

# WELCOME TO CHELMSFORD PEDIATRICS!



Here, your family is our family. We pride ourselves on knowing each child and family on a personal level so we can give the best possible care for each patient.

If you are looking for a warm caring environment, Chelmsford Pediatrics is the top choice. We accept most insurance plans and have a lot to offer our patients:

We have two locations for your convenience!

**7 Village Square Chelmsford, MA**

**1385 Lakeview Ave Dracut, MA**

Our staff consists of six physicians and two nurse practitioners with a combined experience of over 100 years of treating patients. Our physicians and staff have all have children of their own and promise to treat your child with the same compassion they would their own.

In addition to our amazing providers we also have dedicated nurses, medical assistants, billing, referral specialists as well as an in house mental health counselor along and several welcoming medical receptionists ready to assist you with all your needs.

We also offer a lab on site Monday - Friday, 9:00 am to 5:00 pm as well as a provider on call 24/7 for any of life's uncertainties.

Children can be seen in either office, six days a week:

**Chelmsford Office:**

**Monday-Thursday / 8:30am to 6:00pm**

**Friday / 8:30am to 5:00pm**

**Saturday / 8:30am to Noon**

**Dracut Office:**

**Monday-Friday / 9:00am to 5:00pm**

We are seeing patients both in office and via telehealth. Our goal is to keep well patients and sick patients separated for your safety as well as provide deep cleaning in between each patient.



Welcome to the Chelmsford Pediatrics Family!



Phone: 978-256-4363



Fax: 978-256-1565



[www.chelmsfordpediatrics.com](http://www.chelmsfordpediatrics.com)



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CHELMSFORD PEDIATRICS, LLC MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice has been updated in accordance with the HIPAA Omnibus Rule and is effective March 1, 2013.

Chelmsford Pediatrics is required by law to maintain the privacy of your protected health information. This information consists of records related to your health, including demographic information, either created by Chelmsford Pediatrics or received by Chelmsford Pediatrics from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. Chelmsford Pediatrics will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information.<sup>1</sup>

### OUR RESPONSIBILITIES

Chelmsford Pediatrics is required to:

- Maintain the privacy of your health information.
  - Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
  - Abide by the terms of the Notice currently in effect.
  - Notify you in writing if we are unable to agree to a requested restriction.
  - Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. Notify you in writing of a breach where your unsecured PHI has been accessed, acquired, used or disclosed to an unauthorized person.
- "Unsecured PHI" refers to PHI that is not secured through the use of technologies or methodologies that render PHI unusable, unreadable or indecipherable to unauthorized individuals.

Chelmsford Pediatrics reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information we maintain. Should our information practices change, such revised Notices will be made available to you. An individual may obtain a copy of the current Notice from our office at any time.

### Uses and Disclosures of Your Protected Health Information not Requiring Your Consent

Chelmsford Pediatrics may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

#### Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, Chelmsford Pediatrics may determine that you require the services of a specialist. In referring you to another doctor, Chelmsford Pediatrics may share or transfer your healthcare information to that doctor.

#### Payment activities may include:

- Activities undertaken by Chelmsford Pediatrics to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage; Managing claims and contacting your insurance company regarding payment; Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, Chelmsford Pediatrics will submit claims to your insurance company on your behalf. This claim identifies you, your diagnoses, and the services provided to you.

**If you pay for healthcare services in full and out of pocket, you can request that Chelmsford Pediatrics not disclose any information about that service to an insurance company. This request must be in writing, and must identify what information is restricted, and what insurance company is not to receive it.**

- Please note, Chelmsford Pediatrics **will not** use your protected health information for the purpose of **fund raising or marketing**.

#### Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, Chelmsford Pediatrics may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

Chelmsford Pediatrics may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Chelmsford Pediatrics is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law.
- In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court

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<sup>1</sup> This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520.

officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.

For public health activities.

We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure.

We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release healthcare records, including treatment records and HIV test results, to the Food and Drug Administration when required by federal law. We may disclose healthcare records, except for HIV test results, for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.

For health oversight activities.

We may disclose healthcare records, including treatment records, in response to a written request by a federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies, without written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases.

- **Judicial and Administrative Proceedings.**

Patient healthcare records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.

For activities related to death.

We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.

For research.

Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

- **To avoid a serious threat to health or safety.**

We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

For workers' compensation.

We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

Chelmsford Pediatrics will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Chelmsford Pediatrics has taken action in reliance thereon. Any revocation must be in writing.

#### Your Rights Regarding Your Protected Health Information (PHI)

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Chelmsford Pediatrics to carry out treatment, payment or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. Chelmsford Pediatrics may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that Chelmsford Pediatrics send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that Chelmsford Pediatrics not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

You have the right to request that Chelmsford Pediatrics amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your protected health information made by Chelmsford Pediatrics for the six years prior to the date of the request, beginning with disclosures made after March 1, 2013. We are not required, however, to record disclosures we make pursuant to a signed consent or authorization.

You may request and receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically.

Any person or patient may file a complaint with Chelmsford Pediatrics and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Chelmsford Pediatrics, please contact the Privacy Officer at the following:

Chelmsford Pediatrics, LLC  
7 Village Square  
Chelmsford, MA 01824  
(978) 256-4363

It is the policy of Chelmsford Pediatrics that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

The physicians and nurse practitioners, and staff at Chelmsford Pediatrics have always endeavored to be good partners with our patients and families. We strive to provide information to help parents make the right decisions for each child's health. As your child's medical home, we bring our medical expertise and you bring knowledge of your child to these healthcare decisions. The establishment of trust between healthcare provider and patient is at the forefront of our work. If caregivers are not willing to accept trusted scientific sources of information, it is very difficult to maintain a positive relationship and provide quality care.

**We recommend fully immunizing children according to the standard immunization [schedule](#).**

Today, thanks to the development and widespread use of vaccines, the frequency of vaccine-preventable illnesses has been vastly reduced, and in some cases nearly eliminated. As a result, the occurrence of debilitating side-effects or death from illnesses such as meningitis has been greatly reduced in children over the past thirty years. Unfortunately, many parents may be confused about the value and safety of vaccines due to misinformation. If you have any questions or concerns about vaccine safety, please discuss your concerns with us.

You can also find reliable information at: [The Vaccine Education Center](#) or [American Academy of Pediatrics](#)

Children who are unimmunized or under-immunized may pose a significant risk to some of the most vulnerable members of our community, including newborns, children who are immune-compromised due to cancer or other chronic illness, pregnant mothers or elderly relatives.

**Therefore, we will no longer accept any new patients to our practice who choose not to vaccinate to the standards of the [Massachusetts Immunization Requirements for School Entry](#).**

Some of our parents prefer to utilize alternative vaccine schedules. The AAP and the Center for Disease Control and Prevention (CDC) both recommend administering multiple immunizations at each visit and not "splitting" vaccines. Multiple shots and combination vaccines are utilized for three main reasons:

1. to provide broad immunologic protection to children when they are young and most vulnerable
2. to minimize the absolute number of shots needed
3. to minimize the number of office visits, and thus the likelihood of medical error

Administration of simultaneous immunizations has been extensively studied and determined to be safe and efficacious. There is no negative effect on the normal childhood immune system. There is no medical benefit to splitting shots (and there is increased potential for harm by doing so).

We at Chelmsford Pediatrics strongly support these recommendations. Splitting vaccines leads to medical errors and increases risk to the under vaccinated child, in addition to delaying full vaccination status.

Parents who insist on diverging from the recommended vaccine schedule will be asked to sign a waiver stating that they are aware of the potential risks inherent in doing so (including, but not limited to, decreased immunity to potential life-threatening infections), as well as the lack of medical benefit from splitting shots. In addition, the parents will be asked to provide (in writing) their proposed vaccine schedule for provider approval. *Families who fail to adhere to this alternate schedule (once agreed upon) or parents unwilling to sign the waiver will be asked to leave the practice.*

We hope you will join us in our mission to keep your children and your community safe and healthy.

### **REFERRALS:**

All specialist referrals must be directed by my Child's PCP only.

Not all of the specialists in your health plan's network are part of our group. It's very important to always discuss your clinical condition and concerns with your child's PCP to determine together if a specialist visit is needed and which doctor is best for you.

### **REFERRAL AUTHORIZATIONS:**

Please allow the office 1 week to process a referral authorization. This process is detailed and requires time for accuracy.

### **PRESCRIPTION REFILLS:**

Refills can take up to 48 business hours to process; don't wait until you are empty. Refill requests cannot be filled by the overnight on-call physicians.

### **NO SHOWS:**

Appointment cancellations and reschedules require 24 hours notice. Short notice (<24hrs) will result in a \$25.00 fee and possible dismissal from the practice.

### **FORMS / APPLICATIONS / CERTIFICATES OF HEALTH:**

Processing paperwork takes time, please allow up to 10 business days for the providers and nursing staff to complete the documentation. Certificates of health are only valid only for 1 year from the date of the physical. Make sure your child's physical is current before submitting any paperwork.

### **FINANCIAL RESPONSIBILITY**

\* I understand that I will be responsible for any procedure or services rendered at Chelmsford Pediatrics, LLC that is not covered or rejected by my insurance for any reason.

\* I have listed a Physician at Chelmsford Pediatrics as my child's Primary Care Physician (PCP)

\* I understand that I am responsible for any charges, including all copays if my child's PCP is not listed correctly with his/her insurance plan.

☐ **I understand the policies listed above and agree to comply.**

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Family Health History

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please complete your child's family medical history. Your responses should reflect the history of **biological** family members only. Place a check in the box that corresponds with the health of the individuals indicated at the top of the chart.

Medical Condition	Mother	Father	Sister Name	Brother Name	Other Siblings Names	Medical Condition	Mother	Father	Sister Name	Brother Name	Other Siblings Names
ADHD						Heart Disease					
Allergies						Hip Dysplasia					
Anemia						Hypercholesterolemia					
Asthma						Hypertension					
Autism Spectrum Disorder						Kidney Disease					
Cancer						Mental Health Problems					
Chronic Infectious Disease						Behavioral Problems					
Chronic Inflammatory Disease						Sudden Death					
Deafness						Thyroid Disease					
Developmental Delay						Transplant					
Diabetes Mellitus						Other:					
Epilepsy						Other:					

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please list full (first and last) names of all other children:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MALE / FEMALE

DOB: \_\_\_\_\_

MALE / FEMALE

DOB: \_\_\_\_\_

MALE / FEMALE

DOB: \_\_\_\_\_

## Health Information Exchange (HIE)

Lowell General Hospital participates in a Health Information Exchange (HIE) which is an organization that allows health care provider in different places to access information about yourchild so that each provider has a complete picture of your health. HIE's can also avoid the need for you to undergo duplicate tests conducted elsewhere. The information that may be provided toHIE includes both medical and demographic Information about you. HIE allows Chelmsford Pediatrics to receive your child's Lab and Radiology results from Lowell General Hospital and isnot designed for us to share the information.

Please choose your participation by checking one of the following & signing.

\_\_\_ OPT IN / Agree to share information \_\_\_OPT OUT / Do not Share information

Printed Name of Parent / Guardian: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Please print full names of all other children:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/ Female

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/ Female

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/ Female

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/ Female

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/ Female



## IMMUNIZATION

## PROGRAM VACCINES FOR CHILDREN PROGRAM

## Patient Eligibility Screening Form

Initial Screening Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent, guardian, or legal representative's full name: \_\_\_\_\_

Health care provider's full name: \_\_\_\_\_

This form must be completed for all children under 19 years old and kept in the child's medical record or on file in the office. The form may be completed by the parent, guardian, or legal representative, or by the healthcare provider. Verification of responses is not required. This form should be completed only once, unless the child's insurance status changes. Please use the back of this form to document changes in status.

Check only one box below:

This child *is* eligible for immunizations through the federal VFC Program because he/she:

- ☐ 'is enrolled in Medicaid (includes MassHealth and HMOs, etc., if enrolled through Medicaid)
- ☐ Does not have health insurance. (also check this box for children enrolled in the Children's Medical Security Plan)
- ☐ is American Indian (Native American) or Alaska Native
- ☐ This child is not VFC-eligible
- ☐ has health insurance and is not American Indian (Native American) or Alaska Native

\*This form identifies which children are eligible for vaccines through the federal Vaccines for Children (VFC) program. If one of the first three boxes in this section above is checked, the child is VFC-eligible.

## Patient HIPAA, RX History and MIIS

### HIPAA

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment)
- Obtaining payment from third party payers (e.g., my insurance company)
- The day-to-day healthcare operations of your practice.

I have also been informed of and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

### MIIS

Massachusetts law (M.G.L. c. 111, Section 24M) requires providers to report immunization information to a computerized immunization registry known as the Massachusetts Immunization Information System (MIIS). The MIIS stores immunization records for you and your healthcare provider and can help prevent outbreaks of disease like measles and the flu. All information in the MIIS is kept secure and confidential. The MIIS allows information to be shared with health care providers, school nurses, local boards of health, and state agencies concerned with immunization.

You have the right to object to the sharing of your immunization information across providers in the MIIS. For more information, please ask your healthcare provider visit the MIIS website at [mass.gov/dph/miis](http://mass.gov/dph/miis) or contact the Massachusetts Immunization Program directly at **617-983-6800** or **888-658-2850**.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with the restriction.

### RX HISTORY

I authorize Chelmsford Pediatrics, LLC, and its Affiliated Providers to view my external prescription history via the RxHub Service. I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by my providers and staff here.

I authorize Chelmsford Pediatrics, LLC and its Affiliated Providers to leave voice messages on my cell phone, land line, or other phone number that I have provided.

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_