

Carnegie Hill Pediatrics, LLP

Today's Date _____

Oldest Child's Name: _____ DOB: _____

Second Child's Name: _____ DOB: _____

Third's Child's Name: _____ DOB: _____

Fourth Child's Name: _____ DOB: _____

Home Address _____
Street Address Apt# City, State, Zip

Billing Address [if different from home address] _____

Home Phone Number [] _____

Mother's Name _____ DOB _____ Social Security Number _____

Mother's Occupation: _____ Business Phone [] _____

Mother's Cell Phone [] _____ Email _____

Father's Name _____ DOB _____ Social Security Number _____

Father's Occupation: _____ Business Phone [] _____

Father's Cell Phone [] _____ Email _____

Marital Status of Mom Single Married Widowed Divorced

Referred by _____

Birth Hospital _____ Obstetrician _____

Health History	<u>Mom</u>	<u>Mom's Family</u>	<u>Dad</u>	<u>Dad's Family</u>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke/Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<50 years				
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hayfever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Medical Problems _____

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Acknowledgement of Receipt of Privacy Notice

This will acknowledge that I have reviewed the privacy practices of Carnegie Hill Pediatrics, LLP. If further acknowledges that I have been offered a copy of these practices.

Names of Children:

1. _____
2. _____
3. _____
4. _____

Parent Signature _____

Date _____

Carnegie Hill Pediatrics, LLP

POLICIES TO PROTECT YOUR INDIVIDUALLY IDENTIFIABLE _____ HEALTH INFORMATION [IIHI] _____

Our practice is dedicated to maintaining your privacy. To this end, the following policies have been established and will be enforced.

1. All active patient charts are kept in our front desk area. There is always at least one staff member in that area who has visual control of the patient records and will challenge any unauthorized person who attempts to view the charts.
2. All current staff has been given training in the privacy laws, and all new staff members will be trained in privacy procedures before actively engaging in the position for which they were hired. Furthermore, every staff member has signed a confidentiality agreement as a condition of employment here.
3. Daily appointment schedules will be kept out of view of visitors to the office.
4. Patient charts will also be kept out of view of visitors to the office.
5. All business associates must sign a contract stating that they will not use or further disclose protected health information other than as permitted or required by the terms of the service agreement or as required by law. Business associates include but are not limited to collection agencies, accountants or consultants who may have access to patient – related information, answering service; practice management software, vendor, electronic medical records software vendor; hardware maintenance service; outside cleaning services; repairmen; courier services, and other independent contractors who provide business/administrative services on site.
6. The office is locked at night and protected by an alarm system so that no unauthorized persons may view or tamper with medical records.
7. Any easily recognizable personality may request a private room in which to wait for the doctor.
8. No protected health information will be released for purposes other than direct treatment, payment or healthcare operations without an authorization signed by the patient or guardian. Authorization is required to release information to schools, summer camps, or insurance companies [other than health insurance carriers]