



'SFC ACCOUNT #: \_\_\_\_\_

**CHILDREN'S HOSPITAL  
SUB-SPECIALISTS  
OF CENTRAL TEXAS**

**PEDIATRIC ALLERGY, ASTHMA,  
& IMMUNOLOGY**

(512) 628-1870  
Jackee T. Kayser, M.D.  
Howard M. Rosenblatt, M.D.

**PEDIATRIC & ADOLESCENT  
DERMATOLOGY**

(512) 628-1920  
Moise L. Levy, M.D.

**PEDIATRIC ENDOCRINOLOGY**

(512) 628-1830  
Susan B. Nunez, M.D.  
Rajani Prabhakaran, M.D.  
Carla R. Scott, M.D.

**PEDIATRIC GASTROENTEROLOGY**

(512) 628-1810  
Rahel Berhane, M.D.  
David J. Easley, M.D.  
Sujal C. Rangwalla, D.O.  
Kathleen D. Sanders, M.D.  
R. Jeff Zwiener, M.D.

**CLINICAL GENETICS/METABOLIC  
GENETICS**

(512) 628-1840  
LaDonna L. Immken, MD, F.A.A.P., F.A.C.M.G.  
James B. Gibson, M.D., Ph.D.

**PEDIATRIC HEMATOLOGY/ONCOLOGY**

(512) 628-1900  
Virginia L. Harrod, M.D., Ph.D.  
Sharon K. Lockhart, M.D.  
Phillip E. Neff, M.D.  
Linda G. Shaffer, M.D.  
Donald T. Wells, M.D.

**PEDIATRIC INFECTIOUS DISEASE**

(512) 628-1820  
Marisol Fernandez, M.D.  
Sarmistha B. Hauger, M.D.

**PEDIATRIC NEPHROLOGY**

(512) 628-1860  
Phillip L. Berry, M.D.  
Ellen M. Grimm, M.D.  
David H. Simon, M.D., M.P.H.

**PEDIATRIC NEUROLOGY**

(512) 628-1850  
Dave F. Clarke, M.D.  
Dilip J. Karnik, M.D.  
Ezam Ghodsi, M.D.  
Jeffrey S. Kane, M.D.  
Jeffrey S. Kerr, M.D.  
Michael S. Reardon, M.D.  
Karen C. Richards, M.D.

**PEDIATRIC PALLIATIVE CARE**

(512) 628-1890  
Sarah M. Leggett, M.D.

**PEDIATRIC RHEUMATOLOGY**

(512) 628-1880  
Ruy Carrasco, M.D.  
Lisa K. Petiniot, M.D.

**WELCOME TO 'SPECIALLY FOR CHILDREN**

WE HOPE YOU WILL FIND THE FOLLOWING INFORMATION HELPFUL. WE STRONGLY ENCOURAGE YOU TO FOLLOW THE GUIDELINES BELOW, AS THIS WILL HELP IN EXPEDITING YOUR CHILD'S CARE.

PLEASE BE SURE TO BRING THE FOLLOWING INFORMATION TO YOUR VISIT:

1. A VALID INSURANCE CARD OR MEDICAID CARD AND GOVERNMENT ISSUED PHOTO ID – DRIVER'S LICENSE OR IDENTIFICATION CARD
2. REFERRAL/AUTHORIZATION PROVIDED BY YOUR CHILD'S PRIMARY CARE PHYSICIAN
3. INSURANCE COPAYMENT AND/OR DEDUCTIBLE WILL BE COLLECTED AT TIME OF VISIT.

**\*\* WHILE WE WILL VERIFY THAT YOU HAVE INSURANCE COVERAGE, WE CAN'T KNOW THE DETAILS OF EACH AND EVERY INSURANCE POLICY. BE SURE YOU ARE FAMILIAR WITH SERVICES AND PROCEDURES THAT ARE/ARE NOT COVERED.**

**PLEASE ALLOW ADEQUATE TIME TO ARRIVE AT OUR LOCATION AND FIND PARKING. YOU WILL BE REQUIRED TO PAY FOR PARKING UPON EXITING. WE RECOMMEND YOU ARRIVE 30 MINUTES EARLY IF YOU ARE A NEW PATIENT AND AT LEAST 15 MINUTES EARLY IF YOU ARE AN EXISTING PATIENT. YOU WILL NEED TO FIND PARKING, AND CHECK IN AT OUR CENTRALIZED CHECK-IN TO COMPLETE ANY NEEDED PAPERWORK. FOR THE BENEFIT OF ALL OUR PATIENTS, OUR PHYSICIANS FEEL IT IS IMPORTANT TO STAY **ON SCHEDULE**. PLEASE BE ADVISED THAT IF YOU ARE **LATE** FOR YOUR APPOINTMENT, YOU MAY BE ASKED TO RESCHEDULE FOR A LATER DATE. IF YOU MUST CANCEL YOUR APPOINTMENT, WE REQUIRE AT LEAST ONE BUSINESS DAY NOTICE TO CANCEL OR YOU MAY BE CHARGED A \$25 "NO-SHOW" FEE. PLEASE REVIEW OUR NO-SHOW POLICY WHICH IS ATTACHED.**

WE LOOK FORWARD TO MEETING YOU. PLEASE FEEL FREE TO CONTACT YOUR PHYSICIAN'S OFFICE AT 512-628-1800 SHOULD YOU HAVE ANY QUESTIONS.

*1301 Barbara Jordan Boulevard Suite #200, Austin, Texas 78723  
1000 Hester's Crossing, Round Rock, Texas 78681  
Phone: (512) 628-1800 Fax: (512) 628-1801  
www.speciallyforchildren.com*



**'Specially For Children  
Authorization for Release of Health Information**

I hereby authorize 'Specially For Children to disclose my individually identifiable health information as described below, which may include information concerning communicable diseases such as Human Immunodeficiency Virus ("HIV") and Acquired Immunodeficiency Syndrome ("AIDS"), mental illness (except psychotherapy notes), chemical or alcohol dependency, laboratory test results, medical history, treatment, or any other such related information. I understand that this authorization is voluntary and I may refuse to sign this authorization. I further understand that my health care and the payment of my health care will not be affected if I do not sign this form.

I understand that if the recipient authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal and state privacy regulations.

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|                    |               |                        |
|--------------------|---------------|------------------------|
| Print Patient Name | Date of Birth | Social Security Number |
|--------------------|---------------|------------------------|

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|  |  |
|--|--|
| Date(s) of Service for Records Being Requested (Be Specific) | Name of Physician, from whom Records are being requested |
|--|--|

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Description of Health Information to be released:

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Complete Medical Record | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Progress Notes         |
| <input type="checkbox"/> Consultation            | <input type="checkbox"/> Operative Report   | <input type="checkbox"/> Pathology Report       |
| <input type="checkbox"/> Lab Report              | <input type="checkbox"/> X-ray Report       | <input type="checkbox"/> EKG                    |
| <input type="checkbox"/> Emergency Record        | <input type="checkbox"/> Clinic Notes       | <input type="checkbox"/> Other: (specify) _____ |

Purpose of Disclosure:

|   |   |
|---|---|
| <input type="checkbox"/> Attorney/Legal         | <input type="checkbox"/> Continued Patient Care |
| <input type="checkbox"/> Commercial Insurance   | <input type="checkbox"/> Personal Use           |
| <input type="checkbox"/> Other: (specify) _____ |   |

**Release my protected health information (referenced above) to the following physician/person/facility/entity:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this authorization will expire within one year from the date of this authorization, \_\_\_\_\_  
Initial/Date

I understand that I may revoke this authorization by requesting a written revocation of authorization that can be obtained by calling/writing to the phone number/address listed at the bottom of this page. I also understand that the written revocation must be signed and dated with a date that is later than the date on this authorization. The revocation will not affect any actions taken before the receipt of the written revocation.

I also understand that 'Specially for Children will provide this information 15 days from receipt of request and that a fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.

**Signature for Authorization:**

\_\_\_\_\_  
Patient or Patient Representative Name

\_\_\_\_\_  
Signature of Patient or Patient Representative Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Or, Legal Authority (attach supporting documentation)

# 'Specially for Children Notice of Privacy Practices

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Understanding Your Health Record/Information

This notice describes the practices of 'Specially for Children (SFC) and that of its physicians with respect to your protected health information created while you are a patient at SFC. SFC physicians and personnel authorized to have access to your medical chart are subject to this notice. In addition, SFC physicians may share medical information with each other for treatment, payment or healthcare operations described in this notice.

We create a record of the care and services you receive at SFC. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at SFC.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### Your Health Information Rights

Although your health record is the physical property of SFC, the information belongs to you. You have the right to:

- Inspect and request a copy of your health record as provided by law;
- Request communications of your health information by alternative means or at alternative locations. We will accommodate reasonable requests;
- Request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction;
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record.
- Obtain an accounting of certain disclosures of your health information as provided by law;
- Obtain a paper copy of this notice of information practices upon request from the SFC Privacy Officer at 1301 Barbara Jordan Blvd, Suite 200; Austin, Texas 78723. A copy of this notice may also be obtained from the SFC website at [www.speciallyforchildren.com](http://www.speciallyforchildren.com)

You may exercise your rights set forth in this notice, by providing a written request to the Revenue Integrity Manager at 'Specially for Children, 1301 Barbara Jordan Blvd, Suite 200; Austin, Texas 78723. You may also provide the written request via email to: [ComplianceCommittee@sfaustin.com](mailto:ComplianceCommittee@sfaustin.com).

### Our Responsibilities

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures;
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at SFC and on the SFC website at [www.speciallyforchildren.com](http://www.speciallyforchildren.com)
- We will not use or disclose your health information without your written authorization, except as described in this notice or permitted by law.

Examples of Disclosures of Health Information for Treatment, Payment and Health Care Operations and as Otherwise Allowed by Law.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories:

### Treatment

For example: We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at SFC. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your primary care physician or a subsequent health-care provider information about your particular condition so that they may treat you for other medical conditions, if any.

### Payment

For example: We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. The information on or accompanying the bill will include medical information that identifies you, a description of the medical services provided to you, your diagnosis, and other information that your insurer or HMO needs to approve payment to us.

### Health Care Operations

For example: We are permitted to use and disclose the information in your medical record for the purposes of health care operations, which are activities that support this practice and assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

Your health information will also be used as otherwise allowed by law. The following are some examples of how we may use and disclose medical information about you.

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include certain lab tests, answering services, transcription services, and copy services. To protect your health information, however, we require business associates to take the appropriate measures to safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

**Research:** We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Communications for Treatment and Health Care Operations:** We may contact you by telephone or mail to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits, goods, and services provided by SFC that may be of interest to you.

**Fund Raising:** We may contact you as part of a fund-raising effort.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers' Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Abuse, Neglect or Domestic Violence:** As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

**Judicial, Administrative and Law Enforcement Purposes:** Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes. This may include disclosures to avert a serious threat to you or a third party's health or safety as well as victims of crime or criminal conduct at the Covered Entity.

**Military, National Security and Intelligence Activities, Protection of the President:** We may disclose health information about you for specialized government functions such as separation or discharge from military service, authorized national security and intelligence activities, as well as authorized activities for the provision of protection services for the President of the United States, other authorized government officials, or foreign heads of state.

**Required or Allowed by Law:** We will disclose medical information about you when required or allowed to do so by federal, state or local law.

### Other Uses of Your Health Information:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose your medical information, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission.

### For More Information or to Report a Problem

If you have questions regarding your privacy rights and would like additional information, you may contact the 'Specially for Children Revenue Integrity Manager at 1301 Barbara Jordan Blvd, Suite 200; Austin, Texas 78723 or [ComplianceCommittee@sfaustin.com](mailto:ComplianceCommittee@sfaustin.com)

If you believe your privacy rights have been violated, you may file a written complaint with the 'Specially for Children Revenue Integrity Manager at 1301 Barbara Jordan Blvd, Suite 200; Austin, Texas 78723 or [ComplianceCommittee@sfaustin.com](mailto:ComplianceCommittee@sfaustin.com) You may also file a written complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.



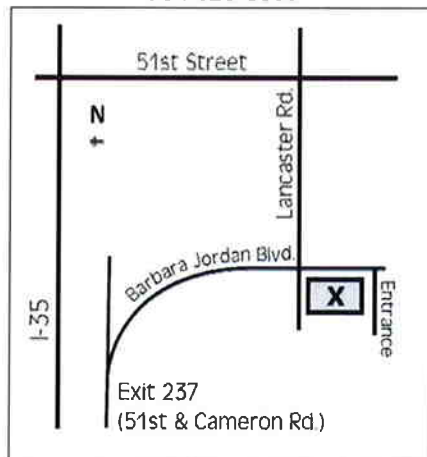


### Austin Office

1301 Barbara Jordan Blvd., Suite 200

Austin, TX 78723

512-628-1800



#### Heading North on IH-35

- Exit 51<sup>st</sup> Street/Cameron Rd.
- Get in right lane, becomes turn only lane
- You are on Barbara Jordan Blvd.
- First stop sign is Lancaster, our building is on the southeast corner
- Building says Strictly Pediatrics on outside
- Pass the building and turn right into parking garage

#### Heading South on IH-35

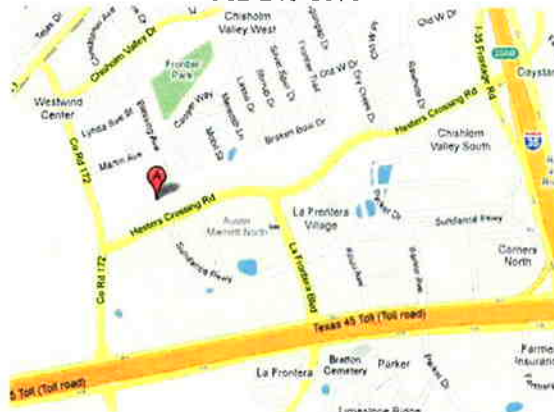
- Exit 51<sup>st</sup> Street, stay in middle lane up to stoplight at 51<sup>st</sup> Street
- Turn left onto 51<sup>st</sup> street, go over the overpass
- 1<sup>st</sup> stoplight AFTER overpass is Lancaster, go right
- At stop sign go left on Barbara Jordan Blvd., building is on southeast corner
- Building says Strictly Pediatrics on outside
- Pass the building and turn right into parking garage

### Round Rock Office

1000 Hester's Crossing

Round Rock, TX 78681

512-246-1076



- From I-35 Northbound, exit 251-252A McNeil, turn left on Hester's Crossing. Pass the Marriott on your left and we are located just west of the Austin Regional Clinic building on the right.
- From I-35 Southbound, exit 250A-251 Hester's Crossing, turn right on Hester's Crossing. Pass the Marriott on your left and we are located just west of the Austin Regional Clinic building on the right.
- From SH-45, exit La Frontera, make a left on La Frontera, make a left on Hester's Crossing



# . Specially For Children

Pediatric Sub-Specialty Care Serving Central Texas

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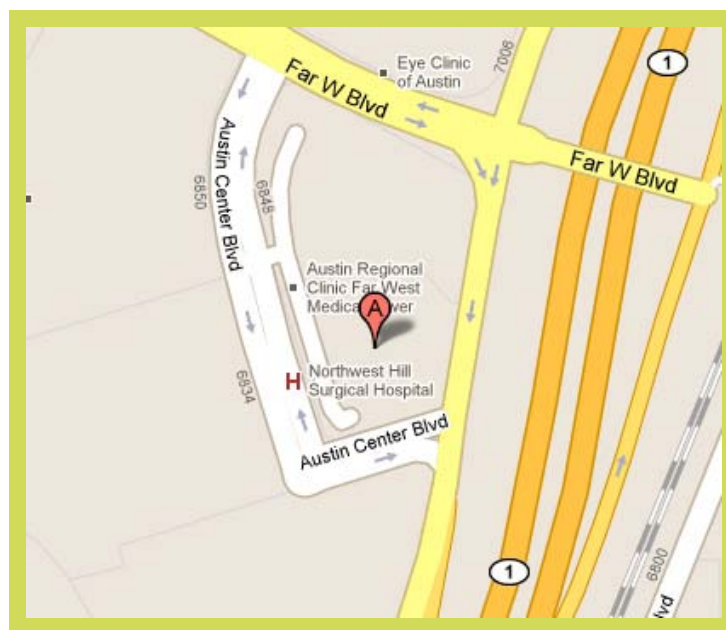
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## Far West

6811 Austin Center Blvd., Suite 400.  
Austin, TX 78731



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