

# PROGRESSIVE PEDIATRICS BOOK REGISTRATION FORM

(Please Print)

Today's date:				PCP: DRS. MIRELES / WONG					
OBSTETRIC PATIENT INFORMATION									
Patient's last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your Maiden name?		(Former name):			Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			Social Security no.: (Optional)			Home phone #.: (    )			
P.O. box:		City:			State:		ZIP Code:		
Occupation:		Employer:				Employer phone no.: (    )			
Obstetrician Name :				<input type="checkbox"/> Due Date		<input type="checkbox"/> Prenatal Labs drawn?		Delivery Hospital	
<input type="checkbox"/> Winnie Palmer	<input type="checkbox"/> Florida Altamonte	<input type="checkbox"/> Florida Hosp South		<input type="checkbox"/> Florida Hosp Winter Park					
Other family members seen here:									

INSURANCE INFORMATION											
(Please Fax your insurance card to the receptionist.)											
Person responsible for bill:		Birth date: / /		Address (if different):			Home phone #.: (    )				
Are there other patients in our Practice here? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Occupation:	Employer:		Employer address:				Employer phone no.: (    )				
Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Please indicate primary insurance		<input type="checkbox"/> Medicaid		<input type="checkbox"/> BC/BS		<input type="checkbox"/> Cigna		<input type="checkbox"/> Aetna		<input type="checkbox"/> United Health	
<input type="checkbox"/> Humana		<input type="checkbox"/> TriCare		<input type="checkbox"/> [Insurance]		<input type="checkbox"/> Self Pay		<input type="checkbox"/> Other			
Subscriber's name:		Subscriber's S.S. no.:		Birth date: / /		Group no.:		Policy no.:		Co-payment: \$	
Patient's relationship to subscriber:		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child		<input type="checkbox"/> Other					
Name of secondary insurance (if applicable):			Subscriber's name:				Group no.:		Policy no.:		
Patient's relationship to subscriber:		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child		<input type="checkbox"/> Other					

AUTHORIZATION OF CARE			
We understand that Progressive Pediatrics will be providing Newborn care at the hospital of our choice, and will manage care as needed		Office # (407) 830-5437	Office Fax# (407) 830-4907
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Progressive Pediatrics or insurance company to release any information required to process my claims.			
_____		_____	
Patient signature /electronic		Date	

Welcome to our practice. We are pleased that you chose our practice for your child/newborn's care. We are delighted to accept your child as a patient. Our commitment is to provide the highest possible pediatric care in a friendly, safe, and courteous environment. This document (the Agreement) contains important information about our professional services and business policies. It also contains information regarding confidentiality of your treatment and records, record disclosure and/or nondisclosure for treatment, payment, and healthcare operations.

## PRIMARY CARE PHYSICIAN DESIGNATION

Progressive Pediatrics has implemented an early designation program for you to designate Progressive Pediatrics as your child's pediatrician, allowing them access to provide initial and follow up check-up services for your newborn and to begin a continuing care relationship with the family, your child and Obstetrician. Many expecting parents are not aware that their OB/GYN delivery doctor is not responsible for the health care of the child once delivered. Instead, your new child's first check-up is often performed by a random pediatrician on rotation at the hospital. **Progressive Pediatrics encourages expecting parents to designate a pediatrician well before the birth of their child.**

**By signing the Registration Agreement you hereby designate Progressive Pediatrics and its Doctors and Physicians Assistants as your child/newborn's primary care physician and physician of record and authorize Progressive Pediatrics, its Doctors and its Physicians Assistants, visitation privileges and rights to evaluate, treat, diagnose, and otherwise provide health care services for your child/newborn.**

## NEWBORN CHILD CARE VIDEO

As part of its services, Progressive Pediatrics provides a child care video for new parents and expecting mothers, offering insight and practical tips on what to expect with your new child. This video is offered to Progressive Pediatrics new patients

By signing this Agreement you understand and acknowledge that your receipt of Progressive Pediatrics' "Newborn Child Care Video" is for your use only and not for release to others. If anyone other than yourself expresses an interest in the video and information, you agree to refer them to Progressive Pediatrics. Progressive Pediatrics welcomes referrals and we will treat any referral to us with the same level of care and respect.

## CONFIDENTIALITY and PRIVACY RIGHTS

You should be aware that, pursuant to *HIPAA*, Progressive Pediatrics may keep *Protected Health Information* about you. This is your *Clinical Record* (or Medical Record). It includes information about your reasons for your child seeking medical care, problems, diagnosis, treatment goals and progress, medical and social history, any reports that Progressive Pediatrics receives from or provide to other providers, reports of any professional consultations, and billing records. Except in unusual circumstances that involve danger to your child and/or others or the record makes reference to another person (unless such other person is a health care provider) and Progressive Pediatrics believes that said access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your child(s)' *Clinical Record* if you request it in writing and give seven days notice. You will be charged a copying and administrative fee. Because these are professional records, they can be misinterpreted by untrained readers. For this reason, Progressive Pediatrics recommends that you initially review them in the presence of your child's Progressive Pediatrics Physician or Physician Assistant, or have them forwarded to another pediatric professional so you can discuss the contents. In most situations Progressive Pediatrics can only release information about your child's medical treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by *HIPAA*. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- i. Progressive Pediatrics may consult other health professionals about a case. During a consultation Progressive Pediatrics will refrain from disclosing information that would identify you. Progressive Pediatrics will tell you about such consultations.
- ii. Disclosures required by health insurers or to collect fees as described in this Contract are permitted.
- iii. If Progressive Pediatrics believes that your child is in imminent danger; that his/her own health or safety is at imminent risk, Progressive Pediatrics may be obligated to seek hospitalization for him or her, notify proper authorities, or to contact family members or others who can help provide protection.

There are some situations where Progressive Pediatrics is permitted or required to disclose information without either your consent or Authorization:

- i. If you are involved in a court proceeding and a request is made for information concerning the professional services that Progressive Pediatrics provided your child, such information is protected by the doctor-patient privilege law. Progressive Pediatrics cannot provide any information without your written authorization as parent or guardian, or a court order.
- ii. If a government agency is requesting the information for health oversight activities or national security, Progressive Pediatrics may be required to provide it for them.