

Name of patient \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\* Please refer to [www.sjpedgi.com](http://www.sjpedgi.com) This is our website for directions, links to **important & useful** information. \*\*\*\*

#### **Appointments and referrals**

We ask that you arrive at least 10-15 minutes prior to your appointment. If you are 30 minutes late you may need to wait until the end of the office session or we may ask that you reschedule the appointment.

Any patient who needs a referral will only be seen if they have an up to date referral. If not, you will need to prepay for the visit until a valid referral is received. The alternative will be for you to re-schedule the visit.

#### **Guardianship papers**

A parent or legal guardian must always be present with a minor. Custody papers must be provided before or at the time of the visit.

#### **No Show and Re-booking Policy for clinic and procedures**

Once an appointment is made, you must cancel >72 hours before the appointment so that we may allocate the time to another patient. Cancellations < 48 hours is a no show and a rebooking fee of \$25 (not refundable) is charged. Please note that arranging any procedures require a significant amount of time by staff in our office and the Surgicenter. An endoscopy requires time commitment by at least 5 professionals and a room specially allocated to your child. If your child is ill on the day of the procedure, you must call our office at 609-625-8688 to let us know.

#### **Telephone Calls**

Due to the large volume of calls, we cannot answer all calls but will make our best effort to answer telephone messages in a prompt fashion. Dr Tung will take emergency calls through his emergency phone line which is 609 736 0761 after hours and weekends. When leaving messages, it is very important to speak **very clearly and slowly**, you must leave patient name, DOB and the best number to contact you.

#### **Labs, X-rays and Biopsy results**

When Dr Tung request investigations or consultation, it is the patients responsibility to follow ALL the instructions and get ALL these completed.

Due to the large volume of results/tests, we are not able to check and remind you to get these completed. It is your responsibility to set up a follow up appointment to discuss these results. Our staff is NOT qualified and are instructed not to interpret the results over the phone. We do not routinely call results back to parents, our office policy is that Dr Tung will discuss these results with you at follow up visits, unless this is a life threatening result that requires immediate attention. Dr Tung summarizes results in his letter to your primary care physician after the follow up visit. All biopsy results are discussed 2 weeks after the procedure and that is why a follow up appointment must be made after every procedure.

#### **Primary Care Physician**

To ensure that your child gets the best quality medical care, you must have a primary care physician or family doctor to care for your child's general health. Your primary care doctor will continue to care for all of your child's general medical needs and be available to answer most of your questions. Dr. Tung is always available to your primary care doctor to answer specific questions about the child's gastrointestinal condition.

#### **Medication refills**

The office has a medication refill line 609-625-8688 (x22). To avoid delays please be sure to leave the following information:

- Spelling of the child's first and last name, DOB, Medication name, Dose, and how often your child takes it per day
- Pharmacy name, phone number and/or fax, please speak clearly and call back number slowly to ensure accuracy

In some situations your insurance company will not pay for medications if there is a generic version of this medication. Dr Tung may adjust the prescription according to these guidelines in choosing the most appropriate medication for your child. Refills must be called in one (1) week prior to running out of the medication. If you have not been keeping up with your follow up visits, Dr Tung may not know if it is appropriate to refill your medication and will ask that you schedule a follow up visit. Please do not call for medication refills during night and weekend hours except in an urgent or emergent situation. Dr. Tung may not have ready access to your child's medical record, and he may only provide the requested medication for three (3) days until he can check your child's medical record.

**Labs, X-rays, Ultrasound and Procedure Ordered** It is your responsibility to be aware of the requirements of your insurance plan. You need to know where your insurance plan allows you to go for the above.

#### **Miscellaneous forms**

The office will complete relevant form, letter of medical necessity and report pertaining to gastroenterology services received. Depending on the amount of paperwork involved please allow 5-7 business days to complete the forms. The charge for the service is \$25.

#### **Insurance Companies and Payments**

We will submit claims for services rendered to your child on your behalf. This is not a requirement but a courtesy provided by medical practitioners.

Ultimately you, as the parent, are responsible for all the charges if these are denied for ANY reason by the insurance company. You have a responsibility to keep your insurance policy current and also to update them of any queries in situations where there may be coverage provided by another insurance policy (Co-ordination of benefits). Many denials occur because your insurance company does not have this information. It is your responsibility to find out from your insurance company if any services to be provided will be covered. We will attempt to help you get pre-authorization for any procedures that require this.

#### **Copays/Co-ins/Deductible and outstanding balances**

Any copays/co-ins/deductible must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect from patients can be considered fraud. Please help us in upholding the law by paying at each visit. Any outstanding balances must be collected before the visit. If there is financial difficulty, please discuss with the staff to set up a payment plan. The task of collecting copay/co-ins/deductible from the 2nd insurance has become impossible and associated with a large number of denials. Our policy is to collect all copay/co-ins/deductible even if you have a 2nd insurance, we will provide you with a receipt of payment and you will be able to claim this directly from your 2nd insurance.

#### **Copies of Medical Records**

Dictations of all office visits are automatically faxed to your primary care physician. If you need a copy of your medical records, the handling charge will be \$1 per page. There is an additional charge for postage. For faxes, the fee is \$1 per page handling charge but there is no fee for the transmission. Results cannot be sent to a 3rd party without a signed release of information form.

I have read and agree with the above guidelines. A copy is available upon request.

Name: \_\_\_\_\_ Signed \_\_\_\_\_

Name of patient \_\_\_\_\_ DOB \_\_\_\_\_

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

**AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION**

I represent that I have the legal authority to authorize the examination and treatment of my child (patient) by South Jersey Pediatric Gastroenterology, LLC (SJPEDGI). I understand that the examination and treatment may include the use of x-rays, laboratory tests, photographs, medications, and other diagnostic procedures and tests. If surgery or invasive procedures are required, I understand that the surgery or the invasive procedure will be explained to me by the physician or physician's designee, and I will be asked to give additional written consent for such procedure. I understand that it is my responsibility to follow completely ALL the instructions for medications, to perform testing, consultation and follow up care as recommended by Dr John Tung.

I understand that in the course of treatment and in obtaining payment, SJPEDGI may share with insurance companies and other provider's medical information regarding the above-named child's treatment or condition. I consent to the sharing of such information. I understand that insurance companies sometimes deny care and payments and I give consent for Dr John Tung to appeal all denials for treatment and payment on behalf of the patient. I also give consent for any designated member of SJPEDGI to communicate with the primary care, dentist, consulting health care professional, school health care profession, teacher, social worker, care assistant, home care company, pharmacy, daycare, medical daycare, and any medical facility to facilitate his medical care.

Initial \_\_\_\_\_

**ASSIGNMENT OF BENEFITS**

I assign that payment of authorized benefits be made on my behalf to SJPEDGI for any services furnished to me or my covered beneficiaries by SJPEDGI physicians and health care providers. I authorize any holder of medical information about me or my covered beneficiaries to release my Health Insurance Plan such information needed to determine these benefits or the benefits payable for related services. If my Health Insurance Plan will not direct payment to SJPEDGI, I agree to forward to SJPEDGI all health insurance payments which I receive for the services rendered by SJPEDGI and its health care providers.

Initial \_\_\_\_\_

**Receipt of SJPEDGI Notice of Privacy Practices**

SJPEDGI is required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 to provide each patient and his/her legal representative a copy of our Notice of Privacy Practices. We are also required to obtain a signed acknowledgement of receipt from each patient and his/her legal representative. We appreciate your cooperation in signing below to fulfill this requirement. A copy of this is also available on request and on our website www.sjpedgi.com

Initial \_\_\_\_\_

**CONSENT TO CONTACT:**

**I give consent for any person designated by SJPEDGI to call, leave voice messages, text messages, emails to contact me for ALL purposes regarding my child including office appointments, all aspects of medical care, all aspects of billing, collection and insurance issues**

- : on my home answering machine
- : verbally with my spouse
- : verbally with my children or anyone residing at my home
- : verbally at my work number
- : on my voice mail at the above work number
- : on all cell phone numbers provided to SJPEDGI
- : on my email which I have provided to SJPEDGI.

Initial \_\_\_\_\_

**Statement of Financial interest in Surgicenter**

Dr John Tung has a financial interest as a shareholder in Summit Surgicenter, Atlanticare Surgicenter and Virtua Center for Surgery.

I have received, read, understood and agree with the:

1. AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION
2. ASSIGNMENT OF BENEFITS
3. I ACKNOWLEDGE RECEIPT OF SJPEDGI NOTICE OF PRIVACY PRACTICES
4. CONSENT TO CONTACT
5. STATEMENT OF FINANCIAL INTEREST IN SURGICENTERS

\_\_\_\_\_  
(SIGNATURE and NAME)

\_\_\_\_\_  
(DATE)

SOUTH JERSEY PEDIATRIC GASTROENTEROLOGY, LLC.  
NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

**A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. 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 IIHI. 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 IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI 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 records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and 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

South Jersey Pediatric Gastroenterology, LLC  
5429 Harding Highway, Suite 302  
Mays Landing, NJ 08330  
609-625-8688

**C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your IIHI.

1. **Treatment.** Our practice may use and disclose your IIHI to treat you. For example, we may ask you 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 IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice including, but not limited to, our doctors and nurses may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI 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 IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI 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 IIHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment.

5. **Treatment Options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. **Health-Related Benefits and Services.** Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

7. **Release of Information to Family/Friends.** Our practice may release your IIHI to a friend or family member that is involved in your 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. **Release of Information to School/Camp/Daycare.** Our practice may release IIHI to your child's school, camp and/or daycare provider.

9. **Disclosures Required By Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

**D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may use and disclose your IIHI to public agencies that are authorized by law to collect information for the purpose of:
  - maintaining vital records, such as births and deaths
  - reporting child abuse or neglect
  - preventing or controlling disease, injury or disability
  - notifying a person regarding potential exposure to a communicable disease
  - notifying a person 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
  - notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our practice may use and disclose your IIHI 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 IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release IIHI 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 or location of the perpetrator)
5. **Deceased Patients.** Our practice may release IIHI 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.
6. **Organ and Tissue Donation.** Our practice may release your IIHI to organizations that handle organ, eye 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. **Serious Threats to Health or Safety.** Our practice may use and

disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or 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.

8. Military. Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

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

10. Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

11. Workers Compensation. Our practice may release your IIHI for workers compensation and similar programs.

#### E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your 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, South Jersey Pediatric Gastroenterology, LLC, 5429 Harding Highway, Suite 302

Mays Landing, NJ 08330, Tel 609-625-8688

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. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to Privacy Officer, South Jersey Pediatric Gastroenterology, LLC, 5429 Harding Highway, Suite 302, Mays Landing, NJ 08330

. 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.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Privacy Officer, South Jersey Pediatric Gastroenterology, LLC, 5429 Harding Highway, Suite 302, Mays Landing, NJ 08330

in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. 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 reviews.

4. Amendment. You may ask us to amend your health information if you believe 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, your request must be made in writing and submitted to Privacy Officer, South Jersey Pediatric Gastroenterology, LLC, 5429 Harding Highway, Suite 302, Mays Landing, NJ 08330

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 your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI 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 IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as 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 using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer, South Jersey Pediatric Gastroenterology, LLC, 5429 Harding Highway, Suite 302, Mays Landing, NJ 08330

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, South Jersey Pediatric Gastroenterology, LLC, 5429 Harding Highway, Suite 302 Mays Landing, NJ 08330, 609-625-8688

7. Right to File a Complaint. If you believe your 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, South Jersey Pediatric Gastroenterology, LLC, 5429 Harding Highway, Suite 302 Mays Landing, NJ 08330. 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 IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Privacy Officer, South Jersey Pediatric Gastroenterology, LLC, 5429 Harding Highway, Suite 302, Mays Landing, NJ 08330

**WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS YOU HAVE SUPPLIED US.**