

Genesis Pediatrics, LLC - Family Data Sheet (January 2010)

(Please complete if applicable)

Mother's Name _____
DOB _____ **SS #** _____
Mother's Address _____
_____ **Zip** _____
Phone _____
Mother's Employer _____
Work # _____ **Cell #** _____
Email _____ **Fax #** _____

Stepfather's Name _____
DOB _____ **SS** _____
Stepfather's Address _____
_____ **Zip** _____
Phone _____
Stepfather's Employer _____
Work # _____ **Cell #** _____
Email _____ **Fax #** _____

(Please complete if applicable)

Father's Name _____
DOB _____ **SS#** _____
Father's Address _____
_____ **Zip** _____
Phone _____
Father's Employer _____
Work # _____ **Cell #** _____
Email _____ **Fax #** _____

Stepmother's Name _____
DOB _____ **SS#** _____
Stepmother's Address _____
_____ **Zip** _____
Phone _____
Stepmother's Employer _____
Work # _____ **Cell #** _____
Email _____ **Fax #** _____

The children live with: (circle) Both parents Mother Father Guardian (Provide legal paperwork)

If guardian: Name _____ Relation _____
Address _____ City/State/Zip _____ Phone _____

If parents are divorced who has legal custody/primary residence of child? (Please provide appropriate legal paperwork)

Name _____ Relationship _____

Please list below anyone who is authorized (other than the responsible party) to (1) schedule appointments, (2) receive and provide disclosure of medical and financial information, and (3) make medical decisions. (This may include step parents, grandparents, babysitters, etc.)

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact (other than parent):

Name _____ **Relationship** _____ **Phone** _____
Name _____ **Relationship** _____ **Phone** _____

How did you hear about Genesis Pediatrics? _____

Signed _____ Date _____

Insurance Information

Subscriber Name _____ DOB _____ Phone _____
Address _____

<u>Child(s) Name</u>	<u>Birthdate</u>	<u>Insurance Name</u>	<u>Contract #</u>

Acknowledgement of Receipt of Notice of Privacy Practices
(HIPAA Requirement)

By signing below, I hereby acknowledge that I was provided a copy of the Notice of Privacy Practices for Genesis Pediatrics, LLC with reference to the above named children.

Authorization for Genesis Pediatrics, LLC to Release Protected Health Information to Third Parties
(Schools, Daycares, Etc.)

By signing this Authorization, I authorize Genesis Pediatrics, LLC to disclose certain protected health information (PHI) as identified below. (Check all that would apply). ** If you would like to decline; please indicate that by initialing here and then sign and date the bottom of the page.* _____

- | | |
|--|-------------------------------|
| _____ Immunizations | _____ Laboratory Test/Results |
| _____ Progress Notes/Health Appraisals | _____ Radiology Tests/Results |
| _____ Medications (Including Permission Notes) | _____ Appointment History |
| _____ Referrals/Consultations | Other Information _____ |

Request for information on ALCOHOL/DRUG TREATMENT, MENTAL HEALTH INFORMATION, or CONFIDENTIAL HIV-RELATED INFORMATION requires a separate Authorization to Release Information Form. (If you require these types of information to be released please ask the receptionists for the appropriate form).

This identified information may be released to the following organization(s) for the children I have indicated at my request to maintain enrollment or provide treatment while in their care. This Authorization shall be in force and effect for 12 months, expiring 1 year from date signed.

Organization _____	Child(ren) _____
Organization _____	Child(ren) _____
Organization _____	Child(ren) _____

When my information is disclosed pursuant to this Authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the Federal HIPAA Privacy Rule. I have the right to revoke this Authorization in writing except to the extent that Genesis Pediatrics, LLC has acted in reliance upon this Authorization. My written revocation must be submitted to Genesis Pediatrics', LLC HIPAA Manager at 900 Elmgrove Road, Rochester, New York 14624.

Parent/Legal Guardian Signature: _____ Date: _____