



Welcome to Southwest Pediatric Associates!

Southwest Pediatrics is committed to providing a comprehensive menu of services over and above routine pediatric care. The cornerstone of pediatrics is wellness and prevention, and we are very proud of how we deliver well child care. Over and above wellness, however, we want to be your home for lactation services and care for chronic issues such as asthma, allergies and ADHD. We want to be your first call for concerns about your child's behavior and development, academic concerns and mental health issues like depression and anxiety. We care about your child as a whole person, not just if they're up to date on their shots.

Your care team will include:

1. Primary Care Physician (PCP): This is your doctor, whom you will see for all well checks and sick visits. They will get to know your child and your family well in order to keep your child healthy and safe. We will make every effort to have your child see your PCP for all visits.
2. Medical Assistant (MA): This is your nurse, and often the first person you will see at your appointment. They work closely with your primary care doctor to provide the support for your doctor and your child.
3. Behavioral Health Team: Our doctors work with our internal behavioral health team to help patients who may be sad, lonely, or going through any disruptive behaviors. Established medical patients of our care centers can schedule an appointment with your pediatrician for them to decide if the Behavioral Health Team will be beneficial for your family.

Enclosed is a *Medical Records Release Form*. This allows us to request and retrieve your child's previous medical records before your first visit. We ask that you complete this form and email it back to us as soon as possible.

To ensure your appointment goes smoothly:

1. Arrive 10 minutes early to check in.
2. Bring your current ID and insurance card.
3. Make sure your insurance is changed over to your new doctor as your Primary Care Provider if you have Medicaid or an HMO insurance plan.
4. Please call 24 hours in advance if you need to cancel or reschedule.



FAQ – Frequently Asked Questions!

How do I make an appointment?

You can call us during business hours and our front desk staff will be happy to schedule your appointment for you. Or you can request an appointment through your patient portal account.

What is the patient portal?

- The Portal allows you to send messages directly to your Provider, instead of calling. It also allows you to see any lab and imaging results as soon as we receive them.
- You can find the portal link on our website: www.swpedi.com (upper right corner).
- Ask any of our staff for help. We can send you an email link or set you up when you come in.

When are you open?

Our office hours are Monday-Friday, 8am-8pm. We are also open Saturday 8am-12pm for appointment only sick visits.

What if I need to reach you after the office is closed?

No problem! Use the same number you usually call, (512)-288-9669, and select the option for the After-Hours nurse. We are available 24/7, 365 days a year.

What if I need X-rays?

Currently we do not have an X-ray machine on site, but we are able to send an order for you to get your testing done elsewhere.

Do you do Bloodwork in office?

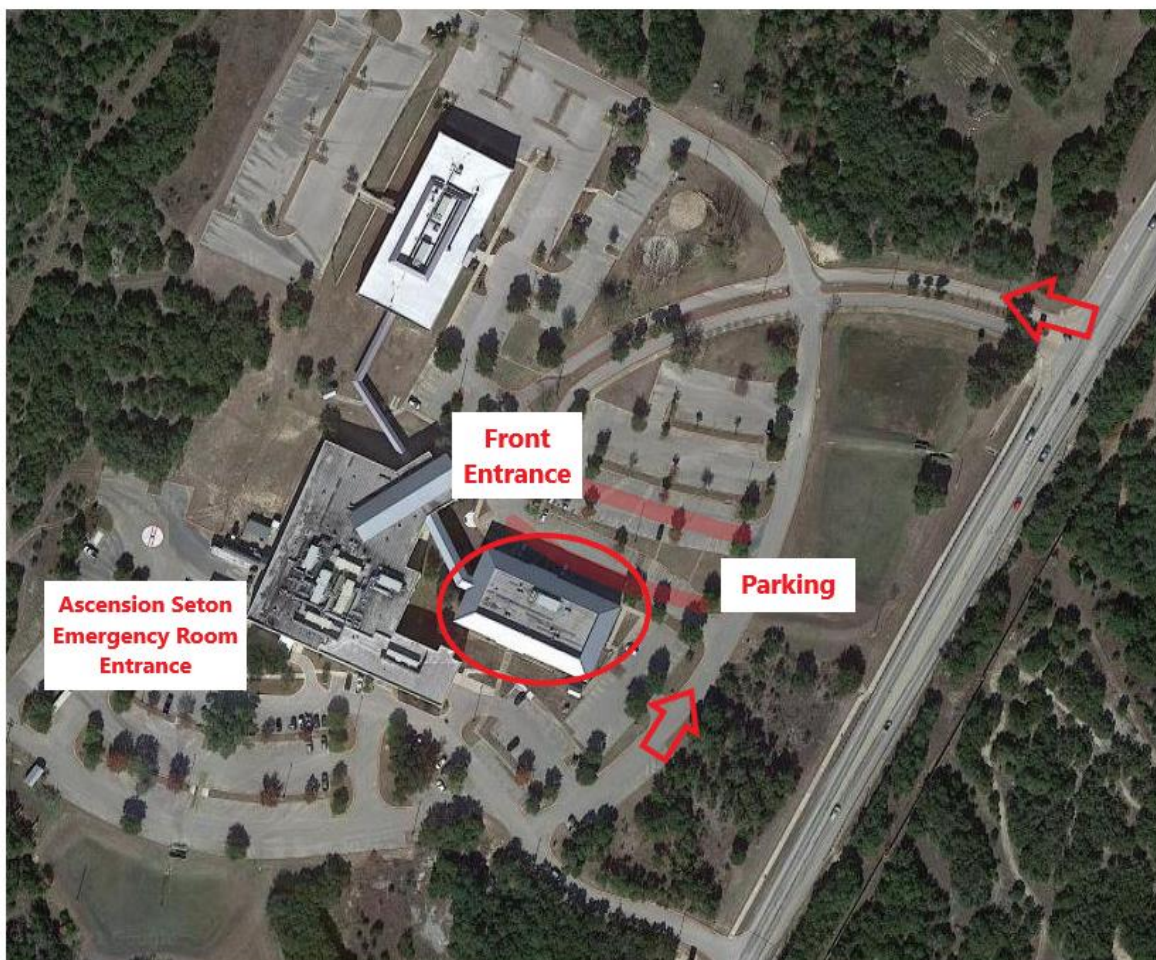
No, we do not offer bloodwork in office. We are able to write lab orders and send you to another location for anything your child may need.



Our office location:

Our office is conveniently located near the intersection of FM 1826 and Highway 290 West, in the Seton Southwest Hospital complex. There is plenty of FREE parking.

We are on the 2nd floor of Medical Plaza ONE which is the building closest to FM 1826. When you exit the elevator, we are immediately to the left AND right of the elevators in suites 220 and 240.





Medical Records Requests are subject to a \$6.50 processing fee

Email your request to: document@swpedi.com

Authorization to Disclose Protected Health Information

Please read this entire form prior to signing and complete all the sections that apply to your decisions relating to the disclosure of protected health information. Covered entities as that term is define by HIPAA and Texas Health and Safety Code § 181.001 must obtain a signed authorization form from the individual or the individual’s legally authorized representative to electronically disclose that individual’s protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law. **Covered entities may use this form or any other form that complies with HIPAA, the Texas Medical Privacy Act, and other applicable laws.** Individuals cannot be denied treatment based on a failure to sign this authorization form, and a refusal to sign this form will not affect the payment, enrollment, or eligibility of benefits.

Name of Patient or Individual

Last _____ First _____ Middle _____ Date of Birth: _____

I authorize the following to disclose the individual’s protected health information: (Current Holder of Records)

Person/Organization Name: _____

Address: _____

Street City State Zip Code

Phone (____) _____ Fax (____) _____

Who can receive and use the health information?

Person/Organization Name: _____

Address: _____

Street City State Zip Code

Phone (____) _____ Fax (____) _____

Parents/Guardians: How would you like to receive medical records:

CD/Mailed CD/Pick Up in office Email-Encrypted _____@_____

Reason for Disclosure (Choose only one option)

Treatment/Continuing Medical Care Personal Use Billing or Claims Insurance Legal Purposes

Disability Determination School Employment Other _____

What information can be disclosed? Complete the following by indicating those items that you want disclosed. The signature of a minor patient is required for the release of some of these items. If all health information is to be released, then check only the first box.

- All Health Information
- History/Physical Exam
- Past/Present Medications
- Lab Results
- Physician’s Order
- Patient Allergies
- Operation Reports
- Consultations
- Progress Notes
- Discharge Summary
- Diagnostic Test Reports
- EKG/Cardio
- Pathology Reports
- Billing Information
- Radiology Reports/Images
- Other _____

Effective Time Period. This authorization is valid until the earlier of the occurrence of the death of the individual; the individual reaching the age of majority; or permission is withdrawn; or the following date: ____/____/____

Signature Authorization: I have read this form and agree to the uses and disclosures of the information as described. I understand that refusing to sign this form does not stop disclosure of health information that has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission, including disclosures to covered entities as provided by Texas Health and Safety Code § 181.154(c) and/or under §164.502(a)(1). I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal and state privacy laws.

Signature of Individual or Individual’s Legally Authorized Representative

Date

Printed Name of Legally Authorized Representative _____

Relationship: Parent of Minor Guardian Other _____