

PATIENT MEDICAL HISTORY

Patient Name:	41	IEDICAL IIISTORT	
Date of Birth:			
MEDICATION ALLER	GIES/REACTION	HOSPITALIZATIONS	
Medication	Reaction	Hospitalizations	Vear

BIRTH HISTORY

Gestational	Full term	Number of weeks:
Age	į	
(circle one)	Premature	
Type of	Vaginal	Complications:
delivery		
(circle one)	C-section	
Birth weight		

PAST PERSONAL MEDICAL HISTORY

Problem	Ch	eck
	Yes	No
ADHD	103	110
Anemia		
Allergies		
Asthma		
Autism		
Bed wetting		
Constipation		
Diabetes		
Down's syndrome	•	
Ear infections (Recurrent)		
Eczema		
Fractures		
GERD (reflux)		
Heart Murmurs		
Learning Disability		
Migraines/Headaches		
Sickle Cell		
Sleep Apnea		-
Seizures		
Strep Throat (Recurrent)		
Urinary Tract Infections		

SOCIAL HISTORY

Exposures	Yes	No
Daycare/School		
Smoking in household		
Travel outside country		
Specify country visited:		

Hospitalizations	Year
1.	
2.	
3.	

SURGERIES

Type of Surgery	Year
1.	
2.	
3.	

FAMILY HISTORY

Problem	Ch	eck	Relationship
	Yes	No	(specify)
ADHD ·			
Anemia			
Anxiety			
Allergies			
Asthma			
Autism			
Arthritis			
Bed wetting			· · · · · ·
Bipolar disorder			
Cancer			
Depression			
Diabetes			
Down's syndrome			
Ear infections			
Eczema			
GERD (reflux)			
Heart Attacks under			
age 50			
High Cholesterol			
Hypertension			
Learning Disability			
Migraines/Headaches			
Obesity			
Sudden Infant Death			
Syndrome (SIDS)			
Sickle Cell			
Sleep Apnea			
Seizures			
Stroke			
Thyroid disease			
UTIs			



PATIENT REGISTRATION INFORMATION

Please note that insurance cannot be filed until ALL information is completed and a copy of your card is on file. Due to new requirements set by the insurance companies and to help protect your identity, you are required to present an ID and your insurance card at each visit. If insurance cannot be verified at the time of visit, you will be considered as self-paying patient and all balance must be paid at the time of the visit. Well child visits will be rescheduled for a more convenient time if the co-pay is not paid.

Patient Information										
Child's (Legal) Name:	Nick	Name	Birth	Date	Se	X	Social	Ethni	city	Language
First Name - MI - Last Name		_					Security #	/Ra	•	
					M	F				
					M	F				
					M	F				
	 					F				
	L				M	r		L		L
Home Address				City			County	State		Zip
Trome radiess				City			County	State		Lip
Home Phone Number		····		Cell	Numb	er		1		<u> </u>
						••				
						-				
	mother		otive mot	her	Fos	ter m		ny custoc	ly con	cerns? Y/N
Full Name (First MI Last)	S	Social Sec	curity #				Date of Birth			
Home Address if different from Patient		City		Coun			State		7:- (7-4-
Home Address it different from Patient		-ny		Comi	ιy		State		Zip C	ode
Home Phone Number		'ell Phon	e Numbe	r			E-Mail Addre	66		
1101110 1 110110 1 110110 1	'	ZOII I HOII	o rumoc	'			D-Man Addic	33		
Occupation	E	mployer					Business Phor	Business Phone Number		
•								Danielo I none I anno		
Preferred Telephone contact is: (Circle On	e) Home	/ Cell /	Busines	SS			Primary Language			
	father		tive fath	er	Fost	er fati		ny custoc	ly con	cerns? Y/N
Full Name (First MI Last)	S	ocial Sec	curity #				Date of Birth			
Home Address if different from Patient		124					04-4-		7: 6	
Home Address it different from Patient	10	City					State		Zip (ode
Home Phone Number		Cell Phone Number			E-Mail Addre	ee				
Tiomo Thone Ivanious	'	Cell Phone Number			S Mail Flattion					
Occupation	E	Employer			Business Phone Number					
		p10) 01								
Preferred Telephone contact is: (Circle One	e) Home	ne / Cell / Business			Primary Language					
Insurance Information	··· ·· · · · · · · · · · · · · · · · ·								_	
Primary Insurance Company Name					Emp	loyer				
Telephone Number					Con	avme	ent Amount			
ID#					Co-payment Amount Group #					
Owner of Policy (Parent's name)					Insured Date of Birth					
Policy Owner's Social Security							nip to Patient			
	es No									
Secondary Insurance Company Name		•			Emp	loyer				
Telephone Number					Со-р	ayme	nt Amount			
ID#					Grou					
Owner of Policy (Parent's name)		_			Insur	ed Da	ate of Birth			

Relationship to Patient

Policy Owner's Social Security

	Phone Number	Deletionship to Child
Name	T HOLE HUMBEL	Relationship to Child
Messages		
May we leave detailed messages on an	answering	Yes
machine?(including messages related	to a medical condition,	No
reminders, recalls and billing stateme If yes, please list all numbers where		
messages can be left	1.	3.
messages can be left	2.	4.
including all attorney fees related to th	e collection thereof. I unde	in attorney for collection, I agree to pay all cost and expense estand that I am financially responsible for all charges whethe
including all attorney fees related to th or not covered by insurance. A copy of unless rescinded in writing by me at a l	e collection thereof. I unde of this authorization shall b	stand that I am financially responsible for all charges whethe e considered as the original. This authorization shall be vali
including all attorney fees related to the or not covered by insurance. A copy of unless rescinded in writing by me at a lessential completed By:	e collection thereof. I unde of this authorization shall b	stand that I am financially responsible for all charges whethe considered as the original. This authorization shall be vali Received By: For internal use only
including all attorney fees related to th or not covered by insurance. A copy of unless rescinded in writing by me at a l	e collection thereof. I unde of this authorization shall b	stand that I am financially responsible for all charges whethe e considered as the original. This authorization shall be vali
including all attorney fees related to the or not covered by insurance. A copy of unless rescinded in writing by me at a lessential completed By:	e collection thereof. I unde of this authorization shall b	stand that I am financially responsible for all charges whethe considered as the original. This authorization shall be vali Received By: For internal use only
including all attorney fees related to the or not covered by insurance. A copy of unless rescinded in writing by me at a lessent completed By: Parent/Guardian Name	e collection thereof. I unde of this authorization shall b	rstand that I am financially responsible for all charges whether considered as the original. This authorization shall be validated as the original. This authorization shall be validated as the original authorization shall be validated as the original. This authorization shall be validated as the original authorization shall be validated as the original.
including all attorney fees related to the or not covered by insurance. A copy of unless rescinded in writing by me at a lessent of the completed By: Parent/Guardian Name Parent/Guardian Signature	e collection thereof. I unde of this authorization shall b	restand that I am financially responsible for all charges whether considered as the original. This authorization shall be valid to the considered By: For internal use only the Employee Name Employee Signature



PEDIATRIC CONSENT FOR CARE

Authorization to Treat Minor Child When Not Accompanied BY Parent or Guardian

Kids First Pediatrics of Raeford and Fayetteville must have permission from a child's parent or legal guardian before providing medical services when someone other than the parent or legal guardian accompanies the child. For the privacy and confidentiality of our patients, please list the names of individuals who have the right to bring your child/children into the clinic. This form will be included in your child's records.

Patient's Name:	Date of Birth:
Patient's Name:	Date of Birth:
Patient's Name:	Date of Birth:
Patient's Name:	Date of Birth:
On a new patient visit, the patient must be accompointment.	empanied by a legal guardian. A picture ID will be checked at each
I, (Name of parent/guardian)	give the following people permission to bring my
	ord/Fayetteville to receive medical treatment and to make medical
decisions and rights to confidential information of the following persons have my permission to signifying my responsibility for payment.	authorize medical care for my child and sign the encounter form
The following persons have my permission to	
The following persons have my permission to signifying my responsibility for payment.	authorize medical care for my child and sign the encounter form
The following persons have my permission to signifying my responsibility for payment.	authorize medical care for my child and sign the encounter form
The following persons have my permission to signifying my responsibility for payment.	authorize medical care for my child and sign the encounter form
The following persons have my permission to signifying my responsibility for payment.	authorize medical care for my child and sign the encounter form
The following persons have my permission to signifying my responsibility for payment.	authorize medical care for my child and sign the encounter form
The following persons have my permission to signifying my responsibility for payment.	authorize medical care for my child and sign the encounter form
The following persons have my permission to signifying my responsibility for payment.	authorize medical care for my child and sign the encounter form Relationship

This authorization will be in effect until changed by the parent or legal guardian signed above.

The above individuals will be asked to present their identification at the time of the visit. If someone other than these persons brings your child to us, we will contact parent or guardian for permission to treat or advice. In case of an emergency medical condition, we will treat and make every attempt to contact the parent or guardian. If permission is granted over a telephone call, it MUST be witnessed by two employees of Kids First Pediatrics of Raeford and Fayetteville.

- KIDS FIRST PEDIATRICS OF RAEFORD 4005 FAYETTEVILLE ROAD, RAEFORD, NC, 28376
 - PHONE 910-848-KIDS (5437) FAX 910-848-5439 •
- ◆ KIDS FIRST PEDIATRICS OF FAYETTEVILLE ◆ 6415 BROOKSTONE LANE, SUITE 101, FAYETTEVILLE, NC, 28314 ◆
 - PHONE 910-306-KIDS (5437) FAX 910-829-5439
 - <u>WWW.KIDSFIRSTPEDSRAEFORD.COM</u> ◆



PROTECTED HEALTH INFORMATION AUTHORIZATION FORM

Child's(Legal) Name: First Name - MI - Last Name				- MI – Last Name		Birth Date Social Securit			ecurity#
		<u> </u>							
Home Addr	ess					City		State	Zip
Phone Number Cell Number						l			
☐ I auth		//:							
☐ I authorize Kids First Pediatrics of Raeford/Fayetteville to release information to:				☐ I authorize I					
Name of Provider or Facility				Name of Provider	Fayetteville to <i>obtain information from:</i> Name of Provider or Facility				
						Marine of Trovider	or racinty		
Address					OR	Address			
City	State		Zip Cod	<u> </u>		O'A			
City	State		Zip Cou	5		City	State	Zip C	ode
Phone Numb	ber	Fax 1	Vumber			Phone Number	Fa	x Number	
PURPOSE	FOR	THIS	S REOU	EST: (Check One)	□ Relocatio	n/leaving Practice	n ins	surance Ch	ange
					□ Referral t	_		ourt Procee	
					□ Personal			her	
TYPE OF	REC	ORDS	REQUE	ESTED: (Check O	ne)				
□ Copy of I			tire Med	ical record			•		
□ Immuniza							-		
□ All medica	al reco	rds rela	ated to a sp	ecific illness or injur	y.				
	ecific i	llness/	ini						
				or more, as applicable	`	Dai	te(s) of treat	ment	
oP	rocedu	re repo	ort	History & Physi⊓		Laboratory Test result	te		
	C-ray re			Other_		540014t019 103t 10341	w		
This form and	h	4b.a				• • •			
alcohol or sub	stance d	ine reie ibuse, s	exual assau	ected health information all/victimization records,	ı ınaı may ıncıu acauired immu	de diagnosis and treatm nodeficiency syndrome (ient pertainin (AIDS) or test	g to psychic for infectio	atric conditions, or with HIV
									·· « « « « « » « » « » « » « » « » « » «
I understand Thi		rization	is valid for	12 months from the dat	of signature				
• Im	ay canc	el this a	uthorizatio	n at any time by submitt	e of signature. ing a written not	ification but that it will	not affect any	/ informatio	n release prior
to n	iotificat	ion of c	ancellation	•					•
• If the	he perso	n or fac	cility receiv	ing this information is n	ot a health care o	or medical insurance pro	ovider covere	d by privacy	regulations,
ine	шюшя	นเเบท 5ใช้	ica adove (ould be re-disclosed.					
Name					Signatu	ure .		Da	
								D8	
FOR INTERN	JAT. DT	IRP∩e	ES ONI V	Name and Title of Per	roon Dalassin-	\ 			
Method Of Tr				late)		recordsCertified?(cer	tification #\		
			axed to (nu	mber)		on (date)			
		oP	icked up by	(name)		on (date)			
Verification of	Identifi				m of Identificati				
		• KI	DS FIRST P	EDIATRICS OF RAEFOR	0 - 4005 EAVETT	EVILLE BOAD BAREO	DD NC 20276		

• KIDS FIRST PEDIATRICS OF RAPFORD • 4005 FAYET TEVILLE ROAD, RAEFORD, NC, 28376 •
• PHONE 910-848-KIDS (5437) • FAX 910-848-5439 •
• KIDS FIRST PEDIATRICS OF FAYETTEVILLE • 6415 BROOKSTONE LANE, SUITE 101, FAYETTEVILLE, NC, 28314 •
• PHONE 910-306-KIDS (5437) • FAX 910-829-5439 •
• WWW.KIDSFIRSTPEDSRAEFORD.COM •



Date:	
Child's Name:	
Date of Birth:	•
As of today, I give Kids First Pediatrics of Raeford and K associates, permission to immunize my child during th	
These immunizations will be as recommended by the S Pediatrics and ACIP.	tate of North Carolina, the American Academy of
I agree to maintain vaccination appointments in order	to keep patients up to date on all immunizations.
•	
Parent/Guardian Name	
Parent/Guardian Signature	·



RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I have been provided with a Notice of Privacy Practices from Kids First Pediatrics of Raeford and Fayetteville that outlines a more complete description of the uses and disclosures of certain health information. I understand that Kids First Pediatrics of Raeford and Fayetteville reserves the right to change their Notice of Privacy Practices and I may request a copy of the updated Notice of Privacy Practices by calling the office or requesting a copy in person.

Patient Name	Date of Birth				
Parent/Legal Guardian Signature	Date				
Relationship to Patient					
Witness Signature					



It is the policy of Kids First Pediatrics of Raeford and Fayetteville to outline clearly the respective financial responsibilities of our patients and our practice. We are committed to providing our patients with excellent patient care, while minimizing administrative costs. We have established this financial policy to accommodate both the patient and the Practice.

You need to understand your insurance coverage: not all services are covered by all plans and we do not know the details of all insurance plans. While filing of insurance claims to insurers that we participate with is a service that we extend to our patients, all fees ARE ultimately the patient's responsibility. We accept assignment from most major insurance carriers; which means covered charges will be paid directly to us. You will be held responsible for all services provided to your child, with or without insurance benefits. If you have insurance that is primary with Medicaid as secondary, you must provide this information at the time of service. If you fail to disclose your primary insurance, your claim will be denied.

If we do not participate with your insurance plan, you may still choose to be seen by the practice. As a courtesy to you, we will file a claim with your insurance company. However, payment is expected at the time service is rendered.

Due to current federal and insurance regulations, all co-payments, co-insurance and deductibles are collected at the time of service. We accept cash, checks, MasterCard and Visa. If these charges are paid by checks, and are returned unpaid by your financial institution, you will be subject to a fee of \$25 on top of your co-payment, coinsurance or deductible owed. The following criteria must be met prior to issuing a patient refund: there are no outstanding insurance claims on the family's account, and there are no outstanding balances on the family's account.

It is the patient's responsibility to provide us with current insurance information and to present the insurance card and identification at each visit. If you do not have your insurance card, you will be considered a self-pay patient and payment is expected at the time service is rendered.

If your insurance requires you to designate a primary care physician (PCP), you are required to have authorization from us, your PCP, *PRIOR* to having a specialist appointment. We require 7-10 working days for routine referrals to be processed. Emergency referrals will be handled on a case to case basis. Do not call us from the specialists' office to request a referral. You may have to reschedule your appointment or self-refer, and pay the specialist's fees at the time of your visit. It is the parents' responsibility to be aware of the services needing insurance preauthorization and requesting the same from Kids First Pediatrics of Raeford or Kids First Pediatrics of Fayetteville.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. If you have any questions regarding our financial arrangement, please feel free to call our offices - 910-848-KIDS (5437) for Raeford office or 910-306-KIDS (5437) for Fayetteville office.

Thank you for choosing Kids First Pediatrics of Raeford and Fayetteville for your child's healthcare needs.

д јину	unae	rsiana ine ji	nancial	Policy	and	agree i	to abide	by these i	rules.

Signature of Guarantor (Parent/Legal Guardian):
Date



PATIENT INFORMATION GUIDE

At Kids First Pediatrics of Raeford and Fayetteville, we strive to put our patients first. Our mission is to deliver comprehensive medical care in a trustful, caring, timely and high quality manner to children care in agreement with recommendations and guidelines offered by the American Academy of Pediatrics. We believe that all children have a right to have access to quality healthcare with parental and caregiver involvement in all medical decisions.

To ensure that everyone receives the service their health requires, we have employed the following list of policies. We ask that you please respect these policies when bringing your children to our office or communicating with our staff.

Thank you.

NEW PATIENT POLICY

If you are visiting us for the first time, we highly advise arriving at least 15-20 minutes before your appointment time in order to facilitate completion of new patient registration. You can obtain a copy of our new patient packet ahead of time for completion by calling our offices or visiting our website:

KIDS FIRST PEDIATRICS OF RAEFORD 4005 FAYETTEVILLE ROAD, RAEFORD, NC, 28376 PHONE 910-848-KIDS (5437) • FAX 910-848-5439

KIDS FIRST PEDIATRICS OF FAYETTEVILLE 6415 BROOKSTONE LANE, SUITE 101, FAYETTEVILLE, NC, 28314 PHONE 910-306-KIDS (5437) • FAX 910-829-5439

WWW.KIDSFIRSTPEDSRAEFORD.COM

GENERAL OFFICE GUIDELINES

We offer separate sick and well waiting rooms at our office. We ask that you limit the number of guests that accompany you and your child on an office visit. Seating is limited in our reception area and your guests might be exposed to illnesses.

Please do not leave children unattended in the rooms. We request that you not bring food or beverages (other than formula) into the office. We strive to make your child's visit with us as comfortable and scare-free as possible, we have designed our office to meet this need and in return we expect you to take care of our office as well by making sure you are watching your children at all times. Child friendly books, furniture and toys have been placed in our office for your child's use, please avoid letting your children climb into our exam tables unattended or open up our exam drawers or damage our room decors. We expect all books and toys to be placed back where they belong so that other children may enjoy them as well.

Our location provides a smoke free environment. Smoking is prohibited anywhere inside the facility.

If you suspect your child is ill to any degree please be considerate and keep your child in the sick reception area. If you think your child has chicken pox and needs to be seen, please discuss entry into the facility staff prior to coming in.

APPOINTMENTS

Patients are seen by appointment only. However, time is set aside daily to schedule sick children needing to be seen. We request that you call as early as possible if this need arises. We will make every effort to see patients at their scheduled appointment time and in turn, request that you arrive promptly, calling well in advance for any delays. Cancellations should be made at least 24 hours in advance in order to allow us to offer your appointment time to other patients needing care.

We see our patients by appointment so we can see your child with the least wait time. We will always see your child if necessary. We will make every effort to see your child on time, because we know your time is as valuable as ours. Below are some suggestions and guidelines that will help you to understand our systems and allow us to serve you more effectively.

Should we have an emergency and are unable to see you as scheduled, we will let you know as soon as possible so you can have the option to reschedule the appointment. Other situations that cause the wait to be longer:

- illness that requires extra time
- patients are late or add another child at the office
- walk-in patients coming in outside of the walk-in times

As hard as we try, we cannot always predict the needed amount and/or duration of appointment times correctly. The volume and degree of illness is not always predictable. You can help us schedule the appropriate appointment time for your child by giving our staff the purpose of the visit, and the specific nature of your concerns.

When you call and schedule an appointment we will repeat back to you the day, time and reason for the visit to try to cut down on errors. We also confirm all well checks, sick visits and follow ups the day before your appointment. If for some reason you do not hear from us the day before please call us.

Sick and Well Visits

The appointment time for sick children is shorter than for well child visits. If your child is already scheduled for a well visit but happens to be sick we can usually still do the check-up. If your child is scheduled for a sick visit we usually do not have time that day to do a full check-up.

Missed or Cancelled Appointments

Your appointment time is reserved exclusively for you and your Child. Please be considerate of others - if you miss your appointment or cancel at the last minute, we will be unable to care for another patient in your child's place. As a courtesy, we make appointment reminder calls.

We do not book as many patients as possible into our appointment schedule. At our Practice, we believe that we can provide optimal Pediatric care only if we have enough time set aside to adequately examine your child, discuss your child's condition and treatment options in detail with you. This requires that you arrive on time for your appointment. If you are late for your appointment, we may not be able to accommodate you, and we may need to reschedule your visit. If you think that you will be late for your

appointment, please call us as soon as possible, so that we may advise you if your late arrival can be accommodated, or if we will need to reschedule you.

To better serve all our patients, if you miss 3 consecutive appointments without calling 24 hours prior to the appointment, you may be dismissed from our practice. Habitual late comers can also be subject to dismissal from our practice.

Add On Sibling Sick Visits

If you have a scheduled sick visit for one child and feel another child in your family needs to be seen, please call ahead so we can review our schedule to make sure the time is available.

Chronic Conditions / Consultations

If your child has a chronic, ongoing situation we may need to schedule a longer, consultation type appointment. Examples: headaches, stomach problems, behavior concerns, new patient with a chronic illness (asthma, diabetes), please inform us at the time you are scheduling the appointment to discuss the situation so we can book the appointment appropriately.

PHONE CALLS

Telephone consultation is a major part of pediatrics. We urge you to call with all concerns and questions. We are also available for telephone consultation during general office hours although, unless urgent, we will usually return your call as time allows during the course of the day so as not to inconvenience and delay the scheduled patients. We receive many calls each day, and we do our best to answer each call as quickly as possible. We take questions regarding appointments, prescription refills, insurance, etc. during normal office hours. No medication refills will be dispensed after hours or by our answering service. All phone calls are returned within 24-48 hours at the latest.

Here are some tips to help you save time.

- Tell the front desk briefly what you need an appointment, an advice, check on test results, etc.
- Any questions that can wait until your child's routine check up please write down and bring with you to the check up appointment.
- To minimize delays in processing your non-urgent calls, avoid our busiest hours, which are early
 morning and after school. You may experience more difficulty getting through on Monday and
 after holidays.
- You may be asked if you can wait on hold. If this is not convenient, please tell the receptionist that you will call back later.
- Consider using our website for non urgent advise
 - http://www.kidsfirstpedsraeford.com/for-parents/

After-hours calls made to our office number will automatically be forwarded to the answering service. Your call will be promptly answered by a *Nurse Advice Line- Care Link*. We advise limiting after-hours calls to true emergencies that cannot wait until the next morning. Our office pays a \$10 fee to Care Link for every call triaged by a nurse, and this is a service for true/valid emergencies only. Such calls will be billed directly to the patient, not your insurance, for a \$10 fee.

Routine Advice

Our staff has been trained to handle many of your questions and will be happy to assist you. They can help you decide if your child needs to be seen in the office or if there is something you might try at home first. If your child is ill please take her/his temperature so we can help you more quickly. Our receptionist will take all of your pertinent information, enter it into our Electronic Health Record and someone from our office will call you back. Our goal is to return messages before the end of the day. Occasionally, during peak periods we may prioritize calls by urgency and return non-urgent calls in 24-48 hours. For example, questions about a camp form may be delayed. We check our messages at least twice a day and will attempt to return by the end of the day. If you do not receive a return call from us within a reasonable amount of time, please call us back.

After Hours and Emergencies

If you believe you have a life threatening emergency dial 911 or go to the nearest emergency room. When an urgent need arises after our scheduled office hours, you can reach our Advice Line by calling our offices 910-848-KIDS (5437) or 910-306-KIDS (5437), you will be connected to Care Link which is a Nurse Triage/Answering Service. Your call will be answered and appropriate recommendations will be made.

REFERRALS AND SPECIAL TESTS/PROCEDURES

We can help you find a specialist and/or an outside testing facility and will work closely with them to care for your child's needs. Our provider will help you decide when a specialist or outside testing is necessary. Depending on the situation you can discuss your needs with our provider when you are in the office, or you may want to call and discuss the situation with us.

It is your responsibility to know if you need a referral and the time requirements. Most insurance cards have the information on the back of the card or a phone number you can call to find out the information. Non-urgent referrals are processed within 7-10 working days and emergency referrals are made on a case to case basis.

MEDICAL RECORDS

New patients should bring copies of their prior medical records for their first visit with our practice. We will enter the data and scan the records into your child's Electronic Health Record and return the paper copies to you.

If your child receives care out of town or after hours from another provider, please bring a copy of the visit, or ask them to mail / fax a copy so we can keep your child's medical record complete.

As we see your child for well checks, we will provide you with an update on your child's immunization records and growth and development data. This record is important to keep at home. From time to time you may need these records when our office is not available. Your child's medical records are maintained with strict adherence to patient confidentiality laws. You may, with a written, signed request, obtain copies of your child's medical records. Whether the copy is for you or for another physician, copies will be charged at 50 cent per page up to 60 pages. After 60 pages, it will be put on a CD for a charge of \$30 to cover for printing, supplies and administrative costs. We require 14 business days notice to prepare your records.

FORM POLICY

At some point you will likely require a form to be completed for your child. We request that you bring these forms to your child's well visit, and we will be happy to complete them free of charge. Forms submitted are completed in 3-5 business days. Once completed, we can have the forms available for you to pick up at the office or we can return the forms to you by mail (with a self addressed stamped envelope) or by fax. We appreciate your patience as we complete your forms.

PRESCRIPTION POLICY

To avoid misdiagnosis and to ensure your child's safety it is office policy not to call in antibiotic prescriptions for patients who have not been recently seen. For patients who do not appear to be responding to prescribed medication and for all routine prescription refills, we request that you call during regular office hours, when charts are available for our review, care is optimized and errors avoided. We urge you to have your pharmacy phone number available at that time. We do not call in antibiotics on the phone. If your child is sick enough to need an antibiotic, he/she needs to be seen by a physician. We require that your child be current with their WCC appointments to refill medications. Please give us at least 24 hr notice for routine medicine refills and 72 hrs for ADHD medication refills. Prescriptions are usually electronically placed to the pharmacy of your choice or you will be given a signed prescription to take to your preferred pharmacy. No medication refills will be dispensed after hours or by our answering service.

IMMUNIZATIONS

We require presence of at least one parent/legal guardian when immunizations have to be administered to your child. Kids First Pediatrics of Raeford and Fayetteville follows the American Academy of Pediatrics guidelines on immunizations. If you need a copy of your child's immunization, you can request a copy over the phone after sending us a signed medical records form. Parents who do not wish to immunize their children will be asked to complete a refusal to vaccinate form.

PRIVACY

We follow HIPPA guidelines in protecting your privacy. See Notice of Privacy Practice Policy.

FINANCIAL POLICY

See Financial Policy Form.

Thank you for choosing Kids First Pediatrics of Raeford and Fayetteville for your child's healthcare needs.

- KIDS FIRST PEDIATRICS OF RAEFORD 4005 FAYETTEVILLE ROAD, RAEFORD, NC, 28376 PHONE 910-848-KIDS (5437) FAX 910-848-5439 •
- KIDS FIRST PEDIATRICS OF FAYETTEVILLE 6415 BROOKSTONE LANE, SUITE 101, FAYETTEVILLE, NC, 28314 PHONE 910-306-KIDS (5437) FAX 910-829-5439
 - WWW,KIDSFIRSTPEDSRAEFORD,COM •



NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Effective February 1, 2013

This notice describes how medical information about you and your child (as a patient of Kids First Pediatrics of Raeford or Kids First Pediatrics of Fayetteville) may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact:

Cheryl Cunningham
Practice Administrator
Kids First Pediatrics of Raeford,
4005 Fayetteville Road,
Raeford, NC, 28376
Phone: 910-848-KIDS (5437)
Fax: 910-848-5439

We are required by law to:

- · Maintain the privacy of protected health information
- · Give you this notice of our legal duties and privacy practices regarding your health information
- Follow the terms of the notice currently in effect.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. COMMITMENT TO YOUR PRIVACY:

Kids First Pediatrics of Raeford and Fayetteville is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you.

The terms of this notice apply to all records containing your IIHI that are created or retained by Kids First Pediatrics of Raeford or Kids First Pediatrics of Fayetteville. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Kids First Pediatrics of Raeford and Fayetteville will post a copy of our current Notice in our clinic in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. HOW WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI):

The following categories describe the different ways in which we may use and disclose your IIHI.

- 1. Treatment. Kids First Pediatrics of Raeford and Fayetteville may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.
- 2. Payment. Kids First Pediatrics of Raeford and Fayetteville may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other heath care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations. Kids First Pediatrics of Raeford and Fayetteville may use and disclose your IIHI to operate our business. For example, we may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their healthcare operation activities
- 4. Appointment Reminders, Treatment Options and Health-Related Benefits and Services. Kids First Pediatrics of Raeford and Fayetteville may use and disclose your IIHI to contact you and remind you of an appointment, inform you of potential treatment options or alternatives and inform you of health-related benefits and services that may be of interest to you.
- 5. Release of Information to Family/Friends. Kids First Pediatrics of Raeford and Fayetteville may release your IIHI to a friend or family member that is involved in your care, or assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby-sitter may have access to this child's medical information.
- 6. Disclosures Required by Law. Kids First Pediatrics of Raeford and Fayetteville will use and disclose your IIHI when we are required to do so by federal, state or local laws.

C. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- 1. Public Health Risks. Kids First Pediatrics of Raeford and Fayetteville may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
 - · maintaining vital records, such as births and deaths
 - reporting child abuse or neglect
 - preventing or controlling disease, injury or disability
 - notifying a person regarding potential exposure to a communicable disease
 - notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - reporting reactions to drugs or problems with products or devices
 - notifying individuals if a product or device they may be using has been recalled
 - notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

- 2. Health Oversight Activities. Kids First Pediatrics of Raeford and Fayetteville may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3. Lawsuits and Similar Proceedings. Kids First Pediatrics of Raeford and Fayetteville may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4. Law Enforcement. Kids First Pediatrics of Raeford and Fayetteville may release IIHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime [including the location or victim(s) of the crime, or the description, identity or location of the perpetrator]
- 5. Deceased Patients. Kids First Pediatrics of Raeford and Fayetteville may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
- 6. Organ and Tissue Donation. Kids First Pediatrics of Raeford and Fayetteville may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
- 7. Research. Kids First Pediatrics of Raeford and Fayetteville may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Internal Review Board or Privacy Board has determine that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.
- 8. Serious Threats to Health or Safety. Kids First Pediatrics of Raeford and Fayetteville may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- 9. Military. Kids First Pediatrics of Raeford and Fayetteville may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- 10. National Security. Kids First Pediatrics of Raeford and Fayetteville may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI

to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

- 11. Inmates. Kids First Pediatrics of Raeford and Fayetteville may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- 12. Workers' Compensation. Kids First Pediatrics of Raeford and Fayetteville may release your IIHI for workers' compensation and similar programs.

D. YOUR RIGHTS REGARDING YOUR IIHI:

You have the following rights regarding the IIHI that we maintain about you:

- 1. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Cheryl Cunningham, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC, 28376 in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
- 2. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our practice. To request an amendment, your request must be made in writing and submitted to Cheryl Cunningham, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC, 28376. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- 3. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to Cheryl Cunningham, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC, 28376, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
- 4. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to Cheryl Cunningham, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC, 28376. Your request must describe in a clear and concise fashion:
 - (a) the information you wish restricted;
 - (b) whether you are requesting to limit our practice's use, disclosure or both; and
 - (c) to whom you want the limits to apply.

- 5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Cheryl Cunningham, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC, 28376. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- 6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Cheryl Cunningham, Practice Administrator, Kids First Pediatrics of Raeford, 4005 Fayetteville Road, Raeford, NC.
- 7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

To file a complaint with our practice, contact:

Cheryl Cunningham Practice Administrator Kids First Pediatrics of Raeford 4005 Fayetteville Road, Raeford, NC, 28376 Phone: 910-848-KIDS (5437)

Fax: 910-848-5439

To file a complaint with the Secretary of the Department of Health and Human Services, contact:

US Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201

8. Right to Provide an Authorization for Other Uses and Disclosures. Kids First Pediatrics of Raeford and Fayetteville will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

KIDS FIRST PEDIATRICS OF RAEFORD KIDS FIRST PEDIATRICS OF FAYETTEVILLE NOTICE OF PRIVACY PRACTICES FEBRUARY 1, 2013



• KIDS FIRST PEDIATRICS OF RAEFORD • 4005 FAYETTEVILLE ROAD, RAEFORD, NC, 28376 •

• PHONE 910-848-KIDS (5437) • FAX 910-848-5439 •

◆ KIDS FIRST PEDIATRICS OF FAYETTEVILLE • 6415 BROOKSTONE LANE, SUITE 101, FAYETTEVILLE, NC, 28314 •

• PHONE 910-306-KIDS (5437) • FAX 910-829-5439 •