

Sunset Pediatrics

Philip D Floyd, MD, FAAP

Taryn L. Dubin, MD, FAAP

Brianna Ruiz Varas, MD, FAAP

**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: \_\_\_\_\_\_\_\_\_\_\_\_**



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## 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 Brianna Ruiz Varas, MD)

7300 SW 62nd Place, PH-West

South Miami, FL 33143

TL: 305-661-1962

Fax: 305-661-6112

You can also email records to: monicag@sunsetpediatrics.net or [staff@sunsetpediatrics.net](mailto: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

1, 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 COMMITTMENT 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.

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##### 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.

1. **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.
2. **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.

1. **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.

1. **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.

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