



Sunset Pediatrics

Philip D. Floyd, MD, FAAP

Taryn L. Dubin, MD, FAAP

Valerie Prentiss, APRN

PATIENT INFORMATION

DATE: _____

Last Name: _____ First Name: _____ MI: _____

Childs Preferred Name: _____ Date of Birth: _____

School: _____ Grade: _____ Gender (Please circle one): M / F

Siblings Name(s)/Age(s): _____

Referred by: _____

PARENT/GUARDIAN INFORMATION

Parent Name #1: _____ Parent Name #2: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Primary Contact #: _____ Secondary Contact #: _____

Emergency Contact: _____ Phone#: _____ Relation: _____

Primary Email: _____

Preferred Pharmacy _____

Name of Person(s) Responsible for the Billing of this Account: _____

Email(s): _____ Phone #: _____

CC#: _____ CVV Code: _____ Exp: _____

Signature: X _____ Today's Date: _____



Sunset Pediatrics

Philip D. Floyd, MD, FAAP
Taryn L. Dubin, MD, FAAP
Valerie Prentiss, APRN

Release of Medical Records

Please transfer my child's/children's complete medical records to Sunset Pediatrics, LLC (Philip D. Floyd, MD, Taryn L. Dubin, MD, and Valerie Prentiss, APRN).

7300 SW 62nd Place, PH-West
South Miami, FL 33143
TL: 305-661-1962
Fax: 305-661-6112

Please send all medical records to: monicag@sunsetpediatrics.net
and staff@sunsetpediatrics.net

Child's / Children's Name(s)

Date(s) of Birth

X _____
Parent or Guardian's Signature

Today's Date

**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I, _____ acknowledge and agree that I have received a copy of the Sunset Pediatrics Notice of Privacy Practices.

Parent/ Patient Signature X: _____ Date: _____

Relationship to patient: _____

Name of Patient(s): _____

Patient Legal Representative X: _____ Date: _____

Print Name of Legal Representative: _____

Sunset Pediatrics

NOTICE OF PRIVACY PRACTICES

Effective Date: July 28, 2008

This Notice describes how health information about you may be used and disclosed and how you can access this information. Please review it carefully.

If you have any questions about this Notice, please contact our Privacy Officer: Dr. Philip Floyd

OUR COMMITMENT TO YOUR PRIVACY

We understand that information about you and your health is very personal and we are committed to protecting the privacy of this information. Each time you visit Sunset Pediatrics we create a record of the care and services you receive. This record is necessary to provide you with high quality care and to ensure we are in compliance with certain legal requirements. This Notice applies to all of your health information in our custody.

This Notice will describe the ways in which we may use and disclose your medical information. We reserve the right to change the terms of this Notice at any time. Any revision to this Notice will be applicable to all medical information we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future. A copy of the current Notice in effect will be available from the practice receptionist.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use your health information within Sunset Pediatrics and disclose your health information to persons and entities outside of Sunset Pediatrics. Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

Treatment - We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of you during your visit with us.

Payment - We may use and disclose health information about you so the treatment and services you receive at Sunset Pediatrics may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Healthcare Operations - We may use and disclose health information about you for healthcare operations, including quality assurance activities; granting medical staff credentials to physicians; administrative activities, including Sunset Pediatrics financial and business planning and development; customer service activities, including investigation of complaints; and certain marketing and fundraising activities, etc. These uses and disclosures are necessary for Sunset Pediatrics to ensure all of our patients receive quality care.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Sunset Pediatrics, the information belongs to you. You have certain rights with respect to your information as described below. If you wish to exercise your rights, you may complete preprinted forms at registration or you may write directly to the Privacy Officer.

1. **Right to request a restriction on certain uses and disclosures of your information.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.
2. **Right to request confidential communications.** You have the right to request that we communicate with you about medical matters in a certain manner or at a certain location. For example, you may request that we limit our communications with you to contact at work or at home. Your request must be in writing, as described above, and must specify the manner in which or the location at which you wish to be contacted. All reasonable requests will be accommodated.
3. **Right to inspect and/or request a copy of your health record.** You have the right to inspect and/or receive copy any medical information maintained about you that may be used to make decisions about your care. Typically, this will include your medical and billing records but does not include psychotherapy notes.

In order to inspect and/or receive a copy of your medical information, you must submit your request, in writing to the Privacy Officer. We may charge a reasonable fee for this service based on our cost of complying.

In very limited circumstances, we may deny your request to inspect and/or receive a copy of your information. However, if your request is denied, in some cases you may request that the denial be reviewed. Such reviews are performed by an independent licensed healthcare professional chosen by the Privacy Officer. We will comply with the outcome of the review.

4. **Right to request an amendment to your health record.** If you believe the information we maintain about you is incorrect or incomplete, you may request that we amend the information. In order to request an amendment, you must submit a written request, as described above, indicating the specific information you wish to be amended and providing the reason supporting the request. Failure to put your request in writing or provide supporting reasoning is likely to result in a denial of your request.

We may also deny your request if you ask us to amend information that:

- Is accurate and complete.
- Is not part of the information which you would be permitted to inspect or receive a copy.
- Is not part of the medical information maintained by [Physician or Practice].
- Was not created by us, unless the individual or organization that created the information is no longer available to make the amendment.

5. **Right to obtain an accounting of disclosures of your health information.** You have the right to request an accounting of disclosures, which is a list of certain disclosures of your medical information made by Sunset Pediatrics other than disclosures allowed or required by law or authorized by you. The request for this accounting must be submitted in writing as described above. Your request must include the time period for which you are requesting an accounting, which may not exceed six years and not include dates prior to July 28, 2008.

COMPLAINTS OR CONCERNS

You may contact Dr. Philip Floyd if you have a question about this privacy Notice or about your privacy rights. You should also contact the Privacy Officer if you have a complaint or concern that your rights have been violated.