NEW PATIENT INFORMATION

Marshall J. Benbow, M.D., FAAP

Tina H. Boylston, M.D., FAAP

Shelly M. McNair, M.D., FAAP

Rose C. Cofer, M.D., FAAP

Shannon M. Austin, M.D., FAAP

L. Patrick Finklea, Jr., M.D., FAAP

Krista M. Vizuete, M.D., FAAP

Megan M. Hogue, M.D., FAAP

Kelly M. Basaldua, M.D., FAAP

5282 Medical Drive, Suite 310
San Antonio, Texas 78229
Office Telephone: (210) 614-TOTS (8687)
Fax: (210) 614-7529
Visit our website at:
www.southwestchildrenscenter.com

Southwest Children's Center, P.A. has been providing superior pediatric care to the families of San Antonio and its surrounding areas since 1977. Our practice has grown to become one of San Antonio's premiere pediatric groups, and we are still owned and operated by the physicians that provide your child's care. Our award-winning team is made up of board certified pediatricians, licensed vocational nurses, medical assistants, a respiratory therapist, and an experienced support staff to assist you.

We strive to provide quality continuity of care at the time you and your children need us the most. In addition to our standard business hours, we offer after-hours and weekend urgent care visits. We are conveniently located in the South Texas Medical Center with ample free parking, as well as pharmacy and radiology support conveniently located in the same building.

Accessing your child's physician or clinic should not be difficult. We pride ourselves in providing quality, convenient health care for your family. Our experienced triage team will address your concerns and ensure that your children receive the care they need in a timely manner. If your child should need the services of a pediatric specialist, our referral department will assist you in scheduling those appointments. Our onsite laboratory enables our physicians to provide complete and timely care without leaving the office. In addition to these services, our experienced support staff is here to help you with any questions or concerns.

We look forward to caring for your child and becoming your child's medical home.

POLICIES AND PROCEDURES

Appointments

We see patients seven days a week. If you arrive without an appointment, you may not be able to see the physician. Walk-in patients and late arrivals greatly decrease the efficiency of our physicians, and are unfair to patients who are on time and have scheduled appointments.

We encourage patients to arrive 15 minutes prior to their scheduled visits. For families with multiple children, each patient must have a separate appointment.

It is best to schedule non-urgent appointments, such as well check-ups, sports/camp physicals, and parent consultations at least two weeks in advance.

As a courtesy to our patients, we provide an automated phone call and text message appointment reminder two days prior to the scheduled appointment. If you wish not to receive appointment reminders via text message, simply respond to the text with the word **STOP.** Standard text message rates may apply.

Late Arrivals/Missed Appointments

Your timeliness affects our ability to provide our patients with efficient medical care. Thus, our office has little tolerance for late arrivals and missed appointments.

You will be charged a fee for all missed appointments. If you arrive late for a non-urgent visit, we may have to reschedule your appointment.

Excessive late arrivals and missed appointments could result in dismissal from Southwest Children's Center, P.A.

Weekend and After 5 Appointments

Weekend appointments and appointments after 5 p.m. are available for emergencies and acutely ill patients.

On weekends, we open and begin scheduling appointments at 8 a.m., and the office closes at 12 noon or after the last scheduled appointment (whichever comes first).

We do not accept walk-ins on weekends. All patients must have an appointment to be seen.

On the weekends and after 5 p.m., there will be a convenience fee billed to your insurance. If the fee is not covered by your insurance, you will be responsible.

Walk-in Appointments

Walk-in appointments are available Monday through Friday between 8 a.m. and 9 a.m. for your convenience.

Your child will be seen by one of our dedicated providers with morning availability. This is intended to eliminate unnecessary urgent care visits, avoid fragmented medical care and ensure appropriate follow-up for our patients.

There will be a convenience fee billed to your insurance. If the fee is not covered by your insurance, you will be responsible.

Holiday Appointments

Our office is closed on Thanksgiving Day, Christmas Day, and New Year's Day.

Our office is usually open for emergencies and acutely ill patients on all other holidays.

On select holidays, we are open and begin taking appointments at 8 a.m., and the office closes at 12 noon or after the last scheduled appointment (whichever comes first). On holidays, there will be a convenience fee billed to your insurance. If the fee is not covered by your insurance, you will be responsible.

Nurse Triage

Our experienced phone nurse staff is available to you during office hours to answer medical questions or concerns.

After Hours Call

After the clinic closes, our phone calls are triaged through Methodist Children's Hospital Nurse Triage Service. One of our physicians is always available if they cannot address your concerns.

Immunizations

Southwest Children's Center, P.A. follows the immunization guidelines recommended by the American Academy of Pediatrics, Advisory Committee on Immunization, Center for Disease Control and Prevention, and the State of Texas. To provide a safe medical home for all our patients and their families, Southwest Children's Center will not accept new patients whose parents choose not to vaccinate.

Hospital Affiliation

All of our pediatricians have hospital privileges at Methodist Children's Hospital. If your child is seen or born at another hospital, the physicians at that hospital will provide care until the time of discharge.

Ear Piercing

Ear piercings are available for children ages 3 months and up. Patients must be up-to-date with their vaccinations prior to piercing. Southwest Children's Center, P.A. utilizes the Blomdahl® Medical Ear Piercing System, a system only available to physicians, which offers sterile equipment and nickel-free, hypoallergenic earrings to minimize the health risks associated with ear piercing. All ear piercings are performed by physicians within the office.

Research

Established in 2000, Southwest Children's Research Associates, P.A. has strived to ensure quality research. Our team is made up of board certified pediatricians, full-time study coordinators and support staff who work in conjunction with Southwest Children's Center, P.A.

Southwest Children's Research Associates, P.A. has aided in the development of several vaccines including RotaTeq® and Pentacel®. We pride ourselves in providing the highest quality of care for your child.

Our team is excited about developments that will improve the lives of today's children, future children, and their families. We look forward to sharing with you new and exciting studies.

PARENT RESOURCES

As a pediatric practice, we are always seeking to provide you care and information that will improve the health of your children. Reliable sources of information on a range of pediatric topics are available at many places on the web.

Unfortunately, not all information is based on fact. We suggest several sites that provide reliable, and time sensitive information about a wide variety of current events and general pediatric topics.

The following sites are ones we recommend:

- Southwest Children's Center, P.A.
  www.southwestchildrenscenter.com
- Southwest Children's Research Associates, P.A.
  www.researchforkids.com
- American Academy of Pediatrics
  www.aap.org
- Centers for Disease Control and Prevention
  www.cdc.gov

Books we recommend:

- Caring for Your Baby and Child: Birth to Age 5 by Steven P. Shelov
- Baby 411, by Ari Brown and Denise Fields

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NEW BABIES

Hospital Stay and First Appointment

If you are delivering at Methodist Hospital (7700 Floyd Curl Drive, Medical Center), denote your pediatrician on your pre-registration form. Labor and delivery will take care of contacting us upon your baby's birth. We will see your baby within 24 hours of delivery, and we will see her daily until discharge. If you are delivering at a hospital other than Methodist, the doctor on call for that nursery will see your baby until discharge.

It is very important that all of our babies have a clinic appointment within 48 hours of discharge.

Insurance

Your new baby will need to be added to your insurance policy before they are 30 days old. If your baby is not added within 30 days of age, your insurance may deny paying any claims beyond the 30 days.

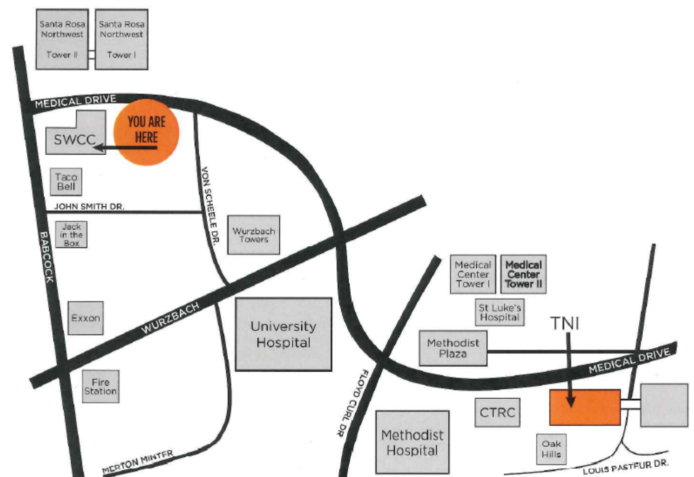
NEWBORN SCREEN (PKU TEST)

Your new baby will need to have the 2nd newborn screen or PKU done on or after seven days of age.

Methodist Outpatient Lab
Location: TNI Building 1st Floor
Address: 4410 Medical Drive, Suite 110
Phone: (210) 575-6322

Laboratory order from your Physician is required for PKU testing.

No appointment necessary.



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PATIENT INFORMATION (page 1 of 2)

Today's Date: ______________

Patient's Name:	Date of Birth:	Age:	☐ Male ☐ Female
Ethnic Group:	☐ Hispanic or Latino	☐ Non-Hispanic or Latino	☐ Patient Declined Information
Race:	☐ American Indian ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other Race: ________________ ☐ Patient Declined Information		
Language:	☐ English ☐ Spanish ☐ Arabic ☐ Chinese ☐ Mandarin ☐ Cantonese ☐ Japanese ☐ Russian ☐ Hebrew ☐ Korean ☐ Other Language: ________________ ☐ Patient Declined Information		
Address:			Patient SS#:
City:	State:	Zip Code:	Phone:
Mother's Name:	SS#:		Date of Birth:
Home Phone:	Cell Phone:		Driver's Lic#:
Address: Same ☐ Yes ☐ No, complete below			
City:	State:	Zip Code:	Phone:
Father's Name:	SS#:		Date of Birth:
Home Phone:	Cell Phone:		Driver's Lic#:
Address: Same ☐ Yes ☐ No, complete below			
City:	State:	Zip Code:	Phone:
Who is your Primary SWCC Physician:		Former Pediatrician/Office:	
Would you like to receive our e-Newsletters? ☐ Yes ☐ No *If yes*, please provide preferred e-mail address:			
How did you hear about us?	☐ Sibling is a Patient ☐ Referred by Family/Friend ☐ Insurance ☐ Referred by Physician: ____________________________ ☐ Social Media: ___________________ ☐ Website/Internet: ________________________________ ☐ Other: ______________________		
NEWBORNS ONLY: Did a SWCC Physician see your newborn in the hospital? ☐ Yes ☐ No Which hospital was your newborn delivered? ☐ Methodist (Medical Center) ☐ Methodist (Stone Oak or Metro) ☐ North Central Baptist ☐ Westover Hills ☐ University ☐ St. Luke's ☐ Other: ___________________			

Other Information:

Are the parents divorced? ☐ Yes ☐ No Is there limitations to medical records and/or treatment by either parent/guardian by a court order? ☐ Yes ☐ No *If yes*, please supply copy of court order for our records.		
Father's Employer: Email:	Work Phone:	Ext.
Mother's Employer: Email:	Work Phone:	Ext.
Nearest Relative:	Phone:	Relationship:

PATIENT INFORMATION (page 2 of 2)

Insurance Information:

Primary Insurance (Co-pays/or coinsurance is due at time of service)

Company:		Insured Name & Date of Birth:	
Subscriber ID#:		GRP/Policy#:	Effective Date:
Address:			
City:	State:	Zip Code:	Insurance Phone:

Secondary Insurance (We do not file secondary for primary co-pays. Primary co-pay must be paid at time of service.)

Company:		Insured Name & Date of Birth:	
Subscriber ID#:		GRP/Policy#:	Effective Date:
Address:			
City:	State:	Zip Code:	Insurance Phone:

Please give receptionist your insurance card. We do not guarantee benefits. Our office is not responsible for the knowledge of benefits. It is your responsibility to contact your insurance company for what is a covered benefit and what is not. Please advise the office immediately when you change insurance so we can update your files.

Family History

Mother's Age:	Health Problems?	Father's Age:	Health Problems?
Patient's Brother/Sister Age:	Name:	Health Problems?	
Patient's Brother/Sister Age:	Name:	Health Problems?	
Patient's Brother/Sister Age:	Name:	Health Problems?	

Patient's History

Birth Gestation (weeks pregnant):	Birth Weight:	Complications?
Any Problems with Development/Motor Skills?	☐Yes ☐ No	Speech & Language? ☐ Yes ☐ No Discuss:
Current Medical Problems?	☐ Yes ☐ No	Discuss:
Is Child Being Treated by a Specialist?	☐ Yes ☐ No	Name of Specialist?
Concerns:		
Drug Allergies:	Food Allergies:	

MINOR AUTHORIZATION

I, ______________________________________, parent or legal guardian of ____
Please Print Name   Child's Name

Child's Date of Birth ____

hereby authorize in my absence, medical treatment for the child named above, and I authorize the individual(s)[named below] to accompany my child and to serve as my representative. I agree to allow the physician to release medical information to representatives mentioned below:

Full Name:	Relationship:	Address:	Phone:
________________________	__________________	______________________________	____________________
________________________	__________________	______________________________	____________________
________________________	__________________	______________________________	____________________

I understand I have the right to:

1. Revoke this authorization by sending a written notice to Southwest Children's Center, P.A. and that revocation will not affect this office's previous reliance on the uses of disclosure pursuant to this authorization.
2. Inspect a copy of Patient Health Information being used or disclosed under federal law.
3. Refuse to sign this authorization.
4. Receive a copy of this authorization.
5. Restrict what is disclosed with this authorization.

I also understand that if I do not sign this document it will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits whether or not I provide authorization to use or disclose protected patient health information.

Parent/Auth. Rep. Printed Name: ____ Date: ____________________

Parent/Auth. Rep. Signature: ____

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FINANCIAL POLICY

I hereby certify that my child is eligible for health plan coverage with ___________________________________.

I understand that if the above is not true or if the child is not eligible under the terms of my medical subscriber health insurance agreement, I am liable for all charges for services rendered.

I further authorize the physician(s) providing service to release for insurance purposes any information acquired in the course of my child/children's examination and treatment.

Assignment of Insurance Benefits:
In consideration of services rendered, I hereby transfer and assign all rights of payment due to me for medical and or surgical services under any policies of insurance.

Responsible Party:_____________________________________ **Signature:**_________________________________
Co-Signature:____

This is an agreement between Southwest Children's Center, P.A., as creditor, and the Patient/Debtor named on this form. In this agreement the words "you," "your," and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Southwest Children's Center, P.A. By executing this agreement, you are agreeing to pay for all services received.

Insurance Benefits: We do not guarantee benefits. Our office is not responsible for the knowledge of your benefits. The insurance policy is a contract between you, your employer and the insurance company. Your insurance policy will determine coordination of benefits, co-pay amount, and deductibles/coinsurance. Please note: At your pediatrician's discretion, a sick visit may be billed in addition with your child's well checkup in the event your child is not well at the visit. If this occurs, your insurance will be billed for the sick visit and you will be responsible for the balance generated for the sick visit.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. These statements represent the balance owed after we receive the explanation of benefits from your insurance with payment or denial information.

Payments: Co-pays, coinsurance or self-pays are due at the time services are rendered. For your convenience, we accept cash, checks, credit cards, and money orders. Unless our billing staff approves other arrangements, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

Missed Appointment Fees: All appointments that are missed or cancelled less than 24 hours in advance may be subject to a $45.00 processing fee. ADD/ADHD or parent consult that are missed or cancelled will be subject to a $100.00 processing fee. Excessive late arrivals and missed appointments could result in dismissal from Southwest Children's Center, P.A.

Weekend/Holiday & After Hour Appointments (scheduled 5:15 P.M. or later): There is a $35.00 charge billed to your insurance. If your insurance does not pay, you will be responsible for payment. If your appointment is scheduled after 5:00 P.M. and you come in earlier, the $35.00 charge will still apply.

Returned Checks: There is a fee (currently $35.00) for any check returned by the bank.

Past Due Accounts: If your account if past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collections costs that are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fee that we incur plus all court costs. In case of suit, you agree the venue shall be in Bexar County, Texas.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if you are past due, status is reported to a credit-reporting agency, the fact that your child received treatment at our office may become a matter of public record.

Divorce: After divorce or separation, the parent whom the child resides with the responsible party for the payment on the account. Your divorce decree is an issue between you and your ex-spouse and not our office. It is your responsibility to collect from the other parent.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Patient's Name: ____ **Responsible Party:** ____

Signature: __________________________________ **Date:** _____________ **Co-Signature:** __________________________________ **Date:** ____________

ACKNOWLEDGMENT FORM

Patient(s) Name: ________________________________ Date of Birth: ________________________
________________________________ ________________________
________________________________ ________________________

I understand that as part of my healthcare, Southwest Children's Center, P.A. originates and maintains health records describing by health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communication among many healthcare professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A mean by which a third party payer can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I hereby acknowledge that I have received a copy of Southwest Children's Center P.A.'s Notice of Privacy Practices that provides a more complete description of protected health information uses and disclosures. I understand that I have the right to review the Notice of Privacy Practices prior to signing this acknowledgment. I understand that Southwest Children's Center, P.A. reserves the right to change its practices and to make new provisions effective for all protected health information maintained by Southwest Children's Center, P.A.

____
Signature of Patient or Legal Representative

____
Date Signed by Patient or Legal Representative

____
Printed Name of Patient's Legal Representative (if applicable)

Relationship to Patient (if applicable)

☐ Parent/guardian of unemancipated minor
☐ Court appointed guardian
☐ Executor or administrator of decedent's estate
☐ Power of Attorney

____
Signature of Southwest Children's Center, P.A. Witness

____
Date Signed by Southwest Children's Center, P.A. Witness

Southwest Children's Center, P.A. was unable to obtain acknowledgment/consent because:

☐ Emergency ☐ Patient Non-Responsive ☐ Patient Confused/Disoriented ☐ Patient Sedated

☐ Patient Refused-Reason : ____

☐ Other (Specify): ____

September 3, 2013 (Revised August 15, 2014)
Effective Date of the Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: September 3, 2013 (Revised August 15, 2014)

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

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon enrollment or upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment, and health care operations. This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
3. **Request to receive communications of protected health information in confidence.**
4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.
5. **Request an amendment to your protected health information**. However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
   - was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
   - is not part of your medical or billing records;
   - is not available for inspection as set forth above; or
   - is accurate and complete.

   In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.
6. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:
   - to carry out treatment, payment and health care operations as provided above;
   - to persons involved in your care or for other notification purposes as provided by law;
   - to correctional institutions or law enforcement officials as provided by law;
   - for national security or intelligence purposes;
   - that occurred prior to the date of compliance with privacy standards (April 14, 2003);
   - incidental to other permissible uses or disclosures;
   - that are part of a limited data set (does not contain protected health information that directly identifies individuals);
   - made to patient or their personal representatives;
   - for which a written authorization form from the patient has been received
7. **Revoke your authorization to use or disclose health information** except to the extent that we have already been taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.
8. **Receive notification if affected by a breach of unsecured PHI**

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HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:

Treatment: We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

Payment: We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

Regular Healthcare Operations: We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

Appointment Reminders: We may use and disclose protected health information to contact you to provide appointment reminders.

Treatment Alternatives: We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you

Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.

Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Fund raising: Unless you notify us you object, we may contact you as part of a fund raising effort for our practice. You may opt out of receiving fund raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fund raising material you receive.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury, or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Research (inpatient): We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

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OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a website that provides information about our patient/customer services or benefits, the new notice will be posted on that website.

Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Renee Bostian, at the telephone number or address listed below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Southwest Children's Center, P.A., or with the Secretary of the Department of Health and Human Services or Texas Attorney General's Office. The complaint must be in writing describing the acts or omissions that you believe violate your privacy rights, and then are filed within 180 days of when you knew or should have known the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health and Human Services	**Office of the Texas Attorney General Consumer Protection Division**	**Southwest Children's Center, P.A.**
Office of the Secretary 200 Independence Avenue, S.W. Washington, D.C. 20201 Tel: (202) 619-0257 Toll Free: 1-877-696-6775 http://www.hhs.gov/contacts	P.O. Box 12548 Austin, TX 78711-2548 Tel: (512) 463-2100 Toll Free: (800) 252-8011 https://www.oag.state.tx.us/forms/cpd/form.php	Renee Bostian, Privacy Officer 5282 Medical Drive, Suite 310 San Antonio, TX 78229 Tel: (210) 614-8687 Fax: (210) 614-7529

NOTICE OF PRIVACY PRACTICES AVAILABILITY

This notice will be prominently posted in the office where registration occurs. You will be provided a hard copy at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's website (if applicable website exists) for downloading.

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