

## ***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:**

Also known as “Clinical Integration,” New York State law requires that certain health information be sent to a Health Information Exchange (also known as an “HIE”), which is a database of health information that can be accessed by hospitals, emergency rooms and physicians who participate. HealtheConnections is the name of the HIE that CMA providers utilize. How physicians can retrieve information from the HIE is determined by the consent granted by the patient. If you agree to let your CMA providers retrieve your information from the HIE, you’ll choose to sign the consent. If you select “deny access” to your information in the HIE, you’ll be denying access only to your CMA providers. If you wish to learn more about health information exchanges and HealtheConnections, you may call them at 315-671-2241 x5 or find them on the web at [www.healthconnections.org](http://www.healthconnections.org).

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.