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Medical Information Handling Policies

We keep a record of your child's medical history including historical information we get from you or others regarding the child, physical findings, and results of tests. These records are confidential between our office and you, the parent(s) or legal guardian(s). They are available for your review at your request, and can even be amended at your request if we agree (see below). We will make copies of pertinent records that you request. Other health care providers who are consulted will be provided pertinent verbal and/or written information including medical records in order to facilitate good care for your child. Any separate requests for medical records will require parental or legal guardian written consent (signed and dated) for release.

If there is a part of the medical record that you think is inaccurate or incomplete, we may amend it, but any deletions will be made with a single line, initials, and date, and any additions will be noted as such, also initialed and dated.

Medical information sent to insurance companies is generally limited to diagnoses, procedures, and place of service, which apply to the visit being billed. Sometimes, insurance companies require audits of records in accordance with their contracts with covered patients as well as providers like us.

When other adults besides a parent or legal guardian bring a child for medical care, your consent for routine care and release of information pertinent to that care is implied. If any invasive procedures such as shots, finger sticks, or bladder catheterizations are indicated, we will contact a parent or legal guardian by phone to get consent before doing such a procedure. If there is a particular adult, such as a close relative whom you would like to assign a "power of attorney" to act in your behalf, signing for such procedures, please fill out one of our "Request for Medical Services Parents Release and Indemnity Agreement" form. If you would like us to do things differently, please indicate so here: _____

If a babysitter, grandparent, or other caretaker calls regarding your child, we will discuss pertinent information with them to the extent that it is in the interest of your child's care. We prefer to discuss such issues with the parent, but realize that it is not always possible for the parent to be available or have all the information needed to help the child. If there is another person with whom you wish us to discuss issues regarding your child such as a teacher or another person who may be able to help, we will only do so with your verbal consent.

According to law and in the interest of well being, confidentiality rules are overridden when there is a potential danger to your child or to others that require notification of public authorities. We are specifically required by law to notify child protection services if we suspect child abuse or neglect. Also, if we believe that potential harm to patients or others may occur in the absence of disclosure of otherwise confidential information, we will disclose that information to parents (in cases where the child or adolescent is holding back such information) and/or authorities (i.e., police or child protection services) to avert such harm.

Your child's records are not computerized (other than billing/insurance information) and are not available over the internet. The only people who have direct access to the written record are Drs. Field and their staff. The staff is instructed not to disclose any medical information to anyone not directly involved in the care of the patient. In dealing with other healthcare providers who are involved in the care of your child, our staff is instructed to release only the information necessary to facilitate good care. This may include such information as symptoms, test results, birth date, phone numbers, insurance policy, address, etc.

We are also required by law to have you read and sign this document. We would be happy to furnish you with a copy of this to keep if you would like.

We are happy to display patient/family pictures at the office, but because of the federal HIPAA regulations, we will ask that you sign a written consent to go with each picture displayed. It is a joy to care for your children and to be part of your lives. If there are any questions you have or if there is anything you would like to see us doing differently, please let us know.

Thank you.

I have read and understand this document and hereby sign as parent or guardian of the following child: _____

Signed: _____ Relationship to child: _____

Date: _____