

Dear Patient:

***Welcome to our Practice!***

We are honored that you have chosen to entrust your care to our providers. We will do all we can to ensure that we provide a positive patient experience and exceed your expectations of us. Below is some information that we hope will be helpful to you.

CMA provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, please let us know.

*Internal Medicine of CMA*

**Main Phone:** 607-277-2170

**Office Phone Hours:** Monday-Friday / 7:30AM-5:00PM

Your Appointment is \_\_\_\_\_ at \_\_\_\_\_.

Please arrive 30 minutes ahead of your first scheduled appointment and bring your completed medical history form. For subsequent visits, we ask that you arrive 15 minutes prior to your appointment.

*Items to Bring to Every Appointment*

- **List of current medications**, including any over-the-counter or herbal medications and vitamins you may be taking
- **Health Insurance card**
- **Photo I.D.**
- **Co-payment**

If you have records from another provider or hospital, please make arrangements to have these records forwarded to our office. Our release of information form is located on our website at: [www.cayugamedicalassociates.org/forms](http://www.cayugamedicalassociates.org/forms). The completed form can be faxed to 607-277-0104 or mailed to Cayuga Medical Assoc., 1301 Trumansburg Road, Suite B, Ithaca, NY 14850. Questions? Call (607) 277-2365, Option 6.

Please contact your insurance company prior to your appointment to confirm that you are covered on the scheduled date of your appointment.

If payment arrangements need to be discussed, please contact our Billing Department at (607) 277-2365, Option 1. For more information on paying for your care, please visit our website at [www.cayugamedicalassociates.org](http://www.cayugamedicalassociates.org).

When you arrive at our office, our receptionists will briefly review various consent forms that require your signature. Page 3 in this packet contains a brief overview of these. You may download the entire set of CMA consents on the web at: [www.cayugamedicalassociates.org/forms](http://www.cayugamedicalassociates.org/forms).

***Prescription Refill Policy***

New York State has implemented a program that monitors controlled substance use that requires us to verify in a statewide database the prescribed controlled substance history of our patients. Because of this, we require three business days when requesting routine refills of these medications.

***After Hours Coverage***

For any emergency, please dial 911. For urgent medical issues when the office is closed, please call our main number at (607) 277-2170 to be connected to our answering service. All prescription refill requests must be handled during business hours.

***Appointment Cancellation Policy***

It is expected that a 24 hour notice is given to the office in the event of a cancellation so that the appointment slot may be provided to another patient. **If three appointments are missed or cancelled without adequate notice, you may be dismissed from the practice.**

***Continuity of Care***

At the end of each visit you will receive a summary report. Please bring this document to any appointments you may have with specialists, as this report should contain your most up-to-date list of medications and other pertinent information that would be useful to the specialist. Note that we will always send your records to the specialists upon a new referral, but not on an ongoing basis.

***Diabetes Certification***

We are proud to announce that Internal Medicine of CMA has been named by the National Committee for Quality Assurance (NCQA) as a Diabetes Recognition Program. This program recognizes clinicians who demonstrate that they provide high-quality care to patients with diabetes.

***Patient Surveys***

You may be contacted after your appointment by email or telephone to participate in a patient satisfaction survey. We would be delighted if you would take a moment to provide feedback so that we may continue to improve.

Lastly, for the comfort and safety of both patients and staff with allergies, please refrain from wearing any strong fragrances (lotions, perfumes, etc.)

Please refer to our website, <http://www.cayugamedicalassociates.org>, for directions to our facility and information regarding our physicians.

***Thank you again for selecting Cayuga Medical Associates for your care!***

## ***That's A Lot of Consents!***

We couldn't agree more, but in this age of information sharing and state and federal regulations, our list of required consent forms has increased. We have reviewed them and eliminated as much as we can. In the interest of saving time at check-in on your first visit, here is a summary of each consent you'll be asked to sign. You may also view or print each consent form in its entirety at our website [www.cayugamedicalassociates.org/forms](http://www.cayugamedicalassociates.org/forms) or call the practice and we'll be happy to mail them to you. Thank you for your patience!

**1. CMA Consent & Acknowledge of Treatment & Services:** This consent signature includes multiple parts:

- A. General Consent:** This gives your consent for our CMA providers to care for you through examinations, diagnostic tests, and/or simple procedures to effectively diagnose and treat you. You acknowledge that you may refuse any exams, tests, procedures, or medications recommended by your provider. You understand that CMA may have a medical student or trainee with them during your visit and you may request that this student not participate in your care.
- B. Acknowledgement of Responsibility for Payment and/or Assignment of Benefits:** You acknowledge that you are financially responsible for paying all costs associated with the care you receive from CMA and that you may be financially responsible for costs even if you have health insurance, including deductibles and copayments. You understand that health information about you is submitted to your insurance company. If you don't want your insurance company to receive sensitive information such as substance abuse, HIV/AIDS, or mental health information you must pay for the services provided in full. In general, CMA submits only information related to the current visit to your insurance company. Also, by signing this, you acknowledge that you and/or the patient are covered by the insurer that you have shared with CMA.
- C. Minors:** You are aware that if you have insurance coverage through your parents or guardian, they will receive an explanation of benefits from the insurance company describing the nature of this visit. You must make staff aware at check-in if you want to pay for your services another way. If so, payment for the visit will be expected that day.
- D. Notice of Privacy Practices:** You acknowledge that you are aware of CMA's privacy practices. These practices require us to protect your personal information and you may request a copy of our privacy practices at any time.

## **2. HealtheConnections/CAP – Cayuga Area Plan:**

The first piece of this consent, also known as "Clinical Integration," is a health care philosophy with the goal to improve patient care and reduce health care costs to you. It allows us to share access to your medical records through our health information

exchange organization called HealthConnections, a regional database of health information that can be accessed by hospitals, emergency rooms and physicians who participate.

CAP is a network of area physicians who have committed to continuity of care to our patients. The second signature allows CAP physicians access to your health information through other sources including electronic medical systems such as Cayuga Medical Center's electronic record and the CAP network database. You have three choices regarding the sharing of your information: give full consent, deny consent except in a medical emergency, or deny consent even in a medical emergency.

### **3. HIPAA (Health Insurance Portability and Accountability Act):**

This helps us determine how you would like to receive information from us that is considered private. May we call your home, cell phone, or work phone to leave a message with appointment or medical information? May we text your cell phone with appointment reminders and send e-mail appointment reminders? Would you like anyone listed as an emergency contact? We will not be able to discuss your medical information with anyone that is not listed on your contact list.

### **4. SURESCRIPTS:**

This is a prescription history database from which we receive information from many insurance companies and pharmacies regarding your prescriptions. This consent allows us to import a history of your medications. Please keep in mind that not all pharmacies or insurance companies participate, so your history may not be complete.

### **5. PHYSICAL EXAM CHARGE ACKNOWLEDGEMENT: (Primary Care Only)**

By signing, you acknowledge that when you are here for a routine physical exam, that's how we plan to bill your insurance. We do not collect a copay for a physical exam. However, if you or the physician goes above and beyond the criteria of the physical exam, we may add an office visit charge for those additional items addressed, and in this case, we would then bill the insurance for both charges and you may receive a bill for an additional copay in the mail.