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RED STICK PEDIATRICS
888 Tara Blvd.
Baton Rouge, LA 70806
(225) 273-5995

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Stephen Sanches, M.D.
Emily Grezaffi, M.D.

NEW PATIENT DATA SHEET

Name _____ Date _____

Previous Physician _____

Hospitalizations	Y	N	Surgeries	Y	N
Serious Accidents	Y	N	Fractures	Y	N
Chronic Illnesses	Y	N	Skin Diseases or Rashes	Y	N
Urinary Tract Infections	Y	N	Seizures	Y	N
Chicken Pox	Y	N	Vision Problems	Y	N
Hearing Problems	Y	N	Ingestion of Non-food Items	Y	N
Measles	Y	N	Mumps	Y	N

Current Medications _____

Medication Allergies _____

Immunizations Up to Date Y N

Other Past Medical History _____

Birth History

Hospital of Birth _____ OB/GYN _____

Birth Weight _____ Birth Length _____ Duration of Hospitalization _____

Illness During Pregnancy Y N Explanation of Illness _____

Respiratory Problems Y N Explanation of Problems _____

Problems During Delivery Y N Explanation of Problems _____

Well Baby or NICU (Check) Explain if NICU _____

How Many Weeks Pregnant at the Time of Delivery: _____ Feeding History (Check) Breast Bottle

Significant Family History

(Check all that may apply)

- | | | | | | |
|--|--|---------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Depression | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Inherited Diseases | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bleeding Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Lupus | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cancer | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> HIV or AIDS | <input type="checkbox"/> Miscarriages | <input type="checkbox"/> Sickle Cell Trait |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Renal Disease | <input type="checkbox"/> Tuberculosis |

Mother's Name/Age _____ Health _____ Occupation _____

Father's Name/Age _____ Health _____ Occupation _____

Sibling's Name/Age _____ Health _____

Sibling's Name/Age _____ Health _____

Sibling's Name/Age _____ Health _____

Sibling's Name/Age _____ Health _____

With whom does the patient live? _____

Additional caretakers: _____

Environmental Risk Assessment: Please Check All That Apply to Your Home Environment

Cooling: Window Units Central (Electric) Fans Other _____ None

Heating: Window Units Central (Electric) Gas/Butane/Propane Wood Other _____ None

Water: City Well Community/Trailer Park Other _____

Sewage: City Mechanical Septic Community/Trailer Park Other _____

Pets: No Yes (What Kind, How Many, Inside or Outside) _____

Smokers: No Yes (How Many, Inside or Outside) _____

RED STICK PEDIATRICS

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To Our Patients:

Red Stick Pediatrics is pleased to accept patients whose parents request our services. We do not discriminate based on sex, race, national origin, ethnic background or religious affiliation. We do have the right to discontinue services to parents who are not compliant with our clinic policies as well as who are not compatible with Red Stick Pediatrics Providers or Staff.

We consider the following as incompatible with Red Stick Pediatrics:

1. Unwilling to follow medical recommendations or treatments (including, but not limited to childhood immunizations).
2. Vulgar or abusive speech toward your child, Red Stick Pediatrics providers, employees, or others while at our office.
3. Poor hygiene such as excessive dirty clothing or body, and offensive body odor.
4. Abuse of our office facility, equipment, or supplies.
5. Repeated after hours phone calls or emergency room visits for non-emergencies.
6. Failure to schedule Kidmed check-ups, repeatedly missing scheduled appointments and walking out on scheduled appointments.
7. Appointment cancellation must be communicated to us at least 4 hours prior to your appointment time. This allows for another patient to utilize that appointment slot.
8. If you miss 3 scheduled appointments, or have 3 no shows, Red Stick Pediatrics will discharge your child/children from our services.
9. It is your responsibility to notify the front desk if the child has any other insurance.

We know that most of you do not fall into these categories, but we must advise everyone and not single out any specific parent or patient.

Correction of these behaviors by others will make your visit to Red Stick Pediatrics a better experience for you and your children.

If any of these apply to you, please take corrective action before you return. Continued incompatible behavior will result in termination of further care by Red Stick Pediatrics.

I have read and understand the information stated above.

Signature: _____ Date: _____

Relationship to the Patient: _____

THE PEDIATRIC CLINIC, L.L.P.
d/b/a RED STICK PEDIATRICS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, (print name) hereby acknowledge that I have received a copy of the notice of Privacy Practices of The Pediatric Clinic, L.L.P. d/b/a Red Stick Pediatrics.

Signature _____ Date _____

Printed Name _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient;
- Power of Attorney, Tutrix, Curator or Designated Personal Representative

Name of Patient

Acknowledgement refused:

Efforts to obtain:

Reason of refusal:

**THE PEDIATRIC CLINIC, L.L.P.
d/b/a RED STICK PEDIATRICS**

Notice of Privacy 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.

This Notice of Privacy Practices is adopted to ensure that The Pediatric Clinic, L.L.P., d/b/a/ Red Stick Pediatrics (“the Clinic”) fully complies with all federal and state privacy protection laws and regulations, in particular, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Protection of patient privacy is of utmost importance to the Clinic. The Clinic is required by law to maintain the privacy of protected health information and to provide its patients with a copy of its Notice of Privacy Practices outlining its legal duties and privacy practices with respect to protected health information. Violations of any of these provisions will result in disciplinary action which may include termination of employment and possible referral for criminal prosecution.

This Notice of Privacy Practices shall become effective as of August 1, 2015, and shall remain in effect until it is either amended or cancelled.

You have a right to receive a paper copy of this Notice of Privacy Practices. If you have any questions or comments concerning this notice, you should contact the Chief Privacy Officer, The Pediatric Clinic, d/b/a Red Stick Pediatrics, by mail or by telephone at No. 225-926-4400, Fax No. 225-926-4409.

DEFINITIONS

For the purposes of this notice, the following defined terms shall have the following definitions.

- a. **“HHS”** shall mean the United States Department of Health and Human Services.
- b. **“Health Information”, “Protected Health Information” or “PHI”**, shall mean, certain Individually Identifiable Health Information, as defined in 45 C.F.R. § 164.501 of the Privacy Standards.

I. Information Collected

In the ordinary course of business the Clinic may receive personal information such as:

- Patient’s name, address, and telephone number;
- Information relating to treatment, diagnosis or other medical information concerning a patient;
- Patient’s insurance information and coverage.

In addition, other information will be gathered about a patient and we will create a record of the care and/or services provided to the patient by the Clinic. Some of the information also may be provided to us by other individuals or organizations that are part of the patient’s “circle of care”- such as

a patient's referring physician, other doctors, health plan, family members, hospitals or other health care providers.

II. How the Clinic May Use or Disclose a Patient's PHI

The Clinic collects PHI from the patient and stores it in an account file. This is the patient's medical record. The medical record is the property of the Clinic, but the information in the medical record belongs to the patient. The Clinic protects the privacy of the patient's PHI. It is the policy of the Clinic that all PHI may not be used or disclosed unless it meets one of the following conditions:

1. The use or disclosure is for treatment, payment or health care operations.

a. Treatment. The Clinic collects information from the patient regarding the patient's past medical history, present medical problems and/or complaints, as well as any diagnosis and or medical treatment at the Clinic. This information may be transmitted to various departments within our organization, the patient's referring physician and other entities associated or involved in the patient's treatment. This information may also be disclosed to the patient's physicians in association with the patient's treatment including but not limited to any physical therapy or home health entities.

b. Payment. The Clinic will collect billing information from the patient such as the patient's present address, social security number, date of birth, health insurance carrier, policy number and any other related billing information. The Clinic may disclose to the patient's health insurance provider, Medicare, Medicaid, or other payor of health care claims the minimum amount necessary of the patient's PHI in order to process the patient's health insurance claim.

c. Regular Health Care Operations. The Clinic may disclose the patient's healthcare information to physicians, medical assistants, nurses, nurse practitioners, physician assistants, radiology personnel, MRI technologists, billing clerks, administrative staff and other employees involved in the patient's healthcare treatment.

2. The patient, who is the subject of the information, through a written authorization has authorized the use or disclosure of the information. This authorization may be revoked by the patient providing the Clinic with a written revocation of said authorization. Without the patient's authorization, the Clinic may not disclose the patient's psychotherapy notes. The Clinic may also not use or disclose the patient's PHI for the Clinic's own marketing and may not sell the patient's PHI.

3. The patient, who is the subject of the information, does not object to the disclosure of their PHI to persons involved in the health care of the individual or for facility directory purposes.

a. Notification and communication with family. We may disclose the patient's PHI to notify or assist in notifying a family member, the patient's personal representative or another person responsible for the patient's care about the patient's location, their general condition, or in the event of the patient's death. If the patient is able and available to agree or object, we will give the patient the opportunity to object prior to making this notification. If the patient is unable or unavailable to agree or object, our health professionals will use their best judgment in communication with the patient's family and others.

4. Voice Mail Message. It is the policy of the Clinic that a voice mail or answering machine message may be left at a patient's home or other number the patient provides to the Clinic regarding

appointments, billing or payment issues, or other PHI, related to treatment, payment or health care operations.

5. As Required by Law. It is the policy of the Clinic that we may use and disclose a patient's PHI as required by law.

a. Public health. As required by law, we may disclose a patient's PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

b. Health oversight activities. We may disclose a patient's PHI to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

c. Judicial and administrative proceedings. We may disclose a patient's PHI in the course of any administrative or judicial proceeding.

d. Law enforcement. We may disclose a patient's PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and/or for other law enforcement purposes.

e. Decedent information. We may disclose a patient's PHI to coroners, medical examiners and funeral directors.

f. Organ donation. We may disclose a patient's PHI to organizations involved in procuring, banking or transplanting organs and tissues.

g. Research. We may disclose a patient's PHI to researchers conducting research that has been approved by an Institutional Review Board or the Clinic's Board of Managers.

h. Public safety. We may disclose a patient's PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

i. Specialized government functions. We may disclose a patient's PHI for military, national security and prisoner purposes.

j. Worker's compensation. We may disclose a patient's PHI as necessary to comply with worker's compensation laws.

k. Marketing. We may contact a patient to provide appointment reminders or to give the patient information about other treatments or health-related benefits and services that may be of interest to the patient.

l. Fundraising. We may use certain information (name, address, telephone number or email information, age, date of birth, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact the patient for the purpose of raising money for the Clinic and the patient will have the right to opt out of receiving such communications with each solicitation. The money raised will be used to expand and improve the services and programs we provide the community. The patient is free to opt out of fundraising

solicitation, and his/her decision will have no impact on his/her treatment or payment for services at the Clinic.

Change of Ownership. In the event that the Clinic is sold or merges with another organization, the patient's PHI will become the property of the new owner.

III. Other Policies, Uses and Disclosures

1. Notice of Privacy Practices. It is the policy of the Clinic that privacy practices must be published and that all uses and disclosures of PHI are done in accordance with the Clinic's privacy policy. The Clinic is required by law to abide by the terms of its Notice of Privacy Practices.

2. Deceased Individuals. It is the policy of the Clinic that privacy protections extend to information concerning deceased individuals.

3. Restriction Requests. It is the policy of the Clinic that serious consideration must be given to all requests for restrictions on uses and disclosures of PHI as published in this privacy policy. The patient has the right to request restrictions on certain uses and disclosures of their PHI. The patient may do so by completing the Clinic's form entitled "Restrictions". The Clinic is not required to agree to the restriction that the patient requests. If a particular restriction is agreed to, the Clinic is bound by that restriction. If a patient pays for a specific health product or service out of pocket, the patient has the right to request that the Clinic not disclose their information to their insurer. Such a request can also be made in writing by completing the Clinic's form entitled "Restriction" and checking the particular box indicating that the service or product was paid for by the patient. If such a request is made the Clinic must agree with your request.

4. Minimum Necessary Disclosure. It is the policy of the Clinic that it shall make reasonable efforts to limit the disclosure to the minimum amount of information needed to accomplish the purpose of the disclosure. It is also the policy of the Clinic that all requests for PHI must be limited to the minimum amount of information needed to accomplish the purpose of the request.

5. Access to Information. It is the policy of the Clinic that the patient has the right to inspect and copy their PHI. It is the Clinic's policy that access to PHI must be granted to a patient when such access is requested. Such request shall be submitted in writing by completing the Clinic's request form entitled "Request for Inspection and/or Copy of Protected Health Information". Costs associated with the copying of any PHI shall be in accordance with applicable state and federal law.

6. Designation of Personal Representative. It is the policy of the Clinic that access to PHI must be granted to a patient's designated personal representative as specified by the patient when such access is requested and authorized by the patient. This designation of a personal representative must be made in writing by completing the Clinic's form entitled "Designation of Personal Representative."

7. Confidential Communications Channels. It is the policy of the Clinic that the patient has the right to receive their PHI through a reasonable alternative means or at an alternative location. Confidential communication channels can be used within the reasonable capability of the Clinic, (i.e. do not call me at work, call me at home) as requested by the patient. Such request shall be made in writing by completing the Clinic's form entitled "Confidential Channel Communication Request."

8. Amendment of Incomplete or Incorrect Protected Health Information. It is the policy of the Clinic that a patient has a right to request that the Clinic amend their PHI that is incorrect or

incomplete. The Clinic is not required to change a patient's PHI and will provide the patient with information about the Clinic's denial and how the patient can disagree with the denial. A request to amend a patient's PHI shall be made in writing by completing the Clinic's form entitled "Request for Amendment of Health Information."

9. Accounting of Disclosures. It is the policy of the Clinic that an accounting of disclosures of PHI made by the Clinic is given to the patient whenever such an accounting is requested in writing. The patient has a right to receive an accounting of disclosures of their PHI made by the Clinic. Such written request for an accounting shall be made by completing the Clinic's form entitled "Request for Accounting of Disclosures".

10. Breach Notification. It is the policy of the Clinic as required by law to maintain the privacy of a patient's PHI and to provide the patient with a copy of our legal duties and privacy practices relating their PHI. If there is a breach (an inappropriate use or disclosure of the patient's PHI that the law requires to be reported) the Clinic must notify the patient of said breach.

11. Underwriting and Genetic Information. The Clinic is prohibited from using or disclosing a patient's PHI that is genetic information (information about genetic tests or genetic illnesses of the patient or their family members) for the purposes of eligibility, continued eligibility, enrollment, determination of benefits, computing premium or contribution amounts, pre-existing condition exclusion, or other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

12. Complaints. It is the policy of the Clinic that all complaints by employees, patients, providers or other entities relating to PHI be investigated and resolved in a timely fashion. Complaints about this Notice of Privacy Practices or how the Clinic handles a patient's PHI should be directed to:

Chief Privacy Officer
The Pediatric Clinic, L.L.P.
d/b/a Red Stick Pediatrics
12351 Industriplex, Blvd.
Baton Rouge, Louisiana 70809

If a patient is not satisfied with the manner in which this office handles a complaint, the patient may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

13. Prohibited Activities. It is the policy of the Clinic that no employee may engage in any intimidating or retaliatory acts or actions against any person who files a complaint or otherwise exercises their rights under HIPAA regulations. It is also the policy of the Clinic that no disclosure of PHI will be withheld as a condition for payment for services from the patient or from an entity.

14. Responsibility. It is the policy of the Clinic that the responsibility for designing and implementing procedures related to this policy lies with the Chief Privacy Officer.

15. Mitigation. It is the policy of the Clinic that the effects of any unauthorized use or disclosure of PHI be mitigated (to decrease the damage caused by the action) to the extent possible.

16. Business Associates. It is the policy of the Clinic that business associates must be contractually bound to protect a patient's PHI to the same degree as set forth in this policy.

17. Preemption of State Law. It is the policy of the Clinic that the federal privacy regulations are the minimum standard to be used regarding the privacy of a patient's PHI. If the laws of the State of Louisiana are more stringent in certain areas, the state laws in these areas shall prevail. In all other areas, the federal privacy regulations shall prevail.

18. Cooperation with Privacy Oversight Authorities. It is the policy of the Clinic that oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of PHI within this organization. It is also the policy of the Clinic that all personnel cooperate fully with all privacy compliance review and investigations.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Chief Privacy Officer of the Clinic.

IV. Changes to this Notice of Privacy Practices

The Clinic reserves the right to amend this Notice of Privacy Practices at any time in the future and will provide a copy of such amendment to the patient upon request or upon the patient's next visit. Until such amendment is made, the Clinic is required by law to comply with this notice.