

Pediatric Associates of Richmond, Inc.

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It has been a pleasure being your health care provider throughout your childhood and adolescence. Because you are about to turn 18 years old, there are some things that you need to know about your health care.

Pediatric Associates of Richmond will continue to see you after you turn 18 years old. We will see you through the end of the summer after you have graduated from high school, no matter how old you are at that time. After reaching that milestone, you will also graduate from us, and it will be time for you to see a Family Practice Physician or an Internist.

At age 18, even if you are still seeing a Pediatrician, the Commonwealth of Virginia recognizes you as an adult and you oversee your health care and medical records. We want you to understand what that means to you.

HIPAA

What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act. It is a law passed by the United States Congress that governs how we protect your medical and health information. In accordance with the HIPAA Privacy Rule, every physician's office has a privacy policy that describes the policies and procedures of that practice regarding the protection of your health information. It permits you to determine who has access to your records and to whom we may disclose protected health information (PHI) by endorsing a consent form documenting your preferences. Up to this point, your parents have signed this consent and made the decisions with respect to disclosure of PHI; however, once you turn 18, you will make those decisions and you must sign the form giving the practice your consent.

As well, on our HIPAA consent form, you will need to tell us who can participate in your health care – for example, mom, dad, stepparent, or anyone else you choose. Participating in health care includes getting lab or radiology results, talking with your doctor or nurse practitioner, and seeing your medical records. You do not have to allow anyone else to participate in your health care. It is a personal decision that you will make based on your own autonomy. You can update your form at any time.

That said, there are certain circumstances that require us to release your medical information without your consent. These include a court order or subpoena, if our providers feel that you are in danger and may cause harm to yourself or others, and/or if there is knowledge or a reasonable suspicion that you are abused or neglected. Additionally, if you have a communicable disease that puts the public at risk, we are required to report

this to the local Health Department.

Health Insurance

In most instances, you will continue to be covered by your parents' health insurance policy. You need to know that although we will not disclose any information to your parents (unless you have told us it is okay to do so), your parents can get information through the health insurance company. The only way to keep a visit entirely confidential is to pay for all services out-of-pocket at the time of your appointment. If you have questions or want to discuss this further, please let us know and we can talk about what options are available to you.

Confidential Information

It does not matter who you allow to access your medical information, the following information will always remain confidential (but remember the insurance issue noted above)

- Birth control information
- Sexual activity
- Sexually transmitted infections (STI) information, including test results
- Mental health issues and treatment
- Drug and/or alcohol use

We need to make sure that we have a current phone number to contact you. You may provide your cell phone or your home phone. Please know that we do not text or email patients or your family members.

These are exciting times in your life and as the summer after high school gets closer, it is a good time to think about who your next doctor will be, especially if you have chronic medical conditions or take medications that must be renewed. On your last visit with us, remember to ask for a copy of your immunization record to take with you to your new doctor. Also, we will ask you to sign a HIPAA release form that allows us to send your new doctor a copy of your medical records.

We look forward to helping you move on to the next phase of your life. It has been a privilege caring for you and watching you grow, and we wish you happiness and good health in the future.

The Doctors and Staff of Pediatric Associates of Richmond