

## Patient Registration Form

Coastal Cardiology's physicians and advanced practice providers are licensed to practice in the state of California. I hereby authorize medical treatment by the staff and physicians of Coastal Cardiology, A Medical Corporation. I hereby authorize Coastal Cardiology, A Medical Corporation to exchange any medical records concerning my care with any physician, hospital or other health care professional who has provided or will provide me with medical care, including records from Surescripts, CommonWell Health Alliance and Carequality. Additionally, I authorize the practice to release any medical records concerning my care to my medical insurance company. I am aware that medical records may include sensitive and privileged information. I am aware that without this authorization Coastal Cardiology will not bill my insurance company and I am responsible for full payment at the time of service.

I consent to services such as televisits, cardiac device checks, anticoagulant management, and inter-professional consultations done remotely and related insurance claims until my written revocation.

I am aware of the privacy standards of Coastal Cardiology and my rights and responsibilities as a patient under the Healthcare Portability Act of 1996 (HIPAA) and other governmental regulations. Should I request additional information, it will be provided by Coastal Cardiology staff. Otherwise, all exchanges of information including prescription history, medical history, and conversations about my condition will be in accordance with stipulated policies and procedures. I have authorized the practice to release any and all information concerning my medical care to the individuals named as emergency contact and alternate emergency contact. This permission may be revoked at any time.

I acknowledge Coastal Cardiology cares for critical conditions which may require short notice changes to attend to emergencies. I understand my care would receive the same attention in an urgent situation and am aware sudden rescheduling will occur only when needed. I understand Coastal Cardiology staff are to be treated respectfully without verbal harassment, foul language, or intimidation. I am aware Coastal Cardiology staff reserve the right to dismiss patients from the practice if there are communications below the expected standard of civility.

I realize that I am responsible for payment of all medical services rendered to me and/or my dependents, regardless of the decision regarding reimbursement made by my insurance carrier. I hereby assign insurance benefits to Coastal Cardiology for all services rendered by Coastal Cardiology. I am liable for all charges for services rendered. This authorization shall continue and be in full force and effect until revoked by me in writing.

Signature: \_\_\_\_\_

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

*Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. Coastal Cardiology physicians will review your health history and conduct an initial evaluation to determine if you are a suitable candidate and whether the practice will accept you as a patient.*

Reviewed By (Coastal Cardiology Employee): \_\_\_\_\_

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





**Please take a moment to carefully review the following pages. You will be asked to confirm your understanding of all current fees, our Notice of Privacy Practices and our Financial Policy at your appointment.**

## **ACKNOWLEDGEMENT & RECEIPT OF NOTICE OF FINANCIAL AND PRIVACY POLICIES**

Prior to your appointment, we ask all patients to review a copy of Coastal Cardiology's Financial Policy and Notice of Privacy Practices. These current policies are available in the reception area, on our website, and may be requested at any appointment. Questions or concerns about privacy may be brought to the attention of Coastal Cardiology staff by calling 805-782-8844.

## **FINANCIAL POLICY**

Payment is expected at the time of service as specified below. Payment may be provided in various methods, including cash, check, Visa, and MasterCard. Your insurance, if active and properly submitted to the practice, will be billed. Copays, coinsurance, deductibles and non-covered services are your responsibility. If you are unable to pay at the time of service, the service may be rescheduled.

## **COPAYS, COINSURANCE AND DEDUCTIBLES**

It is the financial policy of this practice to collect all co-pays, co-insurance, and deductibles at the time of service, prior to the service. An **estimate** will be provided before the service but may not be exact due to claims in process, outside appointments, etc. Any overpayment will be refunded once the insurance adjudicates the claim, Coastal Cardiology receives an explanation of benefits, and an overpayment is identified. Any underpayment will be billed accordingly.

## **SELF-PAY SERVICES**

Services provided to self-pay patients will be paid in full before the service is performed.

## **WORKER'S COMPENSATION**

Coastal Cardiology is not a worker's compensation provider. Please be aware patients maintain full financial responsibility for the care provided regardless of worker's compensation status.

## **BALANCES & REFUNDS**

Please note all balances are due within thirty (30) days. After thirty (30) days, unpaid balances are considered past due. After sixty (60) days, collection proceedings will begin. At the doctor's discretion, due to the time and expense of collection proceedings, patients sent to collections may be discharged from the practice.

## **REMOTE SERVICES**

Some services such as telehealth, video, remote monitoring, and interprofessional consultations are billed to insurance.

## FINANCIAL HARDSHIP

We recognize extraordinary circumstances can and do occur. In such situations, signed payment arrangements may be made. However, payment agreements do not exceed ninety (90) days without express authorization. Any alternate arrangements must be made in advance of the service. Please communicate freely with your physician and Coastal Cardiology's Business Office staff when they contact you to avoid possible rescheduling of appointments, tests or procedures. Additional inquiries may be directed to the Coastal Cardiology Business Office at 805-782-2244 x509.

## FEES OTHER THAN OFFICE VISITS AND TESTING

Due to rising practice expenses and interconnected demands on our staff, it has become necessary to institute the following charges. Please note that repeated no shows, rescheduling or failure to provide payment for services rendered may result in discharge from the practice for non-compliance. The charges described below are not covered by insurance and are, as a result, the sole responsibility of the patient. As a result, patients may be responsible for all the charges listed below. These fees are published on the Coastal Cardiology website and a current listing of fees may also be requested at any appointment. Additional inquiries may be directed to the Coastal Cardiology Business Office at 805-782-2244 x509.

### MISSED APPOINTMENTS WITHOUT 24-HOUR (CHARGED DIRECTLY TO THE PATIENT)

- Missed Office Visit \$ 25.00
- Rescheduled Office Visit\* \$ 25.00
- Missed Nuclear Test \$ 200.00
- Missed Vascular, Echo or Stress Echo \$ 50.00

*\*This includes appointments changed when necessary labs were not completed.*

### FORMS FEES (CHARGED DIRECTLY TO THE PATIENT)

As a specialty practice, we are not always the appropriate provider to complete forms. Prior approval by the physician is required before a form is brought to our office for completion. We welcome phone calls to clarify our policy. Form fees are not billed to insurance and are your responsibility.

- Disability, FMLA, Life Insurance, DMV, and Other Forms \$ 25.00
- Medical Records (due to record size and time required) \$ 16.00 and up
- Typed Letters (any reason) \$ 25.00

### MISCELLANEOUS FEES (CHARGED DIRECTLY TO THE PATIENT)

- Returned Check Fee \$ 25.00
- After Hours / Answering Service Calls \$ 25.00
- Copies of Test Images \$ 25.00

## TELEHEALTH, TELEVISIT, AND TELEMEDICINE FEES

During the COVID-19 (Coronavirus) pandemic, insurance should cover telehealth services. If there is a coinsurance or copay that will be difficult for you to pay, please call the Coastal

Cardiology Business Office at 805-782-2244 x509 for assistance. We are happy to work through your specific circumstances.

#### TELEHEALTH VIDEO TELEVISITS VIA COMPUTER OR SMART PHONE

- Established Patients Fees \$80-304.00
- New Patients Fees \$160-429.00

#### TELEHEALTH AUDIO ONLY VISITS VIA PHONE

- Established Patients Fees \$25-304
- New Patients Fees \$25-429.00

#### TELEHEALTH PATIENT PORTAL ONLINE CORRESPONDENCE (ESTABLISHED PATIENTS ONLY)

- Provider Communication Outside an Appointment \$25-90.00

#### MISCELLANEOUS

Interprofessional consults, extensive portal messaging, and remote monitoring of warfarin (Coumadin), electrocardiograms (EKGs), and blood pressure checks may also be billed to your insurance. Any concerns regarding cost should be directed to your healthcare provider or the Coastal Cardiology Business Office at 805-782-8844 x509.

**This policy will be updated from time to time. Please be sure you are accessing the most current version on our website, from a receptionist, etc.**

### Your Information. Your Rights. Our Responsibilities.

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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.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

You have some choices in the way that healthcare providers use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care.
- Coastal Cardiology has never used patient information to market our services, sell your information or raise funds. We encourage you to speak with other healthcare providers about their practices in this area.

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

**Your Rights:** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Get an electronic or paper copy of your medical record
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record
  - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Request confidential communications
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will say "yes" to all reasonable requests.
- Ask us to limit what we use or share



- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- Get a list of those with whom we’ve shared information
  - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated
  - You can complain if you feel we have violated your rights by contacting us.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**Your Choices:** For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- In these cases, largely outside our scope of practice as cardiologists, we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
  - While we have never contacted patients for fundraising efforts, if we ever do you can tell us not to contact you again.

**Our Uses and Disclosures:** How do we typically use or share your health information?

- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
- We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information go to [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

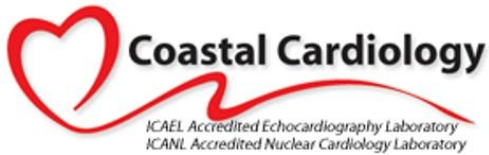
- Help with public health and safety issues. We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety
- We can use or share your information for health research.
- Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director after a death.
- Address workers’ compensation, law enforcement, and other government requests. We can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security and presidential protective services
- Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities:** We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Changes to the Terms of this Notice:** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site and we will mail a copy to you.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).



## Medical Records Release

1941 Johnson Avenue Suite 102 San Luis Obispo, CA 93401  
805-782-8844 phone 833-613-2634 fax www.coastalcardiology.com

*Please read this form in full before completing it. This release is in 14-point font per Cal Civ Code §56.11. **Bold fields** are mandatory and incomplete forms cannot be processed.*

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

I hereby authorize Coastal Cardiology to:

**Release To** (Who Needs Records) or  **Request From** (Who Has Records)

**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Purpose for Release:**  Continuing Care Appointment on \_\_\_\_\_  
 Insurance/Attorney  Personal Use  Other: \_\_\_\_\_

**The following information is to be disclosed (dates are required):**

Last 2 progress notes, labs, cardiac/pulmonary testing including EKGs (within 2 years)  
 Consult/Progress Note: \_\_\_\_\_  Event Recorder/Holter: \_\_\_\_\_  
 Echo: \_\_\_\_\_  ECG: \_\_\_\_\_  
 Hospital Reports: \_\_\_\_\_  Lab: \_\_\_\_\_  
 Stress Test: \_\_\_\_\_  Other: \_\_\_\_\_

I understand that:

- Digital records may be sent via disk, thumb drive or secure email to \_\_\_\_\_.
- Records may include documentation of psychiatric conditions, drug/alcohol abuse, or communicable disease.  Check to request the exclusion of confidential information.
- My right to healthcare treatment is not conditioned on this authorization.
- I may revoke this authorization at any time by submitting a written request, but revocation will not apply to the information that has already been released.
- If the person or entity receiving this information is not covered by federal privacy regulations, this information will no longer be protected and may be re-disclosed.
- This authorization expires one (1) year after it is signed.
- There may be a charge for requesting medical records (*see reverse for details*).
- A copy of this authorization is as valid as the original. I have a right to a copy.



**Patient/Representative's Signature**

**Date**

**➡ If you are not the patient, documentation of your signatory authority is needed.**

**Print your name** \_\_\_\_\_ **and indicate your relationship:**

Parent/Guardian  Beneficiary/Conservator/Representative  Other: \_\_\_\_\_

INTERNAL USE ONLY: Received by \_\_\_\_  Patient Picking Up \_\_\_\_  Mail to Patient  Given to Patient

**Guidelines for Patient Access to Medical Records**

Section 123100-123149.5 of the California Health and Safety Code provides that any adult, any minor patient authorized by law to consent to the treatment to which the record pertains, or any patient’s representatives is entitled to inspect the patient record or obtain copies.

1. The Medical Record Department will be responsible for responding to *all* requests for patient access.
2. The Medical Record personnel will not attempt to explain or interpret anything in the record.
3. Request must be in writing, must provide sufficient information to identify the patient, and include appropriate payment.
4. Copies will be completed within ten (10) business days of receipt of a valid written request. The request must specify the desired records.
5. Inspection may be carried out by appointment during business hours (9:00am-4:00pm) Monday through Friday, except holidays.
6. Inspection will be carried out under the direct visual supervision of the Medical Records Supervisor.
7. Reasonable efforts to establish the identity of the patient or the patient’s representative will be made prior to inspection. Persons requesting access as guardians or conservators *must* present documentation to prove their authority.
8. One individual may accompany the patient or representative during the inspection.
9. Records will only be made available for inspection by the patient or patient’s representative within five (5) working days of receipt of a written request.
10. Summary option may be exercised upon the discretion of the physician.
11. Fee Schedule:

Clerical	\$16.00 (\$4.00 per ¼ hour)
Inspection	\$ 5.00
Reproduction Per Page	\$ .25
Study Images or Electronic Format	\$25.00
Postage	Actual Cost

*All medical records sent directly to another physician or medical facility are a professional courtesy.*