

Albany Cardiothoracic Surgeons, P.C.  
319 S. Manning Blvd, Suite 110  
Albany, NY 12208  
(518) 525-2525

Patient Authorization

I hereby consent to examination and treatment by the physicians and nursing staff of Albany Cardiothoracic Surgeons, PC.

I authorize Albany Cardiothoracic Surgeons, PC, to release and obtain my medical records, including but not limited to: office visits, evaluations and treatments rendered, clinical laboratory reports, diagnostic test results, and x-ray reports.

Such records may be released or obtained from my referring physician or any other health care professional treating me for the purposes of discussing my condition, consulting on my case, or reviewing my medical records.

These records in their entirety regardless of dates of coverage may also be released to any governmental agencies, insurance companies for the purpose of pursuing payment, insurance reimbursement, submitting claims for services rendered to me, or performing quality reviews as required by law.

I understand that I am responsible for payment of medical services rendered. It is understood the charge(s) will be submitted to the insurance carriers on my behalf.

I acknowledge receipt of the **NOTICE OF PRIVACY PRACTICES** for Albany Cardiothoracic Surgeons, P.C.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

Albany Cardiothoracic Surgeons  
319 South Manning Blvd, Suite 110A  
Albany, New York 12208  
Phone:(518) 525-2525 Fax:(518) 525-2522

Dear Patient:

Please take a moment to review our practice's financial policy.

We recommend that you review your insurance policy and contact your insurance company to determine which services are covered by your insurance plan. Services commonly provided include consultation, diagnostic procedures, surgery, and outpatient x-rays provided by St. Peter's Hospital. Also, be sure to comply with your plan's requirements for precertification of hospital admissions, primary care physician referral authorizations, and office copayment. The office copayment is due at the time of the office visit.

As a courtesy to our patients, we complete and submit all insurance forms. We will also mail statements to your home indicating the portion of the balance still due from insurance companies, as well as the portion of the balance owed by you. Please bring your insurance cards with you so that we may begin processing your claims.

We hope that these services will assist you in coordinating payment for our services. Feel free to call our Billing Office at (518) 525-2526 if you have any questions about our financial policy.

H:\Billing\FormData\PATIENT LETTER.DOC  
Originated: January 4, 2001  
Revised: December 28, 2015

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### NOTICE OF PRIVACY PRACTICES

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.

**Our duties:** We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

**Uses and Disclosures:** We will use and disclose elements of your protected health information (PHI) in the following ways:

**Without your signed authorization**

- Carry out treatment.
- Payment from third party payors.
- Health care operations—to your referring physician(s) and other health care providers.
- When release is required by law, including in judicial settings and to health oversight regulatory agencies and law enforcement.
- In emergency situations or to avert serious health/safety situations.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.

**Special cases**

- To contact you about appointment reminders, treatment alternatives and other health related benefits and services.
- To the sponsor of your health plan.

**Other**

- All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

**Your rights:** You have the following rights concerning you PHI:

- Restrictions:** To request restricted access to all or part of your PHI, please contact the privacy officer. We are not required to grant your request.
- Confidential Communications:** To receive correspondence of confidential information by alternate means or location. Please contact the privacy officer.
- Access:** To inspect or receive copies of your protected health information. Please contact the office.
- Amendments:** To request changes be made to your PHI, please contact the office. We are not required to grant your request.
- Accounting:** To receive an accounting of the disclosures by us of your PHI, please contact the office.
- Complaints:** To complain to Albany Cardiothoracic Surgeons or the U.S. Dept. of Health and Human Services if you feel your privacy rights have been violated, please contact privacy officer. The law forbids us from taking retaliatory action against you if you complain.

**Privacy contact:** For more information about our privacy practices, please contact:

**Name:** Albany Cardiothoracic Surgeons / Privacy Officer

**Phone:** (518) 525-2525

**Address:** 319 South Manning Blvd, Suite 110, Albany NY, 12208