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Nicholas Argyros, M.D.
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Pediatrix

"We Care For Kids"

Yvonne M. Funcke, M.D.
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Gina D. Montion, M.D.
Cathy Kelley, P.A.-C.
Lisa Drummond, PNP
Cherilyn Jacobson, P.A.-C.
Amy Miceli, P.A.-C.

IN AN EFFORT TO PROTECT PATIENT HEALTH INFORMATION (AS SPECIFIED BY HIPAA), PEDIATRIX REQUIRES EACH PATIENT TO BE IDENTIFIED BY A PASSWORD:

THE PASSWORD WILL BE THE LAST 4 DIGITS ON THE PARENT'S SOCIAL SECURITY # (EITHER PARENT).

WHEN WILL THE PASSWORD BE REQUIRED?

WITH EVERY PHONE CALL, FAX REQUEST AND ITEM PICKED UP IN THE OFFICE YOU WILL BE REQUIRED TO PRESENT A PASSWORD TO VERIFY ACCESS TO YOUR CHILD'S HEALTH INFORMATION.

SHARE YOUR CHILD'S PASSWORD WITH THOSE WHO NEED IT.

IT IS IMPORTANT YOU GIVE YOUR CHILD'S PASSWORD TO ANYONE WHO HAS PERMISSION TO ACCESS YOUR CHILD'S HEALTH INFORMATION (I.E., GRANDPARENTS, BABYSITTERS, SCHOOL NURSES, ETC.). THIS INCLUDES (BUT IS NOT LIMITED TO) ANYONE WHO MAY BRING THE CHILD IN FOR OFFICE VISITS, RECEIVE TELEPHONE/FAX INFORMATION, OR PICK UP PRESCRIPTIONS OR INFORMATION IN THE OFFICE.

ANYONE WHO IS ASKED FOR AND CANNOT PROVIDE A CORRECT PASSWORD, WILL NOT BE GIVEN ACCESS TO PATIENT HEALTH INFORMATION!!

PLEASE PRINT NEATLY, AND FILL OUT THE INFORMATION LISTED BELOW.

PROOF

_____	_____ OR	_____
LAST 4 DIGITS OF MOTHER'S SS#	LAST 4 DIGITS OF FATHER'S SS#	4-DIGIT PASSWORD OF CHOICE IF NO SS#

_____	_____	
NAME OF PARENT/GUARDIAN SUPPLYING INFORMATION	SIGNATURE	DATE

LIST OF CHILD/CHILDREN'S NAME AND DATE OF BIRTH

FULL NAME	DATE OF BIRTH	ACCT # (OFFICE USE ONLY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF YOU HAVE HIPAA QUESTIONS, PLEASE E-MAIL pediatrix_hipaa@lycos.com

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