

AMBOY PEDIATRICS

Patient Registration Form

Patient Name _____ Patient Last Name: _____ Age _____
Sex (M) (F) DOB: _____ Social Security# _____
Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Mother's Last Name: _____
DOB: _____ Social Security# _____
Address: _____ City _____ Zip _____
Cell Phone # _____ Other Phone# _____ E-mail: _____
Mother's Employer and Address _____
Occupation _____ Phone# _____

Father's Name: _____ Father's Last Name: _____
DOB: _____ Social Security# _____
Address: _____ City _____ Zip _____
Cell Phone # _____ Other Phone# _____ E-mail: _____
Father's Employer and Address _____
Occupation _____ Phone# _____

Emergency Contact _____ Relationship _____
Address _____ Phone# _____

****What Pharmacy do you use? _____ City? _____****

REFERRAL INFORMATION

How did you hear about us? _____ Family Physician _____

INSURANCE INFORMATION

Primary Coverage: Subscriber _____ Group _____
ID# _____ Effective Date _____

Are you covered by Medicaid Yes No Medicaid # _____

Please give secretary a current Medical Eligibility Insurance Card. We ask all patients to show their insurance cards, so that we can make copies of them.

PAYMENT AUTHORIZATION

I _____ hereby authorize _____ MD to furnish information concerning my present illness. I direct the insurer to pay, without equivocation, directly to the physician all benefits due to him as a result of his claim. Although covered by insurance, I am aware that I am personally responsible for all charges. A photocopy of this authorization will be valid as the original.

Signature _____ Date _____

AMBOY PEDIATRICS

285 McClellan Street, Perth Amboy, NJ 08861

**We are required BY LAW to ask you the following questions. Thank you.
*Estamos requeridos POR LEY hacerle las siguientes preguntas. Gracias.***

Date/Fecha: _____

Patient Name/Nombre del Paciente:

Patient Date of Birth/Fecha de Nacimiento del Paciente:

What is this person's RACE? Please check one of the boxes below:

Cual es la RAZA de esta persona? Por favor marque una de las cajas abajo:

- White (*Blanco*)
- Black or African American (*Negro o Afroamericano*)
- Asian (*Asiatico*)
- Native Hawaiian or Pacific Islander (*Nativo de Hawaii o de otras Islas del Pacifico*)
- Native American (*Indio Americano*)
- Unknown (*No se sabe*)
- Other/Otro: _____
- I decline to answer/*Declino responder.*

What is this person's ETHNICITY? Please check one of the boxes below:

Cual es la ETNICIDAD de esta persona? Por favor marque una de las cajas abajo:

- Hispanic or Latino/ *Hispano o Latino*
- NOT Hispanic or Lation / *NO Hispano o Latino*
- Prefer NOT to say / *Prefiero NO decir*
- Unknown (*No se sabe*)
- Other/Otro: _____

AMBOY PEDIATRICS
MEDICAL AUTHORIZATION FORM

I, _____, being the parent and/or legal guardian of _____ (hereinafter, my child(ren)) do hereby authorize the following people:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

to seek and obtain medical care for my child(ren) under this Authorization.

My child has the following allergies: _____

I agree to be financially responsible for the cost of any medical care provided to my child(ren) under this Authorization.

My health insurance carrier is _____ and my Policy Number is _____.

Signature of Parent (or Legal Guardian) _____ Date _____

Witness Signature _____ Date _____

MEDICAL RELEASE FORM

AMBOY PEDIATRICS

285 McClellan Street, Perth Amboy, NJ 08861

PHONE # 732-719-4333, FAX # 732-719-4332

NAME of Prior Doctor or Hospital: _____

PHONE # (of Prior Doctor or Hospital): _____

FAX # (of Prior Doctor or Hospital): _____

PATIENT NAME: _____

PATIENT DOB: _____

PATIENT ADDRESS: _____

PATIENT PHONE: _____

****PARENT SIGNATURE****: _____

PLEASE SEND US FOR THE FOLLOWING DATES OF SERVICE: _____

_____ ALL VACCINE RECORDS

_____ ALL PROGRESS NOTES

_____ ALL GROWTH CHARTS

_____ ALL CONSULTANT NOTES

_____ ALL LAB RESULTS

OTHER: _____

_____ ALL RADIOLOGY RESULTS

Comments:

*** Confidentiality Notice ***

The documentations accompanying this facsimile transmission contain confidential information belonging to the sender that are legally privileged. This information is intended only for the use of the individual or entity. Any other party is required to destroy the information after its stated need has been fulfilled, unless otherwise required by the state law. If you are not the intended recipient, you are hereby notified that disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately to arrange for return of these documents.

AMBOY PEDIATRICS

PRIVACY NOTICE

Patient's Name: _____

Date: _____

Your Privacy Is Important

AMBOY PEDIATRICS understands your privacy is important. You have received this notice in accordance with applicable state and federal laws and because you are a current or potential patient. This notice will help you understand what types of non-public personal information about you that is not publicly available – we may collect how we use it and how we protect your privacy.

AMBOY PEDIATRICS Privacy Policy Highlights

- We collect non-public personal information to process and administer our patients' business.
- We have policies and procedures in place to protect non-public personal information about our patients or their families.
- We do not sell non-public personal information about our patients or their families to third parties, i.e. companies or individuals that are not affiliated with us.
- We do not disclose any non-public personal information about our patients or their families to anyone, except as permitted by law.
- We disclose your private health information routinely to insurance companies, other providers, and others for purposes of treatment, payment and healthcare operations.
- For all other purposes, we will either obtain your authorization or remove all information that could identify you as an individual.
- Our Privacy Policy applies to both current and former patients.

Questions and Answers

That details Amboy Pediatrics' Privacy Policy

What types of non-public personal information does Amboy Pediatrics collect?

Amboy Pediatrics' employees, representatives, agents and selected third parties may collect non-public personal information about our patients or their families, including:

- Information provided to us, such as on application or other forms.

- Information about transactions with affiliates, our third parties or us.
- Information from others, such as credit reporting agencies, employers and federal agencies.

The types of non-public personal information Amboy Pediatrics collects vary according to the products or services provided and may include, for example: account balances, insurance premiums, marital status and health history.

What does Amboy Pediatrics do to protect non-public personal information?

We restrict access to non-public personal information to those employees, agents, representative or third parties who need to know the information to provide products and services to our patients or their families.

We have policies and procedures that give direction to our employees, and agents and representative acting on our behalf, regarding how to protect and use non-public personal information.

We maintain physical, electronic and procedural safeguards to protect non-public personal information.

With whom does Amboy Pediatrics share non-public personal information, and why?

We do not share non-public personal information about our patients or their families with anyone, including other affiliated companies or third parties, except as permitted by law.

We may disclose, as allowed by law, all types of non-public personal information we collect when needed, to affiliated companies, agents employees, representatives and third-parties that market our services and products and administer and service and service customer accounts on our behalf.

Examples of the types of companies and individuals to whom we may disclose non-public personal information include attorneys, trustees, third-party administrators, insurance agents, insurance companies, insurance support organizations, credit reporting agencies, registered broker/dealers, auditors and regulators.

We do not share personally identifiable health information unless the customer or the applicable law authorizes further sharing.

Does Amboy Pediatrics' Privacy Policy apply to its agents and representatives?

Amboy Pediatrics' Privacy Policy applies, to the extent required by law, to its agents and representatives when they are acting on behalf of Amboy Pediatrics.

Please note: There may be instances when these same agents and representatives may not be acting on behalf of Passaic Pediatrics, P.A. in which case they may collect non-public personal information on their own behalf of another. In these instances, Amboy Pediatrics' Privacy Policy would not apply.

Will Amboy Pediatrics' Policy change?

Amboy Pediatrics reserves the right to change any of its privacy policies and related procedures at any time, in accordance with applicable federal and state laws. You will receive appropriate notice if our Privacy Policy changes.

I hereby acknowledge that I have been presented with a copy of Amboy Pediatrics' Notice of Privacy Practices.

X _____

Date: _____

Signature of Parent (or Legal Guardian)

THE PRIVACY NOTICE IS PROVIDED TO YOU FOR INFORMATION PURPOSES ONLY. YOU DO NOT NEED TO CALL OR TAKE ANY ACTION IN RESPONSE TO THIS NOTICE. WE RECOMMEND THAT YOU READ AND RETAIN THIS NOTICE FOR YOUR PERSONAL FILES.