BOWLING GREEN INTERNAL MEDICINE AND PEDIATRICS, ASSOCIATES
NEWBORN AND GENERAL INFORMATION BOOKLET

B·G·I·M·P
BG Internal Medicine
& Pediatric Associates

Baby's Name: _____
Date of Birth: _____

AUGUSTA MAYFIELD, MD ◆ PAUL KNIERY, MD
KELLY KRIES, MD ◆ CASEY MILES, MD
ASHLEY PARRIGIN,APRN ◆ KYLA BYARD, APRN ◆ JENNA TARTER, APRN
JADE MUJAKOVIC, APRN
615 7TH AVENUE
BOWLING GREEN, KY 42101
Ph: (270) 846-4800 Fax: (270-846-4828)

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Welcome to the Practice

Congratulations on the birth of your new baby! We appreciate you asking us to be your child's pediatrician. We are committed to providing the best possible care available for your child and our wish is that your child enjoys a long and healthy life.

Questions that parents frequently ask about their babies are answered in this booklet. We hope it will be helpful to you and that you will read it carefully, even if this is not your first baby.

Sometimes new parents are a little unsure of themselves, at first. As long as your baby is well-fed., well-loved, and comfortable, he does not mind a bit that you are less than expert. These few simple infant care instructions should help you to relax and enjoy your baby. The most valuable thing parents can do for their children is to enjoy them.

In the Hospital

While you and your baby are in the hospital we will see you daily. We will thoroughly examine your baby on our first visit, and again upon discharge, and attend to any medical needs that arise in between. Any problems that arise concerning your baby will be discussed openly and completely with you. We hope you will take advantage of our visits to ask questions about your baby so that your arrival at home will be as smooth as possible.

A routine blood test will be obtained which includes a PKU and other tests for congenital disorders on all infants. Other blood tests and x-rays will be done only as the need arises.

General Tips for Phone Calls

1. Please call during regular office hours for general pediatric questions. We will return your call the same day.
2. For children that are ill or need attention the same day- Please call between 8:00 am and 10:30 am for an appointment. Please try not to wait until late afternoon to call about a child that has been sick all day.
3. For Emergency Calls after office hours- If your child is ill and you need advice at night, one of our physicians will be available to answer your questions. However, if your questions can wait until morning, we would appreciate your calling when the office is open.
4. Please take your child's temperature prior to calling for advice regarding an illness.
5. Have a pencil and paper ready in case we need to give instructions. If calling after hours, try not to leave your phone after calling the doctor if possible. If you must leave home, please notify the office where you may be reached or when you will return home.
6. Have your favorite daytime and nighttime pharmacy numbers ready should we need to call in a medication. If you wish to refill medications, you can generally call the pharmacy and ask them to fax a refill request to our office. You shouldn't need to call our office directly. We will not refill medications on the weekends and after hours.

7. For life-threatening emergencies when moments count, call 911 or take your child to the closest emergency room for stabilization.
8. For poisonings call the Poison Control Center at 1-800-722-5725, and then call your physician.
9. Should we fail to return your call after office hours within a reasonable amount of time, call again as a safeguard against telephone trouble, wrong numbers, and human error.

Common Characteristics of Newborn Babies That May Concern Parents

(Normal Newborn Variations)

1. Noisy Breathing- Most babies will have a rattle sound when they breathe, and parents may think that the baby is always keeping a cold. If the child is exhibiting no other signs of illness, do not be too concerned. Little babies (like all human beings) normally have mucous in their noses, but sometimes have trouble expelling it. Infants breathe through their noses during the first few months. Excess mucous may be removed with a nasal suction bulb and saline solution

2. Sneezing-All babies sneeze repeatedly. This does not mean they are catching cold. They are just cleaning their noses.

3. Hiccoughs- Babies will frequently have hiccoughs, and they usually bother the parents more than the baby! Do not be alarmed.

4. Spitting up- Many parents become unduly worried because their baby spits up during the first few days. Fluids which the baby has in his stomach after birth may cause it to be upset. Also, it is not unusual for your baby to bring up food during the first few months whenever he burps or after he has been active. Although spitting up is an inconvenience, it seldom is a serious problem in a child who is growing and developing normally. Time and acceptance on your part usually handles this problem best.

5. Fretting, Red in the face, straining with bowel movements or infrequent bowel movements- Just as our baby develops their own feeding patterns, they will develop their own schedule for moving the bowels. Normal stool patterns can include a movement after each feeding or one every second or third day. Initially, the stool is a tar-like black sticky material. With the onset of milk feedings, the stools become yellow, and can be pasty, semi-formed or loose. Formula-fed babies will have curds or seeds in their stools; while breast feed babies will have a thin, smoother loose stool. The consistency varies daily with each bowel movement. You may have noticed that the baby's muscles are generally weak - that is why he doesn't sit up or control his head well. The same applies to the abdominal muscles, which, in older children and adults, provide the force to move the bowels with control. Your baby has to work harder and longer to have his movement. It is not unusual for a baby to grunt, fuss, and turn red when he is preparing to move his bowels. Instead of becoming anxious, keep him secure and comfortable. Two problems concerning bowel movements should be brought to our attention:

· Crying or screaming with the passage of the stool.

· Recurring small hard, bead-like stools. (Constipation means hard pellet like stools, not infrequent ones.)

6. Swollen Breasts and Vaginal Bleeding- Both male and female babies frequently have swelling of breast tissue, and female babies often have some bloody discharge from the vagina during the first week of life. These are related to stimulation of the tissue by the mother's hormones during the pregnancy and gradually go away after birth.

7. Blue feet/Hands- Often a baby's hands and feet will look blue in color. This is a common occurrence and need not cause alarm.

8. Dry Skin- Dry, flaky skin is perfectly normal for several weeks after delivery and usually requires no treatment.

9. Birthmarks- Most babies have a collection of red, mottled spots on the backs of their necks and between their eyebrows. These spots generally fade with time. It is very common for dark skinned infants to have a dark spot at the base of their spine. This, too, will fade with time.

10. Puffy eyes- Many infants will have puffy eyes for several days after birth. This swelling is transient and is nothing to worry about.

11. Facial rashes- These are common in the first few months of life and are due most often to maternal hormonal influences or irritations to the infant's skin. These rashes will upset you, but they will soon fade. The best treatment is simply to help keep the area dry and clean. Rashes may appear like minute shiny, white pimples without any redness around them or collections of a few small red spots or smooth pimples on the cheeks. At times they fade, and then get red again.

12. Bowed Legs- The legs of the newborn are normally bowed from the curled-up position in the uterus for the nine months of pregnancy. Until the child starts to walk well, the legs will probably remain bowed because nothing has stimulated them to change. Likewise, the feet may turn slightly inward or outward, but this is usually normal. If you have questions concerning the walking pattern of your child, please ask us at the next well child checkup visit.

13. Newborn Jitters- Most infants startle easily and may jerk violently when disturbed. This is normal reflex. It may involve the arms, legs, chin, and at times, be vigorous.

14. Weight Loss- Your baby is born with an excess of calories and water from which he is self-nourished for the first few days. For this reason, the baby will want very little of the first feedings offered him and may lose up to 10% of his weight. For example, a 7½ lb baby can lose up to 12 ounces before he starts to gain. Most of this weight loss occurs in the 24 hours. By the 4^{th} or 5^{th} day your baby will begin to show an increased appetite and then a slow but steady weight gain.

15. Umbilical Hernia or "Outie" button belly - It is typical for a baby to have an umbilical hernia. In utero, there was a small opening in the abdominal muscle wall that would let blood vessels pass from the cord to the deep organs of the body. This served as the baby's lifeline. Once the cord is off, the muscle slowly grows together, and the hernia disappears. For many infants this process is completed by one year of age. Most others are closed by 4 years of age.

16. Intestinal Gas- Babies pass gas freely without control from the gastrointestinal tract. This gas comes from a combination of swallowed air and fermentation of food in the digestive process. It is normal, and it is not necessarily the cause of colic.

17. Head molding- The head shows the stress of labor. The head will return to its normal shape within 5-7 days after birth.

Jaundice

Jaundice is a yellow or orange color to the skin. It is part of the transition babies make from living inside mom to living on their own. On or about the second or third day, two out of three normal full-term babies become yellow tinted, or jaundice. This coloring of the skin results from a combination of two normal processes which involve the immaturity of the infant's liver and the breakdown of red blood cells. Bruising of the skin and the presence of a cephalohematoma makes the occurrence of jaundice more likely. A small percentage of jaundiced babies require treatment under the bilirubin lights. This photo therapy increases the baby's ability to eliminate the bilirubin. We will alert you if there is any reason for worry.

Sleeping

The new recommendation of the American Academy of Pediatrics is to let babies sleep on their backs. Recent studies show a decreased incidence of SIDS (Sudden Infant Death Syndrome or "crib death") when babies were put to sleep on their backs instead of their stomachs. The risk of SIDS over all is low and decreases after 6 months of age. It is important for your baby to have regular "tummy time" during awake times. This helps get your baby used to lying on his stomach and to raise up his head and chest as he develops stronger back and neck muscles. It also prevents a commonly seen flattening of the head when babies are always kept on their backs. If you start to notice this flattening of the head on one side or the other, you will need to alternate sides for sleeping and increase "tummy time" during wake hours to correct this. The mattress should be firm and flat, and no pillow should be used. Protect the mattress with a waterproof cover. Be sure there are no gaps between the mattress and the side of the crib.

Feeding Your Baby

Feeding provides the infant with nutrition, oral gratification, and emotional fulfillment. Your baby's early feeding efforts may be frustrating and appear inadequate. Babies like mothers go through a lot during the birth process and tend to rest and recover the first 3 or 4 days. They feed better after this initial period.

Breastfeeding

Breastfeeding is a satisfying and fulfilling experience that requires a minimum of equipment and is no doubt the most inexpensive form of infant feeding. Breast milk is nature's formula for the best nutrition available for your infant. There may be an initial period of learning when mother and baby are both inexperienced. It usually takes about 4 to 5 days after the baby is delivered before milk production begins. Your infant's sucking stimulates the hormones involved with milk production. Initially, the breasts produce a thick, yellow secretion called colostrum which is rich in antibodies. Colostrum is thicker than mature milk and may require the infant to suck more aggressively. Unless specified by your pediatrician, early on the infant does not need additional water or formula. Remember weight loss is expected during this period. Feedings are usually started on a demand-type schedule (feeding when the infant is awake and hungry). Eventually a pattern will develop, and the feedings will be at 2 –3 hour intervals. During the first few days the time spent at each feeding is short-about 5-7 minutes. Gradually you will be able to tolerate 15-

20 minute periods of sucking. As you progress you will have at least one breast emptied per feeding, alternating sides each time (if the infant seems hungrier both breasts are offered at each feeding). In this way, supply meets demand since the more you are emptied the more you produce. If the infant seems sleepy while at the breast, try stroking underneath his chin towards his neck. This will stimulate him to suck. With some sleepy infants it helps to change their diaper before or during feeding. Some nipple discomfort is normal early in each feeding. However, as the feeding progresses the pain should subside. If the pain continues beyond the first minute of the feeding, this is a sign of an improper latching. Unlatch the infant by sliding your finger between the baby's mouth and your breast. Then re-latch the infant ensuring proper positioning. The nipple must go into the infant's mouth and rest between the tongue and roof of the mouth. (The gums and lips should cover almost all of the dark area of the breast.) It may help to pull his chin down gently with your index finger when his mouth is open wide, quickly pull him to you and place his open mouth on your breast so that his nose, cheeks, and chin all touch the breast. Very little air is swallowed at the breast, so breast fed babies require little burping.

Success at breastfeeding involves many factors. Most important is your physical and emotional health. As a nursing mother, it is important that you eat well and drink plenty of fluids. Rest is vital since fatigue is the most frequent cause of failure at breastfeeding. Emotional stress will further depress milk production. Success, therefore, requires family support and tranquility. An occasional bottle feeding of breast milk or prepared formula given by father (especially during the night) will help keep mother from being over worked and under rested and allow the father to take part in nurturing his child. We suggest, however, that any bottle supplements be delayed until about the 2nd or 3rd week after delivery

We usually do not restrict the mother's diet if the baby's behavior is normal. However, we do recommend that you avoid caffeine (in excess) and nicotine (cigarettes). Both may cause the infant to be irritable and restless. Medications you take may pass into the breast milk and affect the baby, so get a clearance from us before you take prescription drugs. It is safe to take Tylenol, mild laxatives, and mild cold medicines such as Sudafed or Robitussin.

Week one Healthy Growth Indicators (from "On Becoming Baby Wise, Szso and Buckman 1998)

1. Baby is nursing a minimum of eight times in a 24-hour period.

2. Baby passes tarry stool, then transitions from brown to yellow stool by the fourth or fifth day. Number of stools a day 5-15.

3. By the third or fourth day the baby is producing at least six wet diapers in a 24-hour period.

4. The baby is achieving at least 15 minutes of sucking time at each nursing session.

Storage of Breast Milk

Breast milk storage recommendations vary according to source. These are conservative estimates.

Freshly expressed milk storage time:

Four hours at 77 degrees room temperature.

24 hours at 59 degrees room temperature.

48 hours in the refrigerator.

2 weeks in freezer compartment inside refrigerator.

3 months in freezer compartment of refrigerator with separate door.

6-12 months in deep freezer (0 degrees or lower)

Previously frozen milk storage time:

· 4 hours or less at room temperature.

· 24 hours in refrigerator.

· Do not refreeze.

Storing breast milk:

If not used for immediate feeding, refrigerate, or freeze milk after expressing.

Store breast milk in glass or rigid plastic containers, or in easily, sealed, sturdy plastic bags. Consider "double bagging" if using the thin plastic bags used for bottle-feeding.

Put the date on the container at the time of collection.

Store only two to four ounces in each container, the amount your baby is likely to take in a single feeding. Smaller quantities are easier to thaw and avoid waste.

Do not fill container to the top. Leave 1 inch of space for milk to expand as it freezes.

Refrigerated breast milk not used within 48 hours should be discarded.

Previously frozen milk can be kept in the refrigerator for up to 24 hours.

Previously frozen and thawed milk should not refrozen.

Cooling and warming breast milk:

· Breast milk should be thawed and heated slowly and carefully. High temperatures can affect some of the beneficial properties.

· Tighten container lid as needed to avoid contamination when warming in water.

· Thaw frozen breast milk under cool running water. Gradually increase the temperature of the water to bring the milk to feeding temperature. Or immerse the container in a pan of water that has been warmed. Breast milk itself should not be heated directly on the stove.

· To bring refrigerated milk up to feeding temperature, hold the container under warm running water for several minutes. Or immerse the container in a pan of water that has been warmed.

· Do not use a microwave oven to heat human milk. If the milk gets too hot, many of its beneficial properties will be destroyed. Because microwave ovens heat liquids unevenly, there may be hot spots in the container of milk that can be dangerous for your baby.

Feeding expressed breast milk:

Use fresh milk whenever possible.

When using refrigerated or frozen milk, use the oldest dated milk first.

Breast milk may separate into a cream layer when stored. Shake gently before feeding to redistribute the cream.

Bottle Feeding

The baby-feeding formulas on the market such as Similac with iron are based on cow's milk with modifications to make them more like human breast milk, thereby more digestible and nutritious. An occasional infant will be intolerant of cow's milk and require a milk free substitute such as soybean formula. In some highly allergic families, we may even start the infant on soy such as Isomil. The nutritional values of all formulas are essentially equal. They are available as powders, concentrated liquids, ready to use liquids, and even ready to use bottles.

Formula Preparation:

If proper precautions are used, sterilization of bottles, nipples, milk, and city water is no longer thought necessary. Be certain, however that all parts of the bottle and nipple are carefully washed and rinsed and that no dry milk remains. Carefully, wash bottles and nipples in hot soapy water and rinse with hot water or run them through a dishwasher. If you have well, spring or cistern water, it would be advisable to boil the water to sterilize it. As stated above, city water can be used without boiling. Do not use a microwave for warming as the milk heats unevenly and may burn the baby. If your infant was born prematurely you do need to boil the water for the first three months.

How much formula?

Most newborns feed for 15 to 20 minutes and initially take approximately ½ ounce per feeding in the first 24 hours. Each day the feeding amount will increase. As your baby grows and gains weight, he will need more formula. When your baby takes all of his bottle easily and cries for more, it is time to increase the amount. Do this adding ½ to 1 ounce until satisfied. By 4-5days of age most normal newborns will take about 3 ounces of formula per feeding. Let the baby tell you how much formula he wants. Over feeding will lead to an obese infant.

Feeding with a bottle

Seated comfortably and holding your baby, hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby to get the formula instead of sucking air. Air in his stomach may give him a false since of being full and may also make him most uncomfortable.

Do not prop the bottle and leave the baby to feed himself. The bottle can easily slip into the wrong position so that he sucks air, or he may choke. Remember, too, that your infant needs the security and pleasure of being held at feeding time. Do not get into the habit of putting the baby to bed with a bottle. This habit can cause serious tooth decay in later months.

Burping

"Burping" your baby helps remove swallowed air. Even if fed properly, bottle and some breast babies usually swallow some air. Hold him upright over the shoulder and pat or rub his back gently until he lets go of the air or place him face down over your lap and gently rub his back. The baby can also be "burped" by holding him in a sitting position. (baby leaning slightly forward) on our lap, with your hand supporting his chest and neck. It's usually not necessary to interrupt a feeding to "burp" baby but do it after each feeding. Of course, sometimes baby may not "burp" because he does not need to, so don't try to force him. A delayed burp up to 30 minutes later is normal. The infant may also spit up with each feeding. Do not be alarmed unless the vomiting is continuous or very forceful in nature.

Solids

The Council on Nutrition recommends delay in the introduction of solid feedings until the age of 4-6 months. All of your baby's nutritional needs are met by the milk. Delaying the introduction of solids until after 4 months decreases the risk of developing obesity and food allergies.

Vitamins

Most babies on formula with iron do not require extra vitamins. Breast milk contains all the necessary vitamins and minerals except vitamin D and Fluoride. Breast fed and bottle-fed babies need an extra 400IU of vitamin D per day because they cannot drink enough to get adequate amounts of vitamin D. This can be started at the 2-week checkup. Fluoride will be given as a supplement starting at 6 months old if your water is severally deficient in fluoride. (<0.3ppm). Bowling Green water has the proper fluoride added. (0.78-1.28)

CARING FOR YOUR NEWBORN

Bathing

Most infants need a bath only 2-3 times a week. Clean the face, chin, neck, and diaper area daily. Withhold regular tub baths until the cord is healed. Use mainly water for the first weeks. Soaps are drying to the newborn's already dry skin. Mild soaps (Dove, Tone or baby soaps) are used in small amounts. To clean the eyes, use a clean cloth or cotton ball dipped in water. You may shampoo the baby's hair with baby shampoos or liquid baby soaps. Use a soft brush to scrub the scalp. Never leave your baby unattended in the bath.

Nails

Keep them clean and short. Cut them squarely across using clippers or scissors. Have someone help you. One of you should hold the baby and the hand or foot while the other clips the nail.

Navel Care

Care of the navel is especially important since this can be the source of a serious skin infection. Do not use a band-aid or other covering over the umbilical stump. The hospital may put on an antiseptic called "triple dye" which is deep purple. At home, the goal is to keep the navel dry. It may be helpful to keep the diaper folded below the cord, thereby exposing the cord to air. If the skin around the cord looks red or there is debris around the cord you can clean it with rubbing alcohol. Avoid excessive alcohol cleaning as this can lead to a delay in cord separation. A small amount of bleeding before and after the cord drops off is normal. Remember, the navel cord is not really a part of your infant. It is part of the discarded placenta and there are no nerve endings. Most cords fall off in two-three weeks.

Diaper Rash

Because babies have sensitive skin, they are prone to have rashes and irritations, especially in the diaper area. Usually, irritation is due to prolonged periods of wetness or contact with fecal material. Prevention and treatment both require frequent diaper changes. Exposures of the rash to air for several hours a day, avoidance of plastic or rubber pants, and thorough cleansing of the area will heal most rashes. If there is no improvement after a few days of such treatment, a diaper rash cream such as Desitin or A & D Ointment, may be used. If these remedies bring no improvement, we should be consulted.

Uncircumcised Boy

Clean the outside of the uncircumcised penis as you would any other part of the baby's body. The foreskin of the uncircumcised penis is normally attached to the glans of the tip of the penis in layers of tissue. As the baby grows, the skin will eventually separate and allow the foreskin to slide back naturally. You should never try to force the skin back as this could cause bleeding and possible infections. In some boys, the skin retracts by one year of age. In others, full foreskin retraction may occur as late as adolescence. As long as your baby can urinate normally, you should not be too concerned about whether the foreskin retracts yet.

Circumcised Boy

If your baby has been circumcised, your doctor will give specific instructions on how to care for it depending on what type of circumcision is done. If a small plastic ring is attached, simply clean with solution of 1/2 water and ½ hydrogen peroxide every diaper change until the plastic ring falls off (usually about 3-8 days later). Have the plastibell checked in the office if it has not fallen off within a week. If the foreskin is removed completely, you may be instructed to apply Vaseline on a gauze dressing after cleaning until the exposed area of the penis is no longer moist.

The Nursery

Your baby should have his or her own room if possible. Furnishings should be of a type that is easily cleaned so they will not collect dust. All painted items should be lead free. The baby may sleep in a bassinet, or you may use a crib from the start. The mattress should be firm and flat and protected with a waterproof cover. No pillow should be used. The mattress should fit snugly and there should be no more than two fingers width between the crib and the sides of the mattress. Bumpers are no longer recommended. Try to keep the temperature between 68 and 72 degrees. Provide adequate ventilation but avoid drafts. Usually, a single baby blanket will be enough covering even in cold weather.

Clothing

Your baby requires no more clothing than an adult and perhaps less. Make an effort to dress the baby according to the temperature without overheating him. If the baby perspires, then he is too warm. Clothing should be loose fitting, lightweight, and soft textured.

The Pacifier

All babies have an instinctive need to suck. This need goes beyond the sucking that accompanies feedings and is often confused with a need for more food. If your baby has been fed, but is busily chewing its thumb or fingers, you may wish to substitute a pacifier.

When your baby cries

All normal newborn babies cry a certain amount of the time, just as they sleep and suck. During the first few weeks, crying is about the only way they have of expressing themselves and of telling you their needs. A baby may cry when he is hungry, too cold, too warm, has an "unburped" burp, has a wet or soiled diaper, wants to be held, or just because they feel out of sorts. It is very common for a baby to cry or fuss at about the same time each day, often in the evening, and they may go on for quite a while for no apparent reason. This period of fussiness often causes concern for new parents because they usually think that their baby is still hungry. It's tempting to keep offering more milk, but this seldom really helps for more than a short time. Sometimes, a buggy ride or a warm bath at the fussy period helps relax the baby. Holding the baby doesn't hurt, either. A reassuring fact about crying is that this causes no physical harm to the infant, so you need not worry if your baby cries or fusses for a while before you attend to his needs. In fact, many new babies fuss for fifteen or twenty minutes after each feeding or before going to sleep. It is really pretty good exercise. The amount of time a baby spends crying peaks at about 8 weeks (3 hours average). By 12 weeks the crying time decreases to approximately one hour a day on average. Hopefully this will give you a light at the end of the tunnel!

When to call the Doctor

Sometimes it is very difficult to tell when a newborn is really ill. It is advisable to call your Physician if you are concerned. The following signs should be reported as soon as possible in any infant less than 3 months of age:

Fever 100.4 or more rectally.

Listlessness. (Persistent lethargy or inactivity).

An unusual amount of diarrhea. (Remember: stools are normally very loose.)

Refusal of food several times in a row.

Repeated vomiting (not just spitting up.)

In a newborn, jaundice that reaches the abdomen. (Yellow coloring)

SICK CHILD VISITS

Fever

Fever is one of the many symptoms of an illness. It often accompanies many colds and viruses. Calling the office for a fever depends on what you think is causing the fever and how ill the child appears. Under three months, call your doctor for any fever 100.4 or more rectally. For older infants and children, if the symptoms are mild and the child does not appear to be in distress, treat the fever with Tylenol or Motrin/Advil to make him/her more comfortable. The fever itself does not cause any problems. (i.e. brain damage) or will not continue to climb if you do not treat it. Again, we try and reduce the fever only to make the child feel better. You may have your child checked by the doctor if there is any change or the fever persists especially more than three days. If your child appears acutely ill or is having more discomfort, have him seen by a physician. Look for specific sources of the fever: Does he hit his ears or complain of earache? is he vomiting? does he have diarrhea? is he coughing? does he have a headache? Do not use aspirin to control your child's fever due to the link to Reyes Syndrome during viral illness.

Taking Baby's Temperature

The rectal thermometer is the gold standard of infant temperature taking. It is recommended for children under 3 months of age when it's important to know the exact temperature, so your doctor can determine the proper course of action. For older babies, there are more options. When you speak with your doctor, let him know which method you used.

Rectal Thermometer

· Apply petroleum jelly to the thermometer tip.

· Lay your baby on his belly and hold him steady with on hand on his back.

· Gently slide the thermometer about a half inch into the rectum, then hold it in place between your second and third fingers for two minutes, or until the thermometer signals that it is done.

Underarm Thermometer

· Place the tip of the thermometer in the center of your child's armpit. Hold his arm against his chest for two to four minutes.

Acetaminophen (Tylenol) Dosage Chart

***CLARIFY WHICH CONCENTRATION OF ACETAMINOPHEN YOU HAVE. CRITICALLY IMPORTANT TO PREVENT OVERDOSING.**

***ACETAMINOPHEN MAY BE GIVEN EVERY 4-6 HOURS (do not exceed 5 doses in 24 hours)**

***USE ONLY THE DROPPER/DOSING CAP PROVIDED.**

Dosage Form		Infant's Oral Suspension "New Concentration"	Children's Suspension	Children Chewable Tablet	Junior Chewable Table
Weight	Age	160mg/5ml	160mg/5ml	80mg tab	160 mg tab
6-11 lb	0-3 mths	Call MD	Call MD		
12-17 lb	4-11 mths	2.5 ML	2.5 ML		
18-23 lb	12-23 mths	3.75 ML	3.75 ML		
24-35 lb	24-36 mths	5 ML	5 ML	2 TABS	
36-47-lb	4-5 yrs		7.5 ML	3 TABS	
48-59 lb	6-8 yrs		10 ML	4 TABS	2 TABS
60-71 lb	9-10 yrs		12.5 ML	5 TABS	2 1/2 TABS
72-95 lb	11 yrs		15 ML	6 TABS	3 TABS

IBUPROFEN (MOTRIN,ADVIL) DOSAGE CHART

***CLARIFY WHICH CONCENTRATION OF IBUPROFEN YOU HAVE.**

***CRITICALLY IMPORTANT TO PREVENT <u>OVERDOSING</u>.**

***IBUPROFEN MAY BE GIVEN EVERY 6-8 HOURS (do not exceed 4 doses in 24 hours)**

***USE ONLY THE DROPPER/DOSING CAP PROVIDED**

Dosage Form		Infant's Concentrated Drops	Infant's Oral Suspension	Children's Chewable Tablet	Junior Chewable Table
		Dropper full	Teaspoon	Tablet	Tablet
Weight	Age	50 mg/1.25ml	100mg/5ml	50mg tab	100mg tab
6-11 lb	0-3 mths	CALL YOUR DOCTOR FOR FEVER			
12-17 lb	4-11 mths	1.25 ml	2.5ml		
18-23 lb	12-23 mths	1.875 ml	4 ml		
24-35 lb	24-36 mths		5 ml	2 TABS	
36-47-lb	4-5 yrs		7.5 ml	3 TABS	
48-59 lb	6-8 yrs		10 ml	4 TABS	2 TABS
60-71 lb	9-10 yrs		12.5 ml	5 TABS	2 1/2 TABS
72-95 lb	11 yrs		15 ml	6 TABS	3 TABS

The Common Cold

A “cold” is the word we use to describe congestion in the nose and sinus areas caused by virus. There are many viruses that cause a “cold” and they are all contagious. Most colds occur in the winter because people are in closer contact indoors and can spread the virus more easily. Colds have nothing to do with how cold it is outside. Many parents notice their children getting viral upper respiratory infections (a more specific term for “cold”) as soon as they are around other children, such as day care or nursery school. The average preschool child will get 6-10 viruses each year!

Signs and Symptoms (the common cold continued)

· Fever that lasts 24 to 48 hours.

· Runny nose that lasts about a week or two. At first the drainage will be clear. After a few days, it will change from clear to yellowish-green and sometimes back to clear. This is because the constant drainage irritates the lining of the nose and causes microscopic bleeding. The tiny blood cells break down and turn yellow and green, just as a bruise turns color. Do not let this normal color change worry you. Sometimes this irritation of the nose will cause a regular nosebleed too.

· Coughing. Many parents worry about their child's cough because it sounds like it is "coming from the chest"; however, the cough is good because it prevents mucus in the throat from going into the lung. Because your child's chest wall is thin, the large airways (windpipe and bronchi) project the sound of the cough like a megaphone, so that it sounds and feels loud and like it is coming from the lungs.

· Postnasal drainage down the throat. This often causes a sore throat.

· Achy and tired. Children often get cranky.

· Your child may not sleep well at night because the congestion will wake him/her up. Others may sleep a lot.

· Your child often does not feel like eating because he/she either feels too bad or it hurts to swallow.

· Some children have diarrhea. Others have constipation because they don't eat their normal food.

Treatment

· The cold is a virus. There are no medicines that can cure these viruses yet. We can only treat the symptoms of the virus. So even if you do nothing, the cold will go away.

· If your child is comfortable, we recommend no treatment.

· To loosen and /or decrease mucus drainage, you can use a suction bulb just before eating and sleeping. You can use normal saline nose drops if the mucus is thick. The drops will loosen the mucus and make suctioning easier. You can use these drops as often as necessary since they are non-medicated. You can also use a humidifier at night to moisten the air. This helps keep breathing airways open and reduce coughing.

· There are some over the counter medications for children that can help decrease mucus for children over four. Please read the instructions on the label for dosage.

· For children who wake up a lot due to a stopped-up nose, Neosynephrine Pediatric nose drops (1/8% strength) can be used at bedtime to help dry up the nose. We do not recommend using this in the daytime or for more than 3 days because using these drops repeatedly can actually make the nose more stopped up.

· To help decrease coughing at night, raise the head in the bed or crib by putting large stable blocks under the front legs of the bed. Raising the head helps decrease the postnasal drip pooling in the back of the throat. Older children can usually raise their heads by using an extra pillow.

· Give your child extra liquids to drink, such as water, juice, Gatorade, flat 7 up. Give your infant extra Pedialyte. Some mothers notice that milk seems to make their child's congestions worse when they have a cold. Other children do fine with milk. Do not be concerned if your child does not eat very much when he/she has a cold. His/her appetite will come back later.

· Use acetaminophen (Tylenol, Tempra), Ibuprofen,(Motrin/Advil) for fever of general discomfort

When to Call the Doctor

· If the fever is not gone in 48 hours.

· If the fever goes away and comes back again a few days later.

· If your child's symptoms get worse instead of gradually getting better.

· If your child is under 2 months old (even with a mild cold).

· If your child has significant symptoms or seems very ill.

· Anytime you are anxious about your child, please call your doctor's office.

Ear Infections

Earache is a common complaint in children. If a middle ear infection is present the pressure change in the middle ear space is causing the earache. Usually the child will also have a fever and may be quite irritable or complaining of decreased hearing ability. Keep in mind, however, that small children sometimes have difficulty localizing pain, and thus not all earaches are due to middle ear infections.

Earaches do not represent an emergency situation, but usually should be evaluated within 24-48 hours, during our regular office hours. The pain can cause great discomfort and there are several steps that can help this problem. Tylenol or Motrin can be given in appropriate amounts. A warm towel or heating blanket can be applied to the affected ear. Warm oily drops (baby oil, sweet oil) can be put into the ear canal to help relieve the pain. Do not use the oil if your child has ear tubes.

If we find a middle ear infection is present, then antibiotics will be given to your child. Unfortunately, these medications do not cause a dramatic resolution of the earache or fever. It may take 24-48 hours before the child begins to improve. In general, we will need to see your child during our regular office hours before prescribing such a medication.

We will ask to examine your child again in 2-3 weeks after an ear infection is found. This visit is to make sure that the infection responded to the antibiotic and the fluid behind the ear drum is resolving.

Sore Throat

Most sore throats are caused by viruses as is the common cold and are not treated with antibiotics. Some sore throats, however, are caused by a bacterium called streptococcus. This typically causes swollen tonsils with white patches on them, fever, and swollen glands under the jaw. All the symptoms, however, can occur with a viral sore throat as well, so that the exact diagnosis of strep is made by a throat culture. When strep is suspected or proven, treatment with oral or injected antibiotics is needed. It is extremely important to complete a FULL COURSE of antibiotics to clear up the strep infection and prevent complications. Stopping the medicine after the symptoms are gone does not kill all the strep and can allow complications such as, rheumatic heart disease and kidney disease. Occasionally, a red sand-papery rash associated with strep

throat can be seen. This is scarlet fever or scarletina. It is not more serious than simple "strep throat" and the treatment is the same.

Vomiting/Diarrhea

By definition, diarrhea is more frequent or more watery bowel movements. In some infants it may be hard to distinguish this condition from their normal stool pattern. It can be caused by a number of conditions such as: overeating, food allergies, too much juice, antibiotic usage, but it is usually caused by viruses. The rotavirus vaccine helps to prevent one very serious form of viral gastroenteritis. Vomiting is the forceful emptying of the stomach through the mouth. It is usually caused by viruses as well. Children and infants with viral gastroenteritis need to drink enough fluids with electrolytes so they don't get dehydrated.

- Older children can drink sports drinks or apple juice.
- You can give babies and young children an "oral rehydration solution," such as Pedialyte. You can buy this in a store of pharmacy.
- If your child or infant is vomiting, you can try to give your child or infant a few teaspoons of fluid every few minutes.
- If the child can keep food down, it's best to avoid foods with a lot of fat or sugar as they can sometimes make symptoms worse.
- Watch out for **signs of dehydration**. We find that a sensitive indicator of dehydration is how frequently your child is urinating (see below). A moist mouth is another indicator of hydration.

The above instructions are only guidelines for treating this common problem in children. If you have any questions, or feel that your child is becoming dehydrated, please give us a call. Your child needs to be seen if:

- He has no urine output for 6-8 or more hours in an older child or 4-6 hours in an infant.
- Blood in diarrhea or vomiting
- Severe abdominal cramps or the child is in a lot of discomfort or pain
- Has any signs of dehydration including decreased urination, dark yellow urine, excessive thirst and no tears with crying and mouth is dry
- Fever for more than 72 hours
- Repeated forceful projectile vomiting especially if under eight weeks old
- Is unusually sleepy, drowsy, or unresponsive
- Dizziness or lightheadedness

Teething

A baby may begin to erupt teeth as early as 2 ½ or 3 months of age or as late as 18 months.

It can cause a baby to be fussy at times as early as 2 months of age. We do not recommend and of the over-the-counter teething preparations as some have been found to be contaminated. Sometimes chewing on a hard/cold object may alleviate some of the discomfort. If your child appears to be very ill, it is not due to teething, and you should give us a call. Teething does not cause significant diarrhea or high fever.

Head Injuries

Go to the EMERGENCY ROOM if:

- There is loss of consciousness at the time of the injury or anytime thereafter.
- You are unable to arouse the child from sleep. You may allow the child to sleep after the injury but check frequently to see whether the child can be aroused. Check at least every 1-2 hours during the day and two to three times during the night.
- There is persistent vomiting. Many children vomit immediately from fright, but the vomiting should not persist.
- There is inability to move a limb.
- There is an oozing of blood or watery fluid from the ears or persistent oozing of blood from the nose.
- There is persistent headache that lasts over one hour. The headache will be severe enough to interfere with activity and normal sleep.
- Persistent dizziness is present for one hour after the injury.
- There are unequal pupils
- A pallid color is noticed that does not return to normal in a short time.
- Slurred speech develops.
- If your child has a personality change.

Well Child Visits

We will see your child at the following intervals:

· Two Weeks

· Two Months

· Four Months

· Six Months

· Nine Months

· Twelve Months

· Fifteen Months

· Eighteen Months

· Twenty-Four Months

From this point on we will need to see your child every year. We will also see exclusively breast-fed infants at 4-5 days for weight checks.

Your Childs Growth Log

WELL CHILD GROWTH LOG (Use this form to track your child's growth)							
Age	Weight	%	Length	%	HC		%
Birth							
2Weeks							
2Months							
4Months							
6Months							
9Months							
12Months							
15Months							
18Months							
24Months							

Recommended Childhood Immunizations Schedule

Vaccines are listed under routinely recommended ages. Bars indicated range of recommended ages for immunizations. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible.

CHILDHOOD IMMUNIZATION SCHEDULE

	Birth	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4 years
Hepatitis B	✔	✔		✔					
Diphtheria, Tetanus, Pertussis (DTaP)			✔	✔		✔			✔
Inactivated Polio (IPV)		✔	✔	✔					✔
H. influenza type B (HIB)		✔	✔	✔		✔			
Pneumococcal Conjugate (Prevnar)		✔	✔	✔	✔				
Varicella					✔				✔
Measles, Mumps, Rubella (MMR)					✔				✔
Rotavirus		✔	✔	✔					
Hepatitis A							✔	✔	

General Office Information

Our regular office hours are 8:00am to 5:00pm, Monday through Friday. Please contact the office at (270) 846-4800 as soon as possible if you cannot keep and appointment. This will allow us to schedule another child for that time. Please do not be late for your appointment. We will keep your waiting time to a minimum in the office only if you are on time. If you are late for a visit we may have to reschedule you so that we do not delay the rest of our appointments. If an emergency develops in the office or at a hospital that will interfere with the office visits we will notify you and you may reschedule your visit.

Fees and Payments

All of our bills are itemized for each child and for the specific test that was performed. You will receive a copy for each visit with the total charges and the amount paid. We are happy to discuss and explain our fee schedule. Night and weekend visits will carry a higher charge. We request payment at the time of your visit. We will bill your insurance for you, but you must pay any co-pays and patient portions prior to your visit. Any balances after insurance has paid must be paid upon a receipt of a bill or you must phone our business office to make arrangements. If you are having difficulties making payments please feel free to discuss this with either us, or our business office staff. Your child's health and medical care are our most important concern. We will work out specific arrangements if there are any problems.

Notice of Privacy Practices

Effective Date: Immediately

This information is made available on request by a patient

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 APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY THE PRACTICE, WHETHER MADE BY THE PRACTICE OR AN ASSOCIATED FACILITY.

This notice describes our Practice's policies, which extend to:

· Any health care professional authorized to enter information into your chart (including physicians, PAs, RNs, etc.);

· All areas of the Practice (front desk, administration, billing and collection, etc.);

· All employees, staff and other personnel that work for or with our Practice;

· Our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, and so on.

The Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

<u>OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION</u>:

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

We are required by law to:

· make sure that the protected health information about you is kept private;

· provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and

· follow the conditions of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

· Medical Treatment. We use previously given medical information about you to provide you with current or prospective medical treatment or services. Therefore, we may, and most likely will, disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. Different areas of the Practice also may share medical information about you including your record(s), prescriptions, requests of lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside the Practice who may be involved in your medical care after you leave the Practice; this may include your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).

· Payment. We may use and disclose medical information about you for services and procedures, so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at the Practice, to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.

· Health Care Operations. We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services is not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning who the specific patients are.

We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our

legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.

· Appointment and Patient Recall Reminders. We may ask that you sign in writing at the Receptionists' Desk, a "Sign In" log on the day of your appointment with the Practice. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving an e-mail, a message on an answering machines, or otherwise which could (potentially) be received or intercepted by others.

· Emergency Situations. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

· Research. Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

· Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

· To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

· Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

· Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

· Public Health Risks. Law or public policy may require us to disclose medical information about you for public health activities. These activities generally include the following:

· to prevent or control disease, injury or disability;

· to report births and deaths;

· to report child abuse or neglect;

· to report reactions to medications or problems with products;

· to notify people of recalls of products they may be using;

· to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

· to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

· Investigation and Government Activities. We may disclose medical information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

· Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our Practice in any actual or threatened action.

· Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

· In response to a court order, subpoena, warrant, summons or similar process;

· To identify or locate a suspect, fugitive, material witness, or missing person;

· About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

· About a death we believe may be the result of criminal conduct;

· About criminal conduct at the Practice; and

· In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

· Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Practice to funeral directors as necessary to carry out their duties.

· Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice in the Practice. The notice will contain on the first page, in the top right-hand corner, the date of

last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our office manager, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

[The Office Manager can be reached at (270)846-4800.]

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

PATIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.

You have the following rights regarding medical information we maintain about you:

· Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed. To inspect and copy your medical record, you must submit your request in writing to our Compliance Officer. Ask the front desk person for the name of the Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that our Compliance Committee review the denial. Another licensed health care professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

· Right to Amend. If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the Practice maintains your medical record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

· Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

· Is not part of the medical information kept by or for the Practice;

· Is not part of the information which you would be permitted to inspect and copy; or

· Is inaccurate and incomplete.

· Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, to others.

To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003 (or the actual implementation date of the HIPAA Privacy Regulations). Your request should indicate in what form you want the list (for example, on paper, electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

· Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received.

We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request except that we shall not comply, even with a written

request, if the information is accepted from the consent requirement or we are otherwise required to disclose the information by law.

To request restrictions, you must make your request in writing. In your request, you indicate:

· what information you want to limit;

· whether you want to limit our use, disclosure or both; and

· to whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.)

· Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

· Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.