We suggest in the late morning or early to mid-afternoon when the phones may be less busy. These calls will have less priority to be returned, especially in the busy winter months. If you leave a message, our goal would be to return your call within a 24 hour period. It may also depend on whether your child's regular doctor is in the office that day as these questions are generally best answered by the child's regular pediatrician.

You can request a Well Child checkup or ADHD recheck through our website, www.tuscaloosapeds.com or you can call for an appointment. Please try to call during the late morning or mid-afternoon hours to schedule these appointments as the phones will be less busy. When you are making an appointment, please let our office staff know of any significant medical problems your child is having that will need to be addressed at their checkup so they can schedule adequate time for the visit.

During the winter months, we sometimes limit our checkups to children under 2 years of age due to the large volume of sick patients during this time.

Prescription refills:

We phone in prescription refills to pharmacies only during office hours because we need to have your child's chart available to check on dosages and disease status. Plan ahead so you don't run out of important medicines.

Always have the name and phone number of your pharmacy available when you call the office.

You can also request a non urgent refill online through our website www.tuscaloosapeds.com. These take up to 3 days to process so please do not request any medications you are nearly out of in this way.

Every effort is made to have a refill request called in the same day but it may take up to 3 business days. Prescription refills require a physician authorization so it may be after 5 p.m. before the doctor has a chance to look at your request or your doctor may be out of the office that day. Please check with your pharmacy to make sure the prescription is ready.

After Hours Calls:

After office hours, please call only for emergencies or urgent problems that cannot wait until the next office day (fever in an infant, recurrent vomiting, labored breathing/wheezing, severe abdominal pain, severe headache, unusual rashes, injuries, etc.) Please wait until regular office hours to call about problems like constipation, sore throat, cold symptoms, cough, earaches, etc.

After hours calls will be received by our answering service who will then forward your call to a triage nurse based out of Children's Hospital. The nurse will return calls based on the urgency of the situation. There is always a physician on call as well for the nurse to contact if she is unable to handle the situation.

After hours calls to the nurse will be charged a \$10.00 fee.

Although the goal is to return your call in 1 hour or less, during the busy winter months it may be longer. If your child is having significant problems like labored breathing or a traumatic accident, we recommend you take them directly to the Emergency Room at DCH Regional Medical Center in Tuscaloosa.

Saturday Office Hours:

We do not have regularly scheduled office hours on Saturday. However, if your child needs to be seen for an acute illness there is usually a physician from our office or another local pediatrician in our call group that will be available to see your child. The physician location and office hours change from week to week so please call our office number 205-333-8222 and you will be directed to the appropriate clinic. There is no walk-in clinic on Saturdays.

Please have the following information available when you call (except in Emergencies):

- your child's main symptoms
- any chronic health problems your child has
- your child's temperature if he is sick
- your child's approximate weight
- names and dosages of your child's medications
- your pharmacy's name and phone number
- a list of your questions
- a pen and paper ready to take down instructions
- have your child nearby in case you need to check something or ask them something about their condition

Tuscaloosa Pediatrics No Show and Cancellation Policy

Providing excellent care for your children is the goal of the physicians at our office. Unfortunately, we have many people who schedule appointments and then fail to keep them. Although there may be emergencies, we do not “double” or “triple” book our appointment slots. Therefore, if a patient fails to show up for an appointment or give adequate notice of cancellation, it prevents another patient who may need an appointment that day from being able to be seen in a timely fashion. As a courtesy to you, we provide appointment reminders by phone call, text and email 2 to 3 days prior to your scheduled appointment. Unfortunately, we may not always be able to reach you at the time and may leave a reminder message. The following policy has been created to help improve this problem:

- 1. Please be aware if you are a new patient and fail to show up for your 1st appointment without giving at least a 24 hour notice, you may be asked to find another medical office or physician for medical care.**
- 2. All Well Child Check-up appointments that are not cancelled 24 hours prior to appointment time and all sick or recheck appointments that are not cancelled 4 hours prior to appointment time will incur a \$40.00 charge.**
- 3. All no show appointments will be documented in the patients chart and should you have excessive no shows for appointments, the physicians may request that you seek another physician to care for your child.**
- 4. Missed double check-ups (2 children in the same family scheduled on the same day) may forfeit the opportunity to schedule 2 children on the same day in the future for check-ups.**
- 5. There will be one phone call attempt to reschedule all missed well child check-ups.**
- 6. We understand emergencies may occur, and should that be the case, please contact us as soon as possible to let us know your situation in order to avoid being billed for your failure to show.**

This policy is put in place to improve scheduling opportunities and encourage patients to call and cancel their appointments in a reasonable time. This will allow for better use of patient, staff, and physician time. In implementing this policy we hope to improve availability for check-up and same day appointments. At any time, you may place your child’s name on our waiting list for appointment cancellations, giving you the opportunity to schedule an earlier appointment, or to schedule with the physician of your choice. If you are not able to keep your appointment please remember to CALL and CANCEL. Thank you for your assistance in helping us schedule more efficiently and improve care for your children.

Updated 7/15/017

Tuscaloosa Pediatrics Completion of Health Forms Policy

It is the goal of the physicians and staff to accommodate as many requests to the furthest reasonable extent in an accurate and timely manner.

To help us better serve your needs, we request you be aware of the following policies.

1. Forms will be accepted for completion only if the patient's information has been completed. In some cases we may not be able to complete or certify a form if parents have not completed their part of the form prior to submission. Blank forms will not be accepted.
2. Turnaround time for form completion is usually fewer than 7 business days. While every effort will be made to complete forms as quickly as possible, parents should realize that at certain times of the year we may receive hundreds of health forms in one week. Remember that each form has to be carefully reviewed by a physician before it is released. Parents are strongly advised not to wait until the last moment to look at paperwork they have received from the programs their child is scheduled to attend. (See #11 for rush service information)
3. Forms will be held at the office for parents to pick up. The Health Insurance Portability and Accountability Act (HIPAA) regulations states forms are to be release to parents only. We cannot be responsible for delays or losses in the mail.
4. Forms are completed for patients who are in good standing. Delinquent accounts must be paid in full before forms will be released. Forms must be paid for before they are released.
5. Many forms require the information be based on a physical examination completed within 12 months of the date the form is completed. No form will be completed for any patient who has not had a physical examination in our office in more than 12 months.
6. Physical examination requires check of perceptual ability, ie, hearing, and vision screening. We regret that we cannot certify a child fit for any program without appropriate perceptual (hearing and vision) testing. If your form requires those screenings, it is very likely you will be billed for the test as many insurance companies consider these to be a non covered charge.
7. The charge for review and completion of medical forms is \$5.00 per page except FMLA forms. FMLA forms are \$15.00 as these require extra time to complete. If the form is brought in and completed at the time of the office visit there is no charge.
8. There is no charge for WIC (women, infants, and children) or school medication forms to administer medication we have prescribed or recommended.
9. All forms are completed by the physicians based on information from your child's chart.
10. Payment for completion of a health form is the responsibility of the parent/guardian. This is not considered a billable service by insurance companies.
11. Rush services may be available for an additional \$5.00 per page. If available, we will have your form completed in one business day. We do not guarantee the availability of the service as the physician needed to complete the form may be out of the office at that time.
12. Letters written by the physician for schools, daycares and insurance companies, etc, will vary with the duration of the time necessary to complete. There will be a minimum of \$5.00 but not more than \$15.00 for a longer more complicated condition or issue. The physician completing the letter will determine the charge based on the time to complete.
13. Asthma Action Plans are best filled out by the doctor that manages your child's asthma. If your child sees an Allergist or Pulmonologist, it is best for them to complete any forms related to asthma (action plans or medication forms). If your doctor at Tuscaloosa Pediatrics follows your child's asthma and they have not been seen for an asthma recheck in the past 6 months, you may be asked to schedule a visit in order for us to complete the form.

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This being said, we recognize that there has always been and will likely continue to be controversy surrounding vaccination. The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that many people do not understand the severity of the illnesses we are trying to prevent. Because of vaccines, many people have never seen a child with polio, tetanus, whooping cough, bacterial meningitis, or even chickenpox. Less than a century ago these illnesses were commonplace and they caused the majority of early infant and childhood deaths. The success of vaccines has led our generation to complacency about vaccinating which can have tragic results.

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Please be aware our office does not accept all insurances. You may be asked to transfer out of the practice if you change to an insurance we do not accept or our Patient Panel is full at the time you make the insurance change.

All professional services rendered by Tuscaloosa Pediatrics, P.C. are charged to the patient. We will gladly file your insurance for you. However, the parent or guardian is responsible for all fees that are not covered by the insurance.

Payment is due at time services are rendered (such as co-pays, deductibles and non covered services) regardless of who brings the patient in for his/her visit. There will be a \$10.00 administrative fee added to your account if your co-pay is not paid at the time of service. We accept cash, check, Visa, MasterCard, American Express and Discover.

No well visits or immunizations will be given if you have an outstanding account balance or if you have not made prior arrangements for your account to be paid in full.

It is the patient's responsibility to know your insurance benefits and whether the physicians in this practice are preferred providers. Some insurance companies require referrals to specialists and urgent care facilities. It is your responsibility to notify our office within 48 hours if you are seeing or have seen another physician. Don't assume that referrals are done if you don't speak to someone in our insurance office, even if our physicians or nursing staff refer you.

We will not give referrals to urgent care facilities or emergency rooms if you go during our regular business hours unless approved in advance or it is considered a life-threatening emergency.

Most insurance companies allow 30-45 days for you to add your newborn to your insurance policy. We require you to pay for the visit in full for the 2 month check-up if we cannot verify your baby's enrollment before the visit.

We must have a release signed by a parent or guardian on file to release medical records. We request your account be paid in full in order to release your medical records if you are transferring your child/children to another physician. Accounts that are not paid in full or arrangements made to do so will be treated as a bad debt and will be forwarded to a collection agency.

There is a fee and a 72 hour waiting period on all medical forms, blue cards not associated with a check-up and medical record copying. Please check with the office staff in advance on the cost for each request.

There is a \$10.00 fee for after hours telephone calls. Please read and follow our Telephone Policy to avoid unnecessary costs.

There will be a \$40.00 No Show/Cancellation fee for failure to cancel your Well Check-up appointment 24 hours prior to the scheduled appointment time and 4 hours prior to sick or recheck appointment time. You could be asked to find another physician for repeat offences.

There is a \$25.00 fee on all returned checks.

Agreement to Accept Financial Responsibility, Insurance Authorization and Assignment of Benefits

I acknowledge that, at my request, Tuscaloosa Pediatrics, P.C. has provided my dependent with professional services and I agree to the above financial policy. I also understand that if I fail to comply with this agreement, and if my account becomes more than 90 days past due, it may be turned over to a collection agency, an attorney or small claims court for collection. I understand the collection agency charges Tuscaloosa Pediatrics a 33 1/3% fee in an effort to collect outstanding balances. This fee will be added to my bill and become my responsibility.

I hereby authorize Drs. Brown, Cunningham, Farmer, McGiffert, Parchman and Vaughn to furnish medical information to my insurance carriers for payment of claims. I hereby assign to the physicians all payments for the medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance.

Communications Regarding My Account

Until my account is finally settled, I give my direct consent to receive communications regarding my account from any servicers and any collectors of my account, through various means such as 1) any cell or text number that I provide, 2) any email address that I provide, 3) auto dialer systems, 4) voicemail messages, and other forms of communications.

TUSCALOOSA PEDIATRICS, P.C.
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Privacy Officer: Dr. Denise Brown, (205) 333-8222

Effective: 9/23/2013

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. **This section explains your rights and some of our responsibilities to help you.**

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.