



Patient Identification Information

Child's Last Name:	First Name:	Middle Name:	Sex:	DOB:
Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				
Ethnicity: <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Not Latino/Hispanic		Primary Language Spoken in Home:		
Due to privacy laws regarding the protection of your child's information we must ask the following questions: Child's Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law/Cohabitation If Divorced/Separated which parent is the custodial parent by court order:				
Patient's Preferred Provider: <input type="checkbox"/> Dr. Johnson <input type="checkbox"/> Dr. Fisk <input type="checkbox"/> Dr. Smith <input type="checkbox"/> Dr. Aguilar <input type="checkbox"/> Dr. Ward <input type="checkbox"/> Dr. Emmert <input type="checkbox"/> Dr. Roitman-Geller <input type="checkbox"/> Dr. Dyer <input type="checkbox"/> Dr. Velarde <input type="checkbox"/> Dr. Hicks <input type="checkbox"/> Marcia Winters <input type="checkbox"/> Heather Bryant <input type="checkbox"/> Cori Thompson <input type="checkbox"/> Maryphyllis Crean				

Parent/Guardian's Information

Last Name:	First Name:	MI:	Sex:	DOB:
Address:		City:	State:	ZIP:
Home Phone:		Cell Phone:		
E-Mail Address:				
Employer:		Occupation:		

Parent/Guardian's Information

Last Name:	First Name:	MI:	Sex:	DOB:
Address:		City:	State:	ZIP:
Home Phone:		Cell Phone:		
E-Mail Address:				
Employer:		Occupation:		

Insurance

Name of Insurance:	Effective Date:	Customer Service Telephone Number:
Policyholder's Name:		DOB:
Member Number:	Group Number:	

Signature of Person Completing This Form:	Date:
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How did you hear about Interlachen Pediatrics? <input type="checkbox"/> Currently Established <input type="checkbox"/> Friend/Family <input type="checkbox"/> Hospital <input type="checkbox"/> Insurance Company <input type="checkbox"/> IP Website <input type="checkbox"/> OB/GYN <input type="checkbox"/> Other Name of Friend, Doctor, Hospital or Other Source of Referral: _____
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Thank you for allowing us to care for your child!



INTERLACHEN
PEDIATRICS

Consent and Authorizations

Your Signature Will Serve for All of the Following:

Consent: I hereby give consent for Interlachen Pediatrics, P.A. to provide necessary treatments discussed. I have received a copy of the Privacy Policy of Interlachen Pediatrics, P.A. and authorize use/disclosure of information to coordinate and/or manage my child's healthcare and any related services, receive payment for services and perform general healthcare operations.

Interlachen Pediatrics, P.A. may contact me at my primary phone number or other alternate phone number I have provided. If I am not available Interlachen Pediatrics, P.A. may leave a message on voice mail in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations (TPO), such as appointment reminders, insurance items and any calls pertaining to clinical care, including laboratory and radiology results among others as per the Privacy Policy. In addition, Interlachen Pediatrics, P.A. may contact me via text message at my mobile phone number I have provided to send me appointment reminders for my child, notify me of health reminders, office information and other items that assist in carrying out TPO.

Interlachen Pediatrics, P.A. may mail to my home, other alternate address, or the secure patient portal, any items that assist the practice in carrying out TPO, such as appointment reminder cards, patient statements, school immunization and or physical forms; all correspondence mailed to a physical address will be marked "Personal and Confidential".

Interlachen Pediatrics, P.A. may e-mail my personal e-mail address, or any other alternate e-mail I have provided, any items that assist the practice in carrying out TPO.

Interlachen Pediatrics, P.A. may contact me through the secure patient portal to discuss treatment, payment and health care operations (TPO) including, but not limited to; laboratory and imaging results, immunization history, medication refills, insurance information and billing.

Medical Release: I authorize any holder of medical or other documentation about my child(ren) to release to Interlachen Pediatrics, P.A. , independent laboratories and insurance carriers any information needed for claims processing and payments. I permit a copy of this authorization to be used in place of the original.

Insurance Authorization: I authorize payment of medical benefits directly to the Interlachen Pediatrics and/or the attending physician for services rendered.

Financial Responsibility: I have received a copy of Interlachen Pediatrics, P.A. Financial Policy and agree to abide by the terms set forth. I acknowledge that I am ultimately responsible for all charges incurred by my child(ren). It is my responsibility to provide the office with all necessary information to file insurance claims, and to notify the office of changes in coverage prior to any visits. *I understand it is my responsibility to know my insurance coverage and benefits, including contracted laboratories/hospitals where my child(ren) may receive care.* I understand all co-pays, patient percentages and deductibles are due at the time services are rendered. I will be responsible for any charges not covered by my insurance policy.

Nondiscrimination Statement: Interlachen Pediatrics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, nation origin, age, disability, sex or sexual orientation.

Signature

Date

Relationship

Child's Name



INTERLACHEN
PEDIATRICS

Financial Policy

Interlachen Pediatrics strives to provide excellent care while attempting to keep healthcare costs as low as possible. The following information is provided to help you understand your responsibilities as well as the policies and procedures of Interlachen Pediatrics.

Insurance:

Interlachen Pediatrics only bills insurance companies for which we are contracted providers (please visit our website for the current list of contracted insurance companies). We accept H.S.A. insurances but your full balance will be payable at the time of service. Insurance information must be provided prior to the appointment. It is your responsibility to provide us with up-to-date insurance information, know your effective dates of coverage, and benefit limitations. The following are specific areas you should be aware of as they pertain to your insurance benefits:

- a. **Co-pays:** We are required by our insurance contracts to collect all co-pays at the time of service.
- b. **Assignment of Benefits and Timely Payment:** Your insurance carrier is required to remit payment or provide a written response within thirty (30) days of receipt of the claim. If a problem occurs with your claim, you will be asked to assist in resolving the issue.
- c. **Newborns:** You must notify your insurance carrier as soon as possible of the birth of your child (ren). In addition, you generally have thirty (30) days to complete an enrollment form and forward it to your employer/broker to complete enrollment of your newborn. If this is not done in the specified time frame you will become responsible for all charges incurred on the account.
- d. **Vaccines:** If your child is uninsured please notify our staff. We participate in the Vaccines for Children (VFC) program that provides federally funded vaccines that reduce your costs significantly. You will be responsible for the cost of the administration fees. Additionally, many insurance carriers have limited or no benefits for some or all vaccines. It is your responsibility to know your individual plan benefits as they pertain to vaccine coverage. If your child's vaccine coverage is limited they too may be eligible for the VFC program, however, they would need to receive the vaccines at a Federally Qualified Health Center (FQHC). **We are not an FQHC and cannot give VFC vaccines to underinsured children.**
- e. **Well-child visits:** Insurance companies consider a preventative exam (well-child or physical visit) a healthy exam without mention of any medical complaints. During this visit, the physician or nurse practitioner examines all of the body systems and order appropriate lab services and procedures associated with a healthy preventative exam for your child's age group. If at the time of your child's well exam other health issues are treated, evaluated or discussed, those additional problems/diagnoses must be reported to the insurance company under an additional visit code. Depending on the insurance plan, this may require an additional copay, coinsurance or may be applied to your deductible.

Signature

Date

Printed Name

Patient Payments:

Payments are due at the time services are rendered. This includes patient co-pays, co-insurance, and deductibles. Interlachen Pediatrics accepts the following: cash, check, and credit/debit cards (American Express, Discover, MasterCard, and Visa). If you are unable to pay at the time service, you may speak with the Business Office and set up payment arrangements. All balances will be due in full 90 days from the date of service.

Patient Statements:

Statements will be generated on a monthly basis for any unpaid balances. It is your responsibility to provide us with your new address when you have moved. Balances are due upon receipt of the statement. If you do not satisfy the outstanding charges or make payment arrangements within sixty (60) days, your account will be assessed a late payment charge of 1.5% or \$5.00, whichever is greater. You can contact the Business Office by calling 407-767-2477 and selecting option 7 for the Business Office.

Past Due Accounts:

If your account becomes past due we will take the necessary steps to collect this debt. This may include referral of your account to a collection agency or attorney. You agree to pay all collection and legal fees incurred to pursue collection of your debt. If legal action is required, you agree the venue shall be in Orlando, Florida. Accounts sent to a collection agency may be listed on your credit report. If your account is referred for non-payment to an outside agency, the Providers of Interlachen Pediatrics will no longer provide medical care for your children. Upon referral of your account, you will be notified in writing that you have thirty (30) days to establish other medical care and during that time Interlachen Pediatrics will only provide emergency care.

Miscellaneous Office Charges:

- a. **Missed/Cancelled Appointments:** Interlachen Pediatrics values the time of every family we provide care to, however, we also understand at times cancellations are inevitable. As a courtesy, we ask you to notify our office as soon as possible, but no later than 2 p.m. on the day prior to the scheduled date of the appointment (or by 2 p.m. on Friday for a Monday appointment). If you are unable to notify us or notify us after 2 p.m. the day prior to the scheduled appointment, Interlachen Pediatrics will assess a \$25.00 fee for the missed appointment/late cancellation. This fee is not covered by insurance and will not be billed.
 - b. **Returned Checks:** Interlachen Pediatrics assesses a fee of \$20.00 for any returned checks.
 - c. **After-Hours Calls:** Interlachen Pediatrics provides an after-hours nurse triage service to assist with urgent calls. A fee of \$30.00 will be assessed to your account for all after-hours calls.
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Divorce:

Interlachen Pediatrics understands the sensitive nature divorce has on the family. We want to provide the best care possible for your child or children. In order to do so, we ask questions such as who the child lives with and which parent is the custodial and non-custodial parent. Parents who are divorced will be expected to review Interlachen Pediatrics' Policy for Divorced and Separated Parents. This is not a legal document, but rather clearly identifies expectations for all parties involved. We also understand there are many different financial agreements between parents for handling medical expenses for children, however, Interlachen Pediatrics cannot be expected to review and interpret legal documents, nor enforce agreements which were made between the parents and not our office. To that end, it is our policy to hold both parents equally responsible for any outstanding balances on the account, therefore, it is imperative to have accurate information for both parents on file with our office.

Patient's Name: _____
 Date of Birth: _____

Name of Person Completing Form: _____
 Relationship to Patient: _____

Patient Health History

Today's Date: _____									
PREGNANCY/BIRTH HISTORY (Please place a "✓" below Yes/No column)								YES	NO
Birth Weight: _____ Lbs. _____ Oz. Delivery: Vaginal or Cesarean Section (choose one)									
Did mother have any illnesses or problems during pregnancy? _____									
Did mother take any drugs or medication during pregnancy other than iron or vitamins? If yes, what? _____									
Did mother drink ANY form of alcohol during pregnancy?									
Were there any ABNORMAL tests during pregnancy? (blood test, ultrasounds, etc.) _____									
Did the baby arrive early or late? If yes, how many weeks? _____									
Were there any problems at the delivery? _____									
Did the baby have any problems? (breathing problems, jaundice, cyanosis, etc.) If yes, explain: _____									
PATIENT'S PAST HISTORY (Please place a "✓" below Yes/No column)								YES	NO
At what age did your child do the following: _____									
Stand? _____		Walk? _____		Roll over? _____		Sit? _____			
				Start talking? _____		Become toilet trained? _____			
Has your child...			YES	NO	Does your child...				
had more than (4) ear infections?					have more than (5) colds or sore throats each year?				
had "asthma" or "wheezing" more than (2) times?					usually get an ear infection after a cold?				
had any feeding or gastrointestinal problems?					seem to have a continuous "stuffy" nose or constant cold?				
had any visual or eye problems?					Have any of your children died?				
ever had a convulsion or seizure?									
Has your child had any problems with urination or urinary tract (kidney) infections? _____									
Has your child had any heart problems? What? _____									
Has your child had any ALLERGIC REACTIONS TO MEDICATIONS? What? _____									
Has your child ever been hospitalized or had any surgery? What? _____									
Does your child have any other medical or psychological problem we should know about? Please explain: _____									
FAMILY HISTORY: Please list any family members that have the following problems; include parents, grandparents, aunts, uncles, and cousins ANSWER AS IF ANSWERING FOR YOUR CHILD									
AIDS (HIV+ test) _____			Early Deafness _____			Tuberculosis (TB) _____			
Depression _____			Anemia _____			Alcohol Problems _____			
Thyroid Problems _____			Bleeding Problems _____			Drug Problems _____			
Diabetes _____			Migraines _____			Psychiatric Problems _____			
Cancer/Leukemia _____			Asthma _____			Seizure/Epilepsy _____			
Crib Death (SIDS) _____			Allergies/Hay Fever _____			Kidney Problems _____			
Sinus Problems _____			Eczema _____			Lazy Eye _____			
Inherited Disorders _____			Cystic Fibrosis _____			Rheumatoid Arthritis _____			
Sickle Cell Anemia (or Trait) _____			Lupus _____			Other _____			
Place a "✓" in all that apply	Mother	Father	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Sibling 1	Sibling 2	
Obesity									
Cardiovascular Disease									
High Blood Pressure									
Stroke									
High Cholesterol									
High Triglyceride									
Type 1 or 2 Diabetes									



INTERLACHEN
PEDIATRICS

Consent for Release of Confidential Medical Records

Patient Name: _____ Date of Birth: _____

Purpose/ Need for Information:

- Continuing Medical Care (Referral to Specialist)
 Insurance
 Legal Review/Action
 Personal Use
 Changing Physicians
 Moving
 Over 18
 Dissatisfied with Care
 Other (Please Specify) _____

Specific Documentation Requested:

- Our Visit Notes
 Immunizations
 Laboratory Reports
 Radiology Reports
 Consultations
 Behavioral/Psychiatric (please initial) _____
 Other (Please Specify) _____

This information, including diagnosis and records of any evaluation, examination and/or treatment rendered to the above named during the period: _____

I request and authorize Interlachen Pediatrics to RELEASE OBTAIN medical information, which may include patient psychiatric counseling and treatment information and/or other sensitive information pursuant to Florida Statutes 394.459 (9), 397.053, 396.112, 381.609 and 397.501 (3) for the patient(s) named above TO / FROM (please circle one):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I understand this consent will automatically expire in ninety (90) days from the date of my signature, or when the request has been processed, whichever comes sooner. I also understand it is subject to revocation in writing at any time before the expiration date except to the extent that action has already been taken. I understand any information previously disclosed would not be subject to my revocation request. Additionally, the information described above may be re-disclosed by Interlachen Pediatric and therefore may no longer be protected by Federal privacy regulations. I may inspect or request copies of any information disclosed by this authorization if Interlachen Pediatrics initiated this request for disclosure. I may refuse to sign this authorization and my refusal to sign will not affect my ability to obtain treatment, payment for healthcare services or eligibility for benefits.

Signature of Patient/ Legal Representative

Date

Printed Name

Relationship

E-mail Address* (Please provide so we may notify you when your records have been processed)

Please allow 7-10 business days for records to be processed. Thank you!

Interlachen Pediatrics

846 Lake Howell Road, Maitland, FL 32751

Phone: 407-767-2477 Fax: 407-767-1627

www.intpeds.com



INTERLACHEN PEDIATRICS

www.intpeds.com

PHYSICIANS

PATRICIA K. JOHNSON, MD
THOMAS A. FISK, MD
SAMUEL N. SMITH, DO
EMILY M. AGUILAR, MD
JULIE A. WARD, DO
MELANIE C. EMMERT, MD
GABRIELA ROITMAN-GELLER, MD
SAREH S. DYER, MD
MELISSA VELARDE, MD
SHANNON HICKS, MD

NURSE PRACTITIONERS

MARCIA WINTERS, APRN
HEATHER BRYANT, APRN
CORI THOMPSON, APRN
MARYPHYLLIS CREAN, APRN

846 LAKE HOWELL ROAD
MAITLAND, FL 32751

1000 W. BROADWAY, #100
OVIEDO, FL 32765

TEL:407.767.2477

All of the physicians in our practice are board certified in pediatrics and are Fellows in the American Academy of Pediatrics. Our medical staff shares equally in the responsibility of office visits and night call. We also employ advanced practice registered nurses that are available for well and sick childcare. They are board certified Pediatric Nurse Practitioners and have practiced in a variety of settings prior to joining our practice. Most of our physicians maintain office hours in Maitland and Oviedo so you may choose the office most convenient to you. Our office hours are 8 a.m. to 5 p.m. Monday through Friday in both locations. We see urgent visits by appointment only on Saturdays, Sundays and holidays.

WELL APPOINTMENTS

Well child office visits are scheduled by appointment. We encourage you to schedule your routine well child appointments as far in advance as possible. This will enable you to choose the physician, appointment time and office location that best suits your needs. We request that you notify us as soon as possible if you must cancel an appointment.

Prior to leaving the hospital with your newborn, we recommend you schedule your first office visit. In the case of early discharge from the hospital, a newborn less than 48 hours of age, it will be necessary for the infant to be examined the following day. When scheduling this appointment, please make sure the timing of this visit is when your child is greater than 48 hours of age so that the infant screening test can be done as required by Florida law.

We routinely follow the guidelines set by the American Academy of Pediatrics in regard to well child care. It is recommended that infants be seen as follows for physical examinations; two weeks, two months, four months, six months, nine months, twelve months, fifteen months, eighteen months. After the infant immunizations are completed at eighteen months, it is recommended children be seen on their second birthday and yearly thereafter. We recommended scheduling of your next well child visit when you are leaving the office from the current visit.

SICK APPOINTMENTS

It is our office policy to see all sick children in a timely fashion. On most occasions, you will be able to schedule an appointment with your preferred physician. If your preferred physician is unavailable, you will then be offered the first available appointment with another practitioner. We alter our schedules monthly to accommodate the variable amount of illness in the community as well as other factors. This allows us the most flexibility in appointment availability.

We encourage you to call the office as early as possible if you anticipate your child needs to be seen that day. We are available Saturday mornings for sick urgent visits by appointment only.

When medical attention for emergencies is required after hours or on a holiday, our physicians are on-call and can frequently expedite your child's care. It is important in these situations that you have educated yourself regarding the particular requirements of your child's health care plan. The information we need to know that will expedite your child's care includes which emergency rooms, hospitals and laboratory facilities are covered under your insurance plan.

TELEPHONE CONSULTATION

An answering service receives our telephone calls before and after hours. If you experience an emergency, please tell the answering service to put the call through to the doctor on-call immediately. Most medical questions will be referred to our pediatric nurse triage system, which has specific established protocols on how to manage common problems and when to call the physician. We return calls as promptly as possible. If the call is not of an emergent nature it will be given to the nurse or physician on-call at regular intervals by the answering service.

There are many illnesses that do not require an office visit. The triage nurses in our office will handle your telephone calls during regular office hours as the physicians must give priority to the patients in the office. The telephone triage system is a service to our patients but is not a substitute for physician evaluation. In fact, the nurses may recommend that the physician see your child.

You will receive the best service from our telephone triage system if you are adequately prepared when calling with the following information: 1. Child's name and age 2. Child's weight 3. Temperature— last documented 4. Child's specific complaint or problem 5. Past medical history of significance such as drug allergies, convulsions, asthma, etc. 6. A phone number where you can be reached for at least the next hour 7. Pharmacy phone number.

FEES AND PAYMENTS

It is customary to pay for medical services when they are rendered. The parent or responsible adult that comes in with the child to the office should be prepared to pay for services when rendered at the time of the visit.

INSURANCE

Our office files insurance claims for insurance companies for which we are a provider. Due to the fact our office processes all claims through our electronic health record system, we do not customarily provide a breakdown of the services rendered. We would be more than happy to do so if needed for reimbursement from your insurance company or flex spending account. Please contact the Business Office at 407-767-2477, option 7, to obtain this information.

Please remember insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. It is your responsibility to pay for any deductible amount, co-insurance, co-payment, or any balance not paid by your insurance company.

NONDISCRIMINATION STATEMENT

Interlachen Pediatrics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Patricia K. Johnson, M.D., grew up in northern Virginia and attended college and medical school at the University of Virginia. She completed her postgraduate training at the Medical College of Virginia. Dr. Johnson spent two years serving as a pediatrician for the U.S. Public Health Service in Kentucky. She also practiced in Bloomington, IN, for two years prior to moving to Orlando in 1990. Dr. Johnson has three children Rachel, Daniel and Adam. Her husband, Michael is an Associate Dean in the College of Sciences at the University of Central Florida. [Dr. Johnson joined Interlachen Pediatrics in 1991.](#)

Thomas A. Fisk, M.D., was born in Charleston, South Carolina and grew up in Atlanta, Georgia. He attended college and medical school at Emory University. He performed residency at Wilford Hall USAF Medical Center in San Antonio, Texas. For the next four years he practiced as a pediatrician in the Air Force in such places as Hampton, VA, and Misawa, Japan. His family includes his wife Deborah and his sons, Adam and Ryan. [Dr. Fisk joined Interlachen Pediatrics in 1992.](#)

Samuel N. Smith, D.O., a native of Orlando, received his B.S. degree from the University of Central Florida. He completed his medical training at the Southeastern College of Osteopathic Medicine in Miami. He performed a year of general internship at Metropolitan General Hospital in Pinellas Park, Florida prior to completing his postgraduate pediatric training at Arnold Palmer Hospital for women and children. Dr. Smith and his wife, Laurie, have a daughter, Rebekah. [Dr. Smith joined Interlachen Pediatrics in 1992.](#)

Emily Aguilar, M.D., is originally from Rochester, NY. She attended the State University of New York at Buffalo for both her undergraduate degree and medical education. Following completion of her medical doctor degree, she continued her postgraduate training at Arnold Palmer Hospital in Orlando. Dr. Aguilar lives with her husband Marcelo, who is a commercial pilot. They have three children, Sophia, Daniel and Gabriel. [Dr. Aguilar joined Interlachen Pediatrics in 2001.](#)

Julie Ward, D.O., was born in Jacksonville, FL and completed her undergraduate degree at Florida State University. She completed her medical degree at Nova Southeastern College of Osteopathic Medicine in Miami. Following a year of general internship at Florida Hospital in Orlando, she finished her residency training at Arnold Palmer Hospital in Orlando. Dr. Ward and her husband, Steve, have two children, Shelby and Tanner. [Dr. Ward joined Interlachen Pediatrics in 2001.](#)

Melanie H. Emmert, M.D., was born in Frankfort, KY and received her undergraduate degree at Transylvania University. Following her education at the University of Kentucky College of Medicine, she completed pediatric residency training at Arnold Palmer Hospital. After residency she worked in a group practice in her Kentucky hometown for two years. Dr. Emmert and her husband, Adam, who serves as a local hospital chaplain, returned to Florida in 2009. They have three children, Karissa and twins Annelise and Luke. [Dr. Emmert joined Interlachen Pediatrics in 2009.](#)

Gabriela Roitman-Geller, M.D., received her medical degree from the University of Buenos Aires Medical School. She completed her residency at the Medical College of Pennsylvania being assigned to the prestigious St. Christopher's Hospital for Children and also Children's Hospital of Philadelphia. She first began private practice pediatrics in Kentucky in 1995 before relocating to Orlando, where she has been in private practice since 1997. Dr. Roitman-Geller has a particular interest in infectious disease and respiratory illness. When not providing excellent care as a pediatrician, she enjoys spending time with her family, which includes husband, Rick and their four children; Hannah, Max, Melissa and Caroline. Dr. Roitman-Geller also enjoys gourmet cooking. [Dr. Roitman-Geller joined Interlachen Pediatrics in 2013.](#)

Sarah S. Dyer, M.D., was born in Jacksonville, FL. She received her undergraduate degree in Orlando at the University of Central Florida, and went to medical school at Florida State University. She completed her medical residency training at Arnold Palmer Hospital. She is an active member of the American Academy of Pediatrics, the Central Florida Pediatric Society and the Orlando "Reach Out and Read" program. Dr. Dyer enjoys teaching medical students and residents in the area. She is happily married to her husband, Zach, and they have one son, Noah. They enjoy traveling and being active outdoors. [Dr. Dyer joined Interlachen Pediatrics in 2015.](#)

Melissa Velarde, M.D., was born in Venezuela and moved to South Florida at age 9. She completed her undergraduate studies at Pensacola Christian College and then went on to Florida State University for her medical degree. Dr. Velarde completed her medical residency at Arnold Palmer Hospital. She is an active member of the American Academy of Pediatrics. Dr. Velarde is bilingual being fluent in both English and Spanish. She enjoys teaching and volunteering in community health programs. She was married in 2014 and enjoys spending time with her family and traveling. [Dr. Velarde joined Interlachen Pediatrics in 2016.](#)

Shannon Hicks, M.D., is originally from North Carolina; however, her studies have taken her all over the world. As an undergraduate student, she taught elementary school children in Spain. Travel also played an integral role in her graduate studies, where she travelled to the Philippines and Zambia to foster better health for under served children. Dr. Hicks attended medical school at East Carolina University, and completed her residency training through the University of Florida residency program at Orlando Health. She enjoys singing, traveling, cooking, DIY projects, and is versed in Spanish. [Dr. Hicks joined Interlachen Pediatrics in 2019.](#)

Marcia L. Winters, APRN, was born in Kentucky and has lived in Florida since 1968. She completed her B.S. degree in nursing at Florida State University in 1978. She obtained her master's degree in nursing from the University of Florida in 1987 and is a board certified pediatric nurse practitioner. She has been a pediatric nurse practitioner in Orlando since 1991. Mrs. Winters has two daughters, Jennifer and Andrea. [Mrs. Winters joined Interlachen Pediatrics in 1996.](#)

Heather Bryant, APRN, was born and raised in Seattle, WA. She earned both her Bachelor's and Master's of Science in Nursing from the University of Central Florida. She is board certified through the Pediatric Nursing Certification Board (PNCB). She worked for eight years as an RN at Arnold Palmer Hospital in the ICU prior to becoming a Nurse Practitioner. She is married and has two boys. She enjoys family time, reading, exercising and helping to keep children healthy and happy. [Mrs. Bryant joined Interlachen Pediatrics in 2011.](#)

Cori Thompson, APRN, a native Floridian, completed her BS in nursing at the University of Florida in 2007. She then began working as a pediatric RN at a local hospital in 2008. Cori went on to complete her MS in nursing in 2014 at the University of Central Florida. She is board certified as an Advanced Registered Nurse Practitioner. Cori is married and she and her husband were delighted to recently become parents to a baby boy. [Mrs. Thompson joined Interlachen Pediatrics in 2015.](#)

Maryphyllis Crean, APRN, was raised in Vander Park and attended St. Margaret Mary and Bishop Moore High School. Following her graduation she moved to Nashville, TN, to attend Vanderbilt University where she completed both her undergraduate and graduate training. Maryphyllis earned her BS in child development in 2013, and her MS in nursing in 2015. She received clinical training at Vanderbilt University Hospital as well as various pediatric clinics in Central Florida. [Ms. Crean joined Interlachen Pediatrics in 2015.](#)

New Interlachen Pediatrics, P.A.

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR CHILD'S PROTECTED HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR CHILD'S PRIVACY

Our practice is dedicated to maintaining the privacy of your child's protected health information (PHI). In conducting our business, we will create records regarding your child and the treatment and the services we provide to your child. We are required by law to maintain the confidentiality of health information that identifies your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your child's PHI
- Your child's privacy rights regarding their PHI
- Our obligations concerning the use and disclosure of your child's PHI

The terms of this notice apply to all records containing your child's PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your child's records that our practice has created or maintained in the past, and for any of your child's records that we may create in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times and on our website at www.intpeds.com. You may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Privacy Officer, c/o Medical Records, New Interlachen Pediatrics, P.A., 846 Lake Howell Road, Maitland, FL 32751 407-767-2477

C. WE MAY USE AND DISCLOSE YOUR CHILD'S PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your child's PHI.

- 1. Treatment.** Our practice may use your child's PHI to treat your child. For example, we may ask your child to have laboratory tests (such as blood or urine tests) and we may use the results to help us reach a diagnosis. We might use your child's PHI in order to write a prescription for him/her or we might disclose your child's PHI to a pharmacy when we order a prescription for him/her. Many of the people who work for our practice including but not limited to our doctors and nurses, may use and disclose your child's PHI in order to treat him/her or to assist others in your child's treatment. Additionally, we may disclose your child's PHI to others who may assist in your child's care such as relatives, babysitters or anyone who brings your child to our office for care. Finally, we may also disclose your child's PHI to other health care providers for purposes related to your child's treatment.
- 2. Payment.** Our practice may use and disclose your child's PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your child's health insurer to certify that he/she is eligible for benefits (and for what range of benefits) and we may provide your child's insurer with details regarding your child's treatment to determine if your child's insurer will cover or pay for your child's treatment. We also may use and disclose your child's PHI to obtain payment from third parties that may be responsible for such costs such as family members. Also, we may use your child's PHI to bill you directly for services and items. We may disclose your child's PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations.** Our practice may use and disclose your child's PHI to operate our business. As examples of the ways in which we may use and disclose your child's information for our operations, our practice may use your child's PHI to evaluate the quality of care you received from us or to conduct cost-management and business planning activities for our practice. We may disclose your child's PHI to other health care providers and entities to assist in their health care operations.
- 4. Appointment Reminders.** Our practice may use and disclose your child's PHI to contact you and remind you of an appointment. We may contact you by telephone, mail or through other electronic communications (i.e. text message, e-mail, secure patient portal).
- 5. Treatment Options.** Our practice may use and disclose your child's PHI to inform you of potential treatment options or alternatives.
- 6. Health-Related Benefits and Services.** Our practice may use and disclose your child's PHI to inform you of health-related benefits and services that may be of interest to you.
- 7. Release of Information to Family/Friends.** Our practice may release your child's PHI to a friend or family member that is involved in your child's care or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example the babysitter may have access to this child's medical information.
- 8. Disclosures Required By Law.** Our practice will use and disclose your child's PHI when we are required to do so by federal, state or local law.
- 9. Student Disclosures** Our practice, upon oral agreement by the patient or their parent/guardian, may disclose proof of immunization to a school where such proof is required by State or local law to permit admission into the school.

D. USE AND DISCLOSURE OF YOUR CHILD'S PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your child's protected health information:

- 1. Public Health Risks.** Our practice may disclose your child's PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - maintaining vital records such as births and deaths
 - reporting child abuse and neglect
 - preventing or controlling disease, injury or disability
 - notifying a person regarding potential exposure to a communicable disease
 - notifying a person or entity regarding a potential risk for spreading or contracting a disease or condition
 - reporting reactions to drugs or problems with products or devices
 - notifying individuals if a product or device they may be using has been recalled

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- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult (including domestic violence); however, we will only disclose this information if the individual agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to a caretaker's need to miss work due to a child's illness.

2. Health Oversight Activities. Our practice may disclose your child's PHI to a health oversight agency for activities authorized by law. Oversight activities can include for example investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative and criminal procedures or actions or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your child's PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your child's PHI in response to a discovery request, subpoena or other lawful process by another party.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency to report a crime (including the location or victim(s) of the crime, or the description, identity of the location of the perpetrator)

5. Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. PHI of the deceased patient may be released for research related activities. Additionally, PHI of a deceased patient may be released to family members or others who were involved with the care or payment for care prior to death. In the fifty years following the death of the patient their PHI will remain protected. Following this period, their information is no longer considered protected.

6. Organ and Tissue Donation. Our practice may release your child's PHI to organizations that handle organ, eye and or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. Our practice may use and disclose your child's PHI for research purposes in certain limited circumstances. We will obtain written authorization to use your child's PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your child's authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your child's privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of PHI.

8. Serious Threats to Health or Safety. Our practice may use and disclose your child's PHI when necessary to reduce or prevent a serious threat to your child's health and safety or to the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your child's PHI if the parent is a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your child's PHI to federal officials for intelligence and national security activities authorized by the law. We may also disclose your child's PHI to federal officials in order to protect the President, other officials of foreign heads of state, or to conduct investigations.

E. YOUR RIGHTS REGARDING YOUR CHILD'S PHI

You have the following rights regarding the PHI that we maintain about your child:

1. Confidential Communications. You have the right to request our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication you must make a written request to **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics, P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477** specifying the requested method of contact or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Healthcare Proxy. You are acting as a healthcare proxy for your child. This allows you access to their confidential medical records through a secure patient portal. Florida statutes provide certain rights of confidentiality for minors regarding treatment of certain conditions which do not require parental consent. Therefore, if a minor patient seeks treatment for one of those protected conditions and wishes to revoke parental consent to the portal based on confidentiality they have that right. As a parent you may request copies of medical records pertaining to visits other than those regarding the confidential condition protected by Florida statutes and may request those copies following the instructions listed below. Additionally, once your child turns 18 your access will automatically be revoked as your child is now a legal adult. The patient may elect, if they choose, to authorize you as a healthcare proxy and provide you access to the secure patient portal.

3. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your child's PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's PHI to only certain individuals involved in your child's care or the payment for your child's care, such as family members and friends. Finally, you have the right to request a restriction on the use or disclosure of your child's PHI to a health plan in the event that services have been paid in full at the time of service. In order to request a restriction in our use or disclosure of your child's PHI, you must make your request in writing to **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics, P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477**. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply to.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your child's request to **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477** in order to inspect and/or obtain a copy of your child's PHI. You may request PHI that is maintained in our Electronic Health Record be delivered to you in electronic format. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request not to exceed the legal limits as established by the statutes of the State of Florida. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however you may request a review of our denial. Another licensed health care professional chosen by us will conduct the reviews.

4. Amendment. You may ask us to amend your child's health information if you believe that it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment submit a your written request to **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny the request if you ask us to amend information that is in our opinion: (a) accurate and complete (b) not part of the PHI kept by or for our practice (c) not part of the PHI which you would be permitted to inspect and copy or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's PHI for non-treatment, non-payment or non-operations purposes. Use of your child's PHI as a part of

the routine patient care in our practice is not required to be documented. For example, when the doctor shares information with the nurse or the billing department used your child's information to file your child's insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477**. All requests for an "accounting of disclosures" must state a time period which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477**.

7. Right to File a Complaint. If you believe your child's privacy rights have been violated you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Privacy Officer, c/o Medical Records, New Interlachen Pediatrics P.A., 846 Lake Howell Road, Maitland, FL 32751 (407) 767-2477**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's PHI may be revoked at any time in writing prior to the request being processed or within 90 days, whichever comes first. After you revoke your child's authorization, we will no longer use or disclose your child's PHI for the reasons described in the authorization. Please note we are required to retain records of your child's care. The following are examples of uses and disclosures requiring prior written authorization, this list is in not intended to be an exhaustive list of all uses and disclosures requiring prior written authorization:

- a. Transfer of care to another medical provider
- b. Request copies of psychotherapy notes
- c. Release of information to a 3rd party such as an attorney
- d. Marketing
- e. Sale of PHI

F. BREACH NOTIFICATION

In the event that your child's unsecured PHI is breached we are required, upon discovering the breach, to notify you as well as the Secretary of the Department of Health and Human Services.