



### New Patient Demographic Record

CCN Record #: \_\_\_\_\_ (for internal use only)

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

Name: \_\_\_\_\_  
First Last Middle Initial

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Patient SSN: \_\_\_\_\_ Insured SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Third Insurance: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

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

\_\_\_\_\_ Done

\_\_\_\_\_ Initials



Cardiovascular Consultants of Nevada  
Financial Policy

Dear Patient,

Thank you for choosing us as your healthcare provider. The following is our Financial Policy. Our main concern is that you receive the proper and optimal treatment needed to restore your health. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to contact our billing office at (702) 731-8224.

We ask that all patients read and sign our Financial Policy prior to seeing a physician or having any testing performed.

Cash Patients - payments for services are due at the time the services are rendered. We accept personal checks, Visa, MasterCard, Discover Card, American Express, or cash.

Insured patients - co-pays, deductibles, and / or co-insurance amounts are due at the time the services are rendered.

If the insurance company does not pay within 45 days we ask that you also contact them to initiate payment.

All insured patients are required to sign an Assignment of Benefits for Payment from your insurance company.

Delinquent accounts will be turned over to collections if unpaid after 90 days. In the event your account is turned over for collection, you will be responsible for all reasonable collection costs.

You must provide a 24 hour cancellation notice for all office visits or testing appointments to avoid missed appointment fees. Please call (702) 731-8224 to cancel any appointments.

We assess a fee for completion of any Disability or FMLA paperwork. Fee is payable prior to the completion of these forms.

Again, thank you for choosing Cardiovascular Consultants of Nevada for your healthcare needs. We appreciate your trust in us and we appreciate the opportunity to serve you.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient's Name (Please Print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Record # \_\_\_\_\_

Account Number \_\_\_\_\_

PLEASE STOP at the CHECK-OUT COUNTER before leaving our office. Payment for services is due on the day of service. As part of our service we will submit your insurance claims. Insurance/Financial arrangements should be made with our billing department prior to services rendered

RELEASE OF INFORMATION and ASSIGNMENTS OF BENEFITS DECLARATION

I hereby authorize release of any medical information necessary to process my insurance claim and also ASSIGN to CARDIOVASCULAR CONSULTANTS OF NEVADA all payments from Medicare or any other medical benefits being made on my behalf for services rendered. I understand and agree of the above conditions.

I have been provided a copy of the Notice of Privacy of Cardiovascular Consultants of Nevada.

\_\_\_\_\_

\_\_\_\_\_

Date

Signature



## ***Welcome to Cardiovascular Consultants of Nevada***

Thank you for choosing Cardiovascular Consultants of Nevada as your healthcare provider. Cardiovascular Consultants of Nevada has provided quality cardiovascular care to the communities of Southern Nevada for over thirty years. In this welcome packet, you will find information about our practice, our physicians, and our locations as well as a copy of your rights and responsibilities and a notification of health information privacy policies. Phone numbers are included should you have questions about our practice or your health care.

### ***Mission Statement***

Cardiovascular Consultants of Nevada is a group of highly skilled, compassionate professionals who provide comprehensive cardiovascular services to all of Southern Nevada and the Mojave Valley. We strive to develop a health care partnership with each patient enabling us to provide the highest level of cardiovascular care.

### ***Scope of Practice***

Cardiovascular Consultants of Nevada is a comprehensive cardiology practice dedicated to the diagnosis, treatment and prevention of heart disease.

#### ***Out-patient services include:***

- Cardiology clinic – New and follow-up appointments
- Cardiac Testing:
  - Echocardiograms
  - Nuclear testing
  - Stress Testing
  - Peripheral Vascular disease testing
  - EKGs, Pacemaker checks, Holter monitors
- Nurse Visits
- Coagulation testing

#### ***In-patient services include:***

- Hospital consultations
- Coronary angiograms, angioplasties, and stents
- Electrophysiology services
  - Ablations
  - Pacemakers
  - Internal cardiac defibrillators
- Peripheral vascular services

### ***Hours and days of operations***

Cardiovascular Consultants of Nevada is open Monday – Friday from 7:30 am to 5 pm.  
We are closed for the following holidays.

- New Year's Eve
- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day

### ***Telephone procedure***

Should you have a medical emergency, please call 911 instead of calling our clinic. If you have questions for our staff, please call our clinic during office hours. Your call will be triaged and answered by one of our qualified staff. You may be asked to leave a voicemail message for your physician's nurse. If this happens, please leave your full name, date of birth, reason for your call, and contact information on the message. Your call will be returned by the end of the day. If you call our office outside of our office hours, our answering service will assist you by taking a message or contacting the physician on call depending on the level of care needed.



### ***Patient Rights and Responsibilities***

#### ***A patient has a right to:***

- Considerate and respectful care.
- Appropriate, current and understandable information about diagnosis, treatment and prognosis.
- Be involved in decision making about a plan of care or treatment
- Refuse a plan of care, treatment, or testing.
- Privacy.
- Confidentiality with regard to medical records.
- Review his/her records.
- Consent to or decline to take part in research studies

#### ***A patient is responsible for:***

- Providing information about past illnesses, hospitalizations, medication, and other matters related to health status.
- Providing a current copy of health care insurance card.
- Being involved in health care decisions.
- Following his/her agreed plan of care or treatment.
- Showing respect for other patients and health workers.
- Making a good-faith effort to meet financial obligations.
- Recognizing the impact of his/her lifestyle on his/her personal health.



## **NOTICE OF HEALTH INFORMATION ANF 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.

Cardiovascular Consultants of Nevada (CCN) is committed to treating and using your protected health information responsibly. This notice of Health Information Practices describes the personal information that we collect and how and when we use or disclose the information. It also describes your rights as they relate to your protected health information. This notice applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Information**

Upon each visit to CCN, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information comprises of your medical record. This record serves as the following:

1. A basis for planning your care and treatment.
2. A means of communication among the numerous health professionals who contribute to your care.
3. A legal document, which describes the care that you received.
4. A means by which you or third-party payers can verify that services billed to them were actually provided.
5. A tool in educating health professionals.
6. A source of data for medical research.
7. A source of information for public health officials charged with improving the health of citizens of Nevada and the U.S.
8. A source of data for CCN's planning and marketing.
9. A tool by which we can continually strive to improve our customers through the care we give.

Understanding your medical record can help you to do the following:

1. Ensure the accuracy of the medical record.
2. Better understanding who, what, where, when and why others may access your health information.
3. Make more informed decisions when authorizing the distribution and disclosure of the your information to others.

### **Your Health Information Rights**

Your health record is the physical property of CCN. However, the information contained in it belongs to you. With regard to your health record, you have the right to:

1. Obtain a paper copy of this notice upon your written request.
2. Inspect and copy your health record as stated in 45 CFR 164.524.
3. Amend your health record as provided in 45 CFR 164.528
4. Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
5. Request communications of your health information by alternative means or at alternate locations.
6. Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
7. Revoke your authorization to use or disclose information except to the extent that action has already been taken.

CCN is required to do the following:

1. Maintain the privacy of your health information.
2. Provide you with a notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree to a requested restriction.
5. Accommodate reasonable requests you may have to communicate health information by alternative means or locations.

CCN reserves the right to change our policies and procedures concerning the privacy of your medical information we already have about you as well as any future information we may collect. Should these policies and procedures change, we will post a copy of the revised notice in the lobby of each location.

We will obtain a written authorization from you before using or disclosing your protected health information for purposes other than those summarized above. We will also discontinue to use or disclose health information after we have received written revocation of authorization according to the procedures included in the authorization.

### **To Request Additional Information or to Report a Problem**

Should you have any questions and would like additional information, please contact the Privacy Officer at CCN Administration. If you believe that your privacy rights have been violated, you may file a complaint with the CCN Privacy Officer. All complaints or requests must be submitted in writing.

### Description of Disclosure for Treatment, Payment and Health Operations

1. Treatment: CCN will use your health information for treatment.
2. Payment: CCN will use your health information for payment for services.
3. Health Operations: CCN will use your information for regular health operations.
4. Appointment Reminders: CCN may use and disclose medical information to contact you as a reminder that you have an appointment for treatment for cardiovascular care.
5. Business Associates: There are some services provided in our organization through contacts with business associates. Examples include our contracted lab service as well as our answering service. When these services are contracted, CCN may disclose your health information to our business associates to that it can perform the contracted duty. Through all of our contracts with business associates, we require that the business associates appropriately safeguard your information.
6. Notification: CCN may use or disclose information to notify or assist in notifying a family member, personal representative, or another designee responsible for your care, your location and general condition.
7. Communication with Family: Health professionals, utilizing their best judgement, may disclose to a family member, other relative, close friend, or any other designee, health information relevant to the designee's involvement in your care or payment related to your care.
8. Research: CCN may disclose information to researchers when their research has been approved by an institutional review board (IRB) that has reviewed the research proposal and established protocols to endure the privacy of your information.
9. Coroners, Medical Examiners and Funeral Directors: CCN may disclose health information consistent with applicable laws to enable them to carry out their duties.
10. Marketing: CCN may contact you to provide appointment reminders or information about treatment alternative or other health related benefits that may be of interest to you.
11. Public Health: As required by law, CCN may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

12. Military and Veterans: If you are a member of the armed forces, CCN may release medical information about you as required by military command authorities.
13. Workers Compensation: CCN may disclose health information to the extent authorized by and necessary to be in compliance with laws relating to workers compensation or other similar programs established by law.
14. FDA: CCN may disclose to the FDA health information relative to adverse events with regards to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.
15. Law Enforcement: CCN may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

#### **FEDERAL LAW PROVISION**

Federal law provides a provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.