



TLC Pediatrics of Frisco
Seth D. Kaplan, M.D.
Leslie Katz Lestz, M.D.

OFFICE POLICIES

Welcome to the pediatric practice of Seth D. Kaplan, M.D, and Leslie Katz Lestz, M.D. Dr. Kaplan attended the Duke University School of Medicine. He completed his pediatric training at Boston Children's Hospital (Harvard University) and Boston Medical Center (Boston University). Dr. Lestz attended the Emory University School of Medicine. She completed her pediatric residency at Children's Medical Center of Dallas (University of Texas Southwestern Medical Center). Both physicians are board certified in pediatrics.

Office Hours: Office hours are 8:00 a.m. to 4:30 p.m. weekdays; there are no regularly scheduled office hours on the weekends. The office is closed and phones turned over to the answering service between 12:00p.m. and 1:00 p.m. for lunch. You may leave a message during this time or page the doctor through the answering service for any urgent issues.

Dr. Kaplan does not regularly schedule office visits on Wednesdays. Dr. Lestz does not regularly schedule office visit on Fridays and is only here in the mornings on Tuesdays and Thursdays.

Appointments: Children will not be seen without a parent or legal guardian present. If you are unable to be present at the time of the visit, you must give "power of attorney" to the responsible party. This allows for your child to be seen in your absence. We have a form available in the office for your convenience. Please ensure that a form is completed and on file with our office for each person you consent to bring in your child in your absence, this includes but is not limited to grandparents, sitters and nannies.

Routine well child exams are an important part of your child's medical care. A well child checkup focuses on your child's growth and development; **to ensure proper preventative care for your child, he/she will not be seen for a well visit without a parent or legal guardian present.** Scheduling these exams at least 2 months in advance will give you the best choice of time and day. Please call after 10:00 a.m. to make these appointments. Please refer to our Well Child Schedule for appointment criteria.

If your child is ill, please call for a sick appointment as early in the day as possible after 8:00 a.m. During sick visits, counseling will be limited to the current problem. Sick visits are made on the same day only, except for chronic problems and follow-up visits.

Please, plan on arriving 5 to 10 minutes early for all appointments. If we are running late, we will let you know at the time you arrive. Please bring books or toys to help keep your child occupied while waiting.

Walk-ins, No shows and Late Arrivals: Office visits are by appointment only. Patients who appear in the office requesting to be seen will be given the next open appointment that day, if the doctor's schedule permits. There is a \$35 charge for walk-in appointments.

Patients who arrive late for an appointment by 15 minutes or more may be required to reschedule There is a \$25.00 charge for patients canceling an appointment with less than 24 hours notice and those not showing for an appointment without canceling. In addition, we reserve the right to dismiss patients from our practice with a 30 day notice for **chronic no shows or cancellations** as these actions inhibit our ability to schedule and treat other patients

Telephone Calls: We ask that you make all non-emergency calls during regular office hours, when we have your child's medical record available. We will return your call as quickly as possible in the order received, and generally in the same half-day in which you call. **There will be a \$13 charge for phone calls made after-hours.** When you reach the answering service, however, listen carefully. There is an option to leave a non-urgent message. In general, these messages will be returned at the beginning of the next business day.



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Antibiotics are not prescribed by telephone. Dr. Kaplan and Dr. Lestz prefer to examine your child and tailor treatment to the specific diagnosis. Medication refill requests should be made during regular office hours or left on the non-urgent message line.

After Hours Care: If you have an urgent matter that cannot wait until regular office hours, please call the answering service by using our regular telephone number, and follow the instructions for leaving a message for the on call nurse triage service. There is a \$13 charge for after-hours calls, and they will initially be answered by Triage 4 Pediatrics, an after hours nurse phone line based in Plano. Triage 4 Pediatrics consists of Registered Nurses with pediatric experience. They will contact the physician on call if needed. Should a life-threatening emergency occur, please call 911

Fees, Insurance, and Health Plans: We expect payment at the time of service, and all co-payments will be collected at check-in. If co-payments are not paid at the time of service, a \$10.00 fee will be assessed to your account. For your convenience, we accept MasterCard, Visa, cash, or check. A \$25.00 fee will be assessed to your account for all returned checks. Please bring your current insurance information to each office visit. If you do not have your insurance information with you, you will be expected to pay for the visit until the information is provided.

New babies: If you deliver your baby at Presbyterian Hospital of Plano or Baylor Medical Center at Frisco, let your obstetrician and the Labor and Delivery staff know that Dr. Seth Kaplan or Dr. Leslie Lestz is your pediatrician. The nursery will contact us for the baby's newborn physical and for any concerns. We will visit you in the hospital, examine your baby and answer any questions. Your baby should have the first Texas Department of Health Newborn Screen ("PKU") and Hepatitis B vaccine in the nursery. Your second PKU will be done at the office, along with the supplemental Baylor screen if you choose, at two weeks of age.

If your baby is born elsewhere, your child will see the pediatrician on call. Upon discharge, please contact our office to schedule a visit 24-48 hours after discharge. You may be given a summary of the hospitalization which you should bring with you to the first visit.

Immunizations: Our physicians follow AAP guidelines and require our patients to be vaccinated. Unfortunately we can not accept responsibility for the care of patients who are refusing to vaccinate.

School and Camp Forms: We receive many requests to complete school/camp forms and immunization records. In order to meet all these requests and complete the information accurately, we require 72 hours advance notice. In addition, we require written notice for all releases of information.

Electronic Communication: Many parents have requested the ability to communicate with us by email. Due to privacy and security concerns, standard email cannot be used to discuss medical care. We are investigating ways to securely communicate with families electronically.

We appreciate your confidence in choosing this office for your pediatric needs. We are dedicated to providing the best healthcare possible for your children. We look forward to caring for your child and your family.

Why CHADIS?

- CHADIS improves the diagnosis and management of health, emotional and behavioral issues; helping us address parents' concerns about their child's development.
- CHADIS empowers families to more fully express their concerns; ensuring issues are addressed during the visit and allows for all caregivers/guardians/teachers and adolescents to have their "voice" heard during well visits.

Please remember to register your child NOW at www.chadis.com. and sign on before each well visit to complete the assigned questionnaires.

Thankyou for helping us implement this latest developmental tool!

CHADIS

CHILD HEALTH & DEVELOPMENT INTERACTIVE SYSTEM

Dear Parent,

We are beginning a new initiative here at **TLC Pediatrics of Frisco** that helps provide your children with the best care available. Starting immediately, we are using an Internet-based system called CHADIS that asks you to complete questionnaires before each visit which tracks how your child's development is progressing as well as informs us of the topics you want to discuss.

To use CHADIS, please go online to register at www.CHADIS.com and follow **all** prompts during this Initial Registration so that you can begin using CHADIS for your next office visit. On the home page, click "New Users Register Here" and as a **new user**, you will be asked to enter the "Invitation Code" that links to our office. The invitation code is our office telephone number.

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Once you enter the site, you will be asked to create a username and password for yourself. Your email address is the best username, if you have one. Write your new username and password below and please keep this letter:

My Username

My Password

Please register each child and complete the initial history and demographic information for each child in your family that comes to our practice. Once your children are registered, questionnaires will be assigned for their well visits.

****Before each well visit**, please log on to CHADIS and complete all questionnaires assigned to your child, these should include well child developmental questionnaires, such as the MCHAT and/or Ages & Stages. These developmental questionnaires are recommended nationally by the American Academy of Pediatrics and we are glad to be a leader in providing them to you.

As a partner in your child's healthcare, your input is essential in helping us to provide your child with the best care possible. As always, we are dedicated to this goal and we feel CHADIS is a great new tool for achieving it.

Thank you and see you soon,

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Leslie Katz Lestz, MD
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IMMUNIZATION SCHEDULE

<u>AGE</u>	<u>IMMUNIZATIONS/LABS</u>
2 weeks	PKU, optional supplemental screen
2 months	Pediarix, HIB, Prevnar, RotaRix
4 months	Pediarix, HIB, Prevnar, RotaRix
6 months	Pediarix, HIB, Prevnar,
9 months	Hemoglobin, Lead (if at high risk)
12 months*	MMR, Varivax, PPD, Hep A
15 months	DTaP, HIB, Prevnar
18 months	Hep A, Hemoglobin
2 years	CBC, PPD, Hemoglobin, vision
3 years	PPD, hearing, vision
4 years *	Kinrix, MMR, Varivax, hearing, vision, PPD
5 years	CBC, cholesterol (if high risk), hearing, vision, PPD
6 years	Vision, hearing, PPD
9 Year	HPV (3 dose series)
10 Year	Tdap, CBC, cholesterol
11 Year	Meningococcal
16 Year	Meningococcal

Check-ups take place annually after age 2.

Description of Immunizations/Tests

CBC	Complete blood count
DTaP/Tdap	Diphtheria, tetanus and acellular pertussis vaccine
Hep A	Hepatitis A vaccine
Hep B	Hepatitis B vaccine
HIB	Haemophilus influenzae type b vaccine
IPV	Inactivated polio vaccine
Kinrix	Vaccine consisting of DTaP & IPV
MMR	Measles, mumps, and rubella vaccine
Pediarix	Vaccine consisting of DTaP, Hep B, IPV
PKU	Newborn Screen (test for 27 rare disorders)
PPD	Questionnaire to assess tuberculosis risk, skin test if necessary
Prevnar	Pneumococcal conjugate vaccine
Varivax	Varicella (chicken pox) vaccine
RotaRix	Rotavirus oral vaccine
HPV	Human papillomavirus vaccine (Gardasil or Cervarix)
Meningococcal	Meningococcal vaccine (Menactra or Menveo)

*** 12 month and 4 year well visits must be on or after birthday ***

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

This notice describes our privacy practices. We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen. You can request a paper copy of this notice, or any revised notice, at any time (even if you have allowed us to communicate with you electronically). For more information about this notice or our privacy practices and policies, please contact the person listed at the end of this document.

A. Treatment, Payment, Health Care Operations

Treatment

We are permitted to use and disclose your medical information to those involved in your treatment. For example, your care may require the involvement of a specialist. When we refer you to that physician, we will share some or all of your medical information with that physician to facilitate the delivery of care.

Payment

We are permitted to use and disclose your medical information to bill and collect payment for the services we provide to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. That form will contain medical information, such as a description of the medical services provided to you, that your insurer or HMO needs to approve payment to us.

Health Care Operations

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law, or, we may ask another physician to review this practice's charts and medical records to evaluate our performance so that we may ensure that this practice provides only the best health care.

B. Disclosures That Can Be Made Without Your Authorization

There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke

that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on that authorization.

Public Health, Abuse or Neglect, and Health Oversight

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

Because Texas law requires physicians to report child abuse or neglect, we may disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law also requires a person having cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation to report the information to the state, and HIPAA privacy regulations permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections, which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided:

- The information is released pursuant to legal process, such as a warrant or subpoena;
- The information pertains to a victim of crime and you are incapacitated;
- The information pertains to a person who has died under circumstances that may be related to criminal conduct;
- The information is about a victim of crime and we are unable to obtain the person's agreement;
- The information is released because of a crime that has occurred on these premises; or
- The information is released to locate a fugitive, missing person, or suspect.

We also may release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Workers' Compensation

We may disclose your medical information as required by workers' compensation law.

Inmates

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

Military, National Security and Intelligence Activities, Protection of the President

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the president of the United States, other authorized government officials, or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors

When a research project and its privacy protections have been approved by an institutional review board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased person or a cause of death. Further, we may release your medical information to a funeral director when such a disclosure is necessary for the director to carry out his duties.

Required by Law

We may release your medical information when the disclosure is required by law.

C. Your Rights Under Federal Law

The U. S. Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPAA rights.

Requested Restrictions

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or health care operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

You also may request that we limit disclosure to family members, other relatives, or close personal friends who may or may not be involved in your care.

To request a restriction, submit the following in writing: (a) the information to be restricted, (b) what kind of restriction you are requesting (i.e., on the use of information, disclosure of information, or both), and (c) to whom the limits apply. Please send the request to the address and person listed at the end of this document.

Receiving Confidential Communications by Alternative Means

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

Inspection and Copies of Protected Health Information

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing, and we ask that requests for inspection of your health information also be made in writing. Please send your request to the person listed at the end of this document.

We may ask that a narrative of that information be provided rather than copies. However, if you do not agree to our request, we will provide copies.

We can refuse to provide some of the information you ask to inspect or ask to be copied for the following reasons:

- The information is psychotherapy notes.
- The information reveals the identity of a person who provided information under a promise of confidentiality.
- The information is subject to the Clinical Laboratory Improvements Amendments of 1988.
- The information has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we arrange for a review of our decision on your request. Any such review will be made by another licensed health care provider who was not involved in the prior decision to deny access.

Texas law requires us to be ready to provide copies or a narrative within 15 days of your request. We will inform you when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA permits us to charge a reasonable cost-based fee.

Amendment of Medical Information

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed at the end of this document. We will respond within 60 days of your request. We may refuse to allow an amendment for the following reasons:

- The information wasn't created by this practice or the physicians in this practice.
- The information is not part of the designated record set.
- The information is not available for inspection because of an appropriate denial.
- The information is accurate and complete.

Even if we refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment, we will inform you in writing.

If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we now have the incorrect information.

Accounting of Certain Disclosures

HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person at the end of this document. Your first accounting of disclosures (within a 12-month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you, and you may choose to withdraw or modify your request *before* any costs are incurred.

D. Appointment Reminders, Treatment Alternatives, and Other Benefits

We may contact you by (telephone, mail, or both) to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

E. Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the U. S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government.

F. Our Promise to You

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

G. Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Name of Privacy Officer: Patricia Echaniz

Mailing Address: 5575 Warren Pkwy, Suite 318 Frisco, TX 75034

Phone Number: 214-618-6272

Fax Number: 214-618-6277

E-Mail Address: tlcofcmgr@sbcglobal.net

This notice is effective 12/1/2003.

NOTICE: The Office of the General Counsel of the Texas Medical Association provides this information with the express understanding that 1) no attorney-client relationship exists, 2) neither TMA nor its attorneys are engaged in providing legal advice and 3) that the information is of a general character. You should not rely on this information when dealing with personal legal matters; rather legal advice from retained legal counsel should be sought.

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Acknowledgement of Review of Notice of Privacy Practices

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority

Notice of Patient Rights and Responsibilities

This document is meant to inform our patients of their rights and responsibilities while undergoing medical care. To the extent permitted by law, patient rights may be delineated on behalf of the patient to his or her guardian, next of kin, or legally authorized responsible person if the patient: a) has been adjudicated incompetent in accordance with the law, b) is found to be medically incapable of understanding the proposed treatment or procedure, c) is unable to communicate his or her wishes regarding treatment, or d) is a minor. If there are any questions regarding the contents of this notice, please notify any staff member.

Patient Rights

1. **Access to Care.** You will be provided with impartial access to treatment and services within this practice's capacity, availability, and applicable law and regulation. This is regardless of race, creed, sex, national origin, religion, disability/handicap, or source of payment for care/services.
2. **Respect and Dignity.** You have the right to considerate, respectful care/services at all times and under all circumstances. This includes recognition of psychosocial, spiritual, and cultural variables that may influence the perception of your illness.
3. **Privacy and Confidentiality.** You have the right, within the law, to personal and informational privacy. This includes the right to:
 - Be interviewed and examined in surroundings that assure reasonable privacy.
 - Have a person of your own sex present during physical examination or treatment.
 - Not remain disrobed any longer than is required for accomplishing treatment/services.
 - Request transfer to another treatment room if a visitor is unreasonably disturbing.
 - Expect that any discussion or consultation regarding care will be conducted discreetly.
 - Expect all written communications pertaining to care will be treated as confidential.
 - Expect medical records to be read only by individuals directly involved in care, quality assurance activities, or processing of insurance claims. No other persons will have access without your written authorization.
4. **Personal Safety.** You have the right to expect reasonable safety insofar as the office practices and environment are concerned.
5. **Identity.** You have the right to know the identity and professional status of any person providing services and which physician or other practitioner is primarily responsible for care.

6. **Information.** You have the right to obtain complete and current information concerning diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms that you understand.
7. **Communication.** If you do not speak or understand the predominant language of the community, you should have access to an interpreter. This is particularly true when language barriers are a continuing problem.
8. **Consent.** You have the right to information that enables you, in collaboration with the physician, to make treatment decisions.
 - Consent discussions will include explanation of the condition, risks and benefits of treatment, as well as consequences of no treatment.
 - You will not be subjected to any procedure without providing voluntary, written consent.
 - You will be informed if the practice proposes to engage in research or experimental projects affecting its care or services. If it is your decision not to take part, you will continue to receive the most effective care the practice otherwise provides.
9. **Consultation.** You have the right to accept or refuse medical care to the extent permitted by law. However, if refusing treatment prevents the practice from providing appropriate care in accordance with ethical and professional standards, your relationship with this practice may be terminated upon reasonable notice.
10. **Charges.** Regardless of the source of payment for care provided, you have the right to request and receive itemized and detailed explanations of any billed services.
11. **Rules and Regulations.** You will be informed of practice rules and regulations concerning your conduct as a patient at this facility. You are further entitled to information about the initiation, review, and resolution of patient complaints.

Patient Responsibilities

1. **Keep Us Accurately Informed.** You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health, including unexpected changes in your condition.
2. **Follow Your Treatment Plan.** You are responsible for following the treatment plan recommended by the physician. This may include following the instructions of health care personnel as they carry out the coordinated plan of care and implement the physician's orders and as they enforce the applicable practice rules and regulations.
3. **Keep Your Appointments.** You are responsible for keeping appointments and, when unable to do so for any reason, for notifying this practice.

4. **Take Responsibility for Noncompliance.** You are responsible for your actions if you do not follow the physician's instructions. If you cannot follow through with the prescribed treatment plan, you are responsible for informing the physician.
5. **Be Responsible for Your Financial Obligations.** You are responsible for assuring that the financial obligations of health care services are fulfilled as promptly as possible, and for providing up-to-date insurance information.
6. **Be Considerate of Others.** You are responsible for being considerate of the rights of other patients and personnel, and for assisting in the control of noise, smoking, and the number of visitors. You also are responsible for being respectful of practice property and property of other persons visiting the practice.
7. **Be Responsible for Lifestyle Choices.** Your health depends not just on the care provided at this facility but on the long-term decisions you make in daily life. You are responsible for recognizing the effects of these decisions on your health.