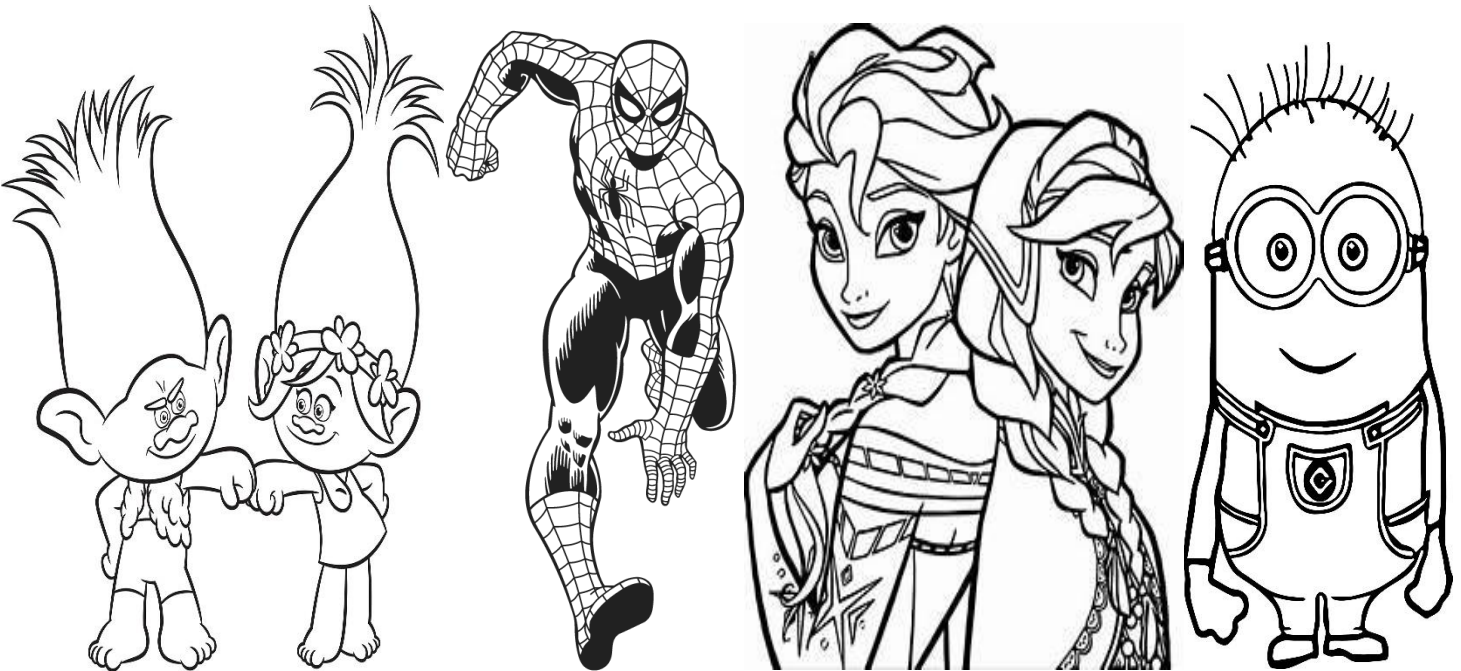


# Pediatric Consultants of Troy, P.C.

633 E. South Blvd. Suite 2400  
Rochester Hills, MI 48307  
(248) 879-5570

50720 Schoenherr Road  
Shelby Township, MI 48315  
(586) 566-2340



Elizabeth Dubina, MD  
Jaime Dreyer-Laezza, MD  
Laura Warner, MD  
Hannah Van Allen, FNP  
Christine Smith, FNP  
Dan Lomasney, PA  
Kim Williams, PhD Clinical Psychologist

# WELCOME! 😊

Thank you for choosing Pediatric Consultants of Troy!  
(In practice for over 35 years!)

We have two locations to better serve our patients

## **ROCHESTER HILLS OFFICE**

633 E. South Blvd. Suite 2400 Rochester Hills, MI 48307  
Phone (248) 879-5570  
Fax (248) 879-2235

Monday - Friday Hours; 8:00am to 5:00pm (Appointment Only)  
\*Closed for LUNCH & phones are off from 12:15pm to 1:30pm\*

Saturday Hours; 8:00am to 11:00am (Appointment Only)

## **SHELBY OFFICE**

50720 Schoenherr Road Shelby Twp., MI 48315  
Phone (586) 566-2340  
Fax (586) 566-4427

Monday - Friday Hours; 8:00am to 5:00pm (Appointment Only)  
\*Closed for LUNCH & phones are off from 12:15pm to 1:30pm\*

Pediatric Consultants of Troy is staffed with 3 Pediatricians, 2 Nurse Practitioner's, & 1 Clinical Psychologist between both offices. We pride ourselves for our outstanding medical care in a friendly accommodating environment.

The Doctors & Medical Staff are available by phone to answer your questions & address your concerns during routine office hours. After business hours, please call our answering service at (248) 584-6123 and they will place you in contact with our physician on-call.

In case of all emergencies, please go to your nearest Emergency Center or call 911.

We are proud to announce that PCT has been designated for 10 consecutive years as Patient Centered Medical Home!

Please visit our website at [www.pedcontroy.com](http://www.pedcontroy.com) for any additional information.



**Physical & Immunization Schedule as of 2-14-2019**

**\*\*Please check with your insurance company to see if services are covered\*\***

Birth	Hepatitis B # 1 (Given in Hospital)
2 weeks	No Immunizations
1 Month	No Immunizations
2 Months	Pediarix # 1 (DtaP, IPV, Hep B) Hib # 1, Rotavirus # 1, Prevnar # 1
4 Months	Pediarix #2 (DtaP, IPV, Hep B) Hib #2, Rotavirus #2, Prevnar #2
6 Months	Pediarix #3 (DtaP, IPV, Hep B) Rotavirus #3, Prevnar #3
9 Months	UA, CBC, Lead Testing
12 Months	Prevnar #4, Varicella #1, MMR # 1, HepA # 1, iScreen
15 Months	HIB #3, DtaP #4
18 Months	HepA #2, Lead Testing
24 Months	CBC, iScreen
3 Year	UA, CBC, iScreen, No Immunizations (if up to date)
4 Year	Kinrix (DtaP #5, IPV #4), Varicella #2, MMR #2, UA, CBC, Audio & iScreen
5 Year	UA, CBC, Audio, iScreen, No Immunizations (if up to date)
6 – 18 Year	UA, CBC, Audio & iScreen
11 Year	Meningitis # 1, Tdap, HPV series starts, Lipid Panel
16 Year & Older	Chlamydia Testing (Females)
16 – 18 Year	Meningitis #2, Meningitis B # 1
18 Years & Older	Yearly Lipid Panel

**\*\*Influenza will be offered for ages 6 months & up during Flu Season\*\***

# A Patient-Centered Medical Home is a Partnership Between the Patient and his/her Physicians

## **Being a part of Patient-Centered Medical Home, your Primary Care Physician will:**

- Work with you to improve your health
- Review your medications at every visit recommended changes if needed
- Develop a plan with you to improve your health & manage any chronic health problems
- Set health goals with you & monitor your progress to help you stay healthy
- Use computer technology as needed to optimize your care
- Inform you of all test results in a timely manner
- Provide you with educational materials & information about community programs that will improve your health
- Provide 24 hour phone access to a medically trained professional (Doctor, Nurse or other Provider)
- Work with Urgent Care Centers to be informed of your visit within 24 hours
- Offer same day appointments when needed

## **By choosing to participate in a Patient-Centered Medical Home, I Agree to:**

- Make sure my doctor knows my entire medical history
- Tell my Doctor all of the medications I am taking
- Actively participate with my doctor in planning my care
- Keep my scheduled appointments
- Follow my Doctor's recommendations
- Ask my Doctor questions about things I do not understand
- Ask my Primary Care Physician for advice before making an appointment with a specialist
- Ask other health care providers to send my Doctor information such as lab or test results, x-rays, or treatment notes
- Understand my insurance, what it covers & update the office with any changes
- Provide the office feedback on how they can improve my care

## **Being a part of a Patient-Centered Medical Home Neighborhood, your Specialist will:**

- Communicate with your Primary Care Physician about treatment plans, medications, test orders & test results
- Support the treatment plans & health goals set by your Primary Care Physician
- Have an agreement with your Primary Care Physician regarding who will have the lead responsibility for your care if a chronic disease exists
- Have same day appointments available for urgent problems & appointments available within 1-3 weeks depending on your medical needs
- Work with your Primary Care Physicians to coordinate all aspects of your care

Pediatric Consultants of Troy 633 E. South Blvd. Suite 2400 Rochester Hills, MI 48307 (248) 879-5570  
Pediatric Consultants of Troy 50720 Schoenherr Road Shelby Township, MI 48315 (586) 566-2340

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 notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

#### **Treatment:**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

#### **Payment:**

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the plan to obtain approval for the hospital admission.

#### **Healthcare Operations:**

We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, worker's compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

**Other Permitted and Required Uses and Disclosures** will be made only with your written consent, authorization or opportunity to object unless required by law. You may revoke this authorization, at

any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

## **YOUR RIGHTS**

The following are statements of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information (fees may apply)-** Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you to another person, or information that was obtained under a promise of confidentiality.

**You have the right to request a restriction of your protected health information-** This means you may ask us not to use or disclose any part of your protected health information and by law we must comply when the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purpose as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.

**You have the right to request to receive confidential communications-** You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**You have the right to request an amendment to your protected health information-** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures-** You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of this request.

You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of your new notice if you wish to obtain one.

## **COMPLAINTS:**

You may submit a complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer of your complaint. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number. Please sign the accompanying "Acknowledgement". Please note that by signing the Acknowledgement Form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.