RAMBLC Pediatric Medical Group, Inc.

Circle Child(ren)'s Doctor: Dr. Christopher J. Cirone Dr. Julie Y.L. Kim Dr. David K. Trager
Dr. Lynnia Tuckfield

Patient Information:

Name (Last, First)	*Sex*	*Birth Date*	*Name (Last, First)*	*Sex*	*Birth Date*
1. _____	*M or F*	__/__/__	*5.* _____	*M or F*	__/__/__
2. _____	*M or F*	__/__/__	*6.* _____	*M or F*	__/__/__
3. _____	*M or F*	__/__/__	*7.* _____	*M or F*	__/__/__
4. _____	*M or F*	__/__/__	*8.* _____	*M or F*	__/__/__

Parent or Guardian Information:

Responsible Party

Name: _____
Birth Date: __ / __ / ____
SS # ___ - __ - ____
Address: _____
City: _____ *State:*____ *Zip:*_____
Relationship to Patient: _____

Home #: ( ) ____ - _____
Work #: ( ) ____ - _____
Cell #: ( ) ____ - _____

E-mail: _____
Patient Lives With: _____

Other Parent or Guardian Information:

Name: _____
Birth Date: __ / __ / ____
SS # ___ - __ - ____
Address: _____
City: _____ *State:*____ *Zip:*_____
Relationship to Patient: _____

Home #: ( ) ____ - _____
Work #: ( ) ____ - _____
Cell #: ( ) ____ - _____

E-mail: _____

Referred by: _____

Emergency Contact Information:

In an emergency, please contact (other than above): _____
Relationship: _____ *Phone #:* _____

_____ _____

Parent or Legal Guardian Signature **Today's Date**

RAMBLC Pediatric Medical Group, Inc.

Terms and Conditions of Registration and Medical Services

RAMBLC Pediatrics and UCSF Benioff Children's Physicians (UBCP) is part of the University and is comprised of its hospital(s), medical center(s), its hospital-based clinics, and the UCSF School of Medicine.

1. **Medical Consent:** I consent to medical treatments or procedures, medications, injections and laboratory procedures for my child(ren).
2. **Release of Medical Information:** The State of California information Practices Act requires RAMBLC Pediatrics to provide the following information to individuals who supply information about themselves. As a patient of RAMBLC, I will be asked to submit certain personal information, such as my address and phone number, Social Security Number, insurance information, medical history and treatment. The principal purpose for requesting this information is to ensure accurate identification, continuity of medical care, and payment for such care. Under the authority of the Federal Privacy Act of 1974, Article IX, Section 9 of the California Constitution, the California Information Practices Act (Civil Code 1798 et sep.) California Code of Regulations, Title 22, Section 70749, RAMBLC Pediatrics is authorized to maintain this information. As required by RAMBLC Pediatrics, furnishing all information requested is mandatory unless otherwise noted. RAMBLC Pediatrics will obtain my written authorization to release information about my medical treatment, except in those circumstances when RAMBLC Pediatrics is permitted or required by law to release information. For example, RAMBLC Pediatrics may release a copy of my patient record to health care providers, health plans, governmental agencies and workers' compensation carriers. Additionally, I understand that if I am diagnosed with a reportable disease in California, RAMBLC Pediatrics is required by law to report my diagnosis to the State Department of Health Services.
3. **Assignment of Benefits:** I authorize and direct payment to RAMBLC Pediatrics of any insurance benefits including hospital insurance and unemployment compensation disability benefits otherwise payable to or on my behalf for UBCP, including emergency services, at a rate not to exceed RAMBLC actual charges. I understand that I am financially responsible for charges not paid pursuant to this agreement. I further agree that any credit balance resulting from payment of insurance or other sources may be applied to any other account owed to RAMBLC Pediatrics by me.

I have read and agreed to these Terms and Conditions of Service:

Printed Patient Name	**Today's Date**
Printed Patient Name	**Today's Date**
Signature of Parent/Legal Guardian	**Today's Date**
Print Name of Parent/Legal Guardian	**Relationship to Patient**

RAMBLC Pediatric Medical Group, Inc.

Financial Policy

Welcome to our office! Thank you for choosing RAMBLC Pediatrics as your children's healthcare provider. The following is a statement of our financial policy, which must be read and signed prior to any medical treatment.

Our office contracts with most PPO insurance companies. Your insurance company should provide you with proof of insurance in the form of an insurance card, which must be presented at every visit. When proof of insurance is presented or verified, we will then be able to bill your primary insurance for you. **Payment in full for co-payments, deductibles and any non-covered services is required at the time of your visit. If you are unable to present proof of insurance, then payment in full at the time of service will be required.** For your convenience, we accept personal checks, cash, Visa, MasterCard, American Express, Discover, and Apple Pay.

Most newborn babies are covered through their mother's insurance for the first 30 days of life only. **It is your responsibility to add your baby to your insurance policy prior to the end of the 30-day period or else subsequent visits may not be covered or your baby may subsequently not be allowed on your policy.**

Your individual insurance is an agreement between you and your insurance company. Because there are many different insurance companies and policies offered by each company, **it is necessary for you to know the specific details of your own plan's member benefits. It is especially important for you or notify us if there are restrictions on referrals to specialists and outside facilities for services (such as radiological studies or lab work). You may be responsible for all charges from these outside providers if they are not contracted with your plan and you have not received the proper pre-authorization.**

You will be asked to fill out a patient information form at your initial visit and each calendar year thereafter. If in the intervening time period your address, contact information, or insurance information has changed, it is crucial that you inform our office of the changes or your may be responsible for the charges.

Medical services rendered outside of regular weekday business hours are subject to an after-hours fee, which may or may not be paid by your insurance, depending on your policy benefits. Calls for health advice placed after 8 PM may be subject to an after-hours charge.

Schedule of fees and charges:

- Missed physical exam appointment that is not canceled at least 24 hours in advance - $50
- Copying of medical records – 25 cents per page up to $25 per chart (not including postage)
- Returned check/insufficient funds - $35 per incident

I have read and understood the above Financial Policy and agree to comply with its terms.

_____ _____

Signature of Responsible Party date

_____ child(ren)'s name(s) _____

Printed Name of Responsible Party _____

RAMBLC Pediatric Medical Group, Inc.

Immunization Policy

Dear Patients and Families,

RAMBLC Pediatric Medical Group, Inc. has been providing excellent healthcare to the families of Silicon Valley since 1972. As your family's pediatricians, our primary goal is to be your partners in advocating for the health and well-being of your children. We are all certified with the American Board of Pediatrics and are Fellows of the American Academy of Pediatrics (FAAP). The AAP is a nationwide organization of pediatricians, which serves to make recommendations and establish standards in the practice of Pediatrics. We base our immunization recommendations on those of the American Academy of Pediatrics.

In recent years, there has been much publicity and media coverage regarding the safety and benefits of childhood vaccinations. We recognize the need for parents to find accurate, scientifically based information regarding immunizations. We recommend the following websites to learn more about immunizations:

- www.cispimmunize.org (American Academy of Pediatrics (AAP) immunization website)
- www.immunizationinfor.org (by the National Network for Immunization Information)
- www.chop.edu then click on "Your Child's Health" and then "Vaccine Education"
- www.aap.org the official website of the American Academy of Pediatrics
- www.cdc.gov The official website of the Center for Disease Control (CDC)
    - The "ACIP" subsite by the American College of Immunization Program (ACIP)

RAMBLC Pediatricians believe in immunizations and the efficacy in reducing childhood morbidity and mortality. Children continue to suffer and die every year from diseases that are preventable by a simple injection. In the past year, localized outbreaks of mumps and measles occurred because of a failure to immunize. Children who are not immunized are at risk of developing meningitis, encephalitis, brain damage, severe respiratory problems, poliomyelitis, paralysis, severe illness requiring hospitalization, and even death.

RAMBLC Pediatric Medical Group, Inc. recommends that all children be immunized according to the schedule set forth by the recommendations of the American Academy of Pediatrics. As of October 1st, 2006, our policy no requires that every patient within out group receive and complete the recommended vaccinations by 18 months of age.

(*cont.)*

RAMBLC Pediatric Medical Group, Inc.

Immunization Policy

By 18 months of age, your child should receive the following:

Hepatitis B: 3 doses	**Hib:** 4 doses
DTaP: 4 doses (a fifth is given before Kindergarten)	**Prevnar**: 4 doses
IPV: 3 doses (a fourth dose is given before Kindergarten)	**Varivax**: 1 dose
MMR: 1 dose (A second dose is given before kindergarten)	

In addition we recommend (but do not require) the following vaccinations:

Hepatitis A: 2 doses, beginning at 12 months of age
Influenza vaccine: 2 doses first year and 1 dose annually
For Preteens/Teens: 1 dose of Meningococcal, 3 doses of Gardasil and 1 dose of TdaP

We appreciate your understanding and cooperation in immunizing your children as part of our continued partnership in maximizing the health and well-being of your children now and in the future.

I have read and agreed to this immunization policy:

Printed Patient Name **Today's Date**

Printed Patient Name **Today's Date**

Signature of Parent/Legal Guardian **Today's Date**

Print Name of Parent/Legal Guardian **Relationship to Patient**

RAMBLC Pediatric Medical Group, Inc.

Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have been given access to and have read a copy of the RAMBLC Notice of Privacy Practices on the date indicated. If you have any questions regarding the information in the Notice of Privacy Practices, please do not hesitate to contact a clinic representative.

Printed Name(s) of Patient(s) Date(s) of Birth

Printed Name(s) of Patient(s) Date(s) of Birth

Printed Name(s) of Patient(s) Date(s) of Birth

Printed Parent/Legal Guardian or Financial Guarantor Name

Signature of Patient or Parent/Legal Guardian

Relationship to Patient Today's Date (Date Notice Received)

RAMBLC Pediatric Medical Group, Inc.

HIPAA Notice of Privacy Practices

To our patient: The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation and money. We want you to know that we continually strive to understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "privacy rule". We want to achieve the very highest standards of ethics and integrity in performing services for our patients. We have implemented a compliance program that we believe ensures that out practice never contributes to improper disclosure. This Notice of Privacy Practices describes how medical information about you may be used and disclosed. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protection health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information:

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care of your health care with a third party. For example, your protected health information may be provided to a physician or health care facility to whom you have been referred to ensure that they have the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, your health plan requires a diagnosis in order to process health care claims. The relevant protected health information will be disclosed to the health plan to obtain payment.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee training, licensing, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include as required by law, Public Health issues; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donations; Research; Criminal Activity; Military Activity; National Security; Workers' Compensation.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

RAMBLC Pediatric Medical Group, Inc.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: Following is a statement of your rights with respect to your protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any art of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not to be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You have the right to inspect and receive a copy your protected health information. Under federal law, however, you may not inspect or receive a copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. We reserve the right to change the terms in this notice and will inform you of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2003.