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(804)520-1080 Fax: (804)520-1906

CONSENT FOR RELEASE OF MEDICAL RECORDS/INFORMATION

Patient: _____ DOB: _____ SS#: _____
Address: _____
City: _____ State: _____ ZIP: _____ Telephone #: _____

I, _____, hereby consent to the release of medical information contained in my medical record. My medical record may be released:

From: _____

Phone: _____ Fax: _____

To: _____

Phone: _____ Fax: _____

For the purpose of: _____ Transfer of Care _____ Personal Records _____ PCP _____ Insurance
_____ Other: (specify) _____

Information Requested:

_____ ALL MEDICAL RECORDS _____ Most recent lab results
_____ Other: _____

Date of Care to Include: _____ to _____

- I understand that I may inspect or obtain a copy of the protected health information described by this authorization.
- I understand that **Dominion Cardiology, PC** will not condition treatment, {payment or (if applicable) enrollment in the health plan or eligibility for benefits} on my providing authorization for the requested use or disclosure **AND THAT I MAY REFUSE TO SIGN THIS AUTHORIZATION.**
- I understand that I may revoke this authorization in writing at any time by delivering such written revocation to the Privacy Officer of **Dominion Cardiology, PC**. I also understand that such revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed.
- I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

_____ I acknowledge and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing results or AIDS information.

Date

Signature

Witness

FEE: **Dominion Cardiology** will provide a copy of your medical records to your PCP at no charge. A fee as follows: \$10.00 Processing Fee, \$0.50 per page up to 50 pages, \$0.25 per page thereafter per Virginia code 8.01-413A.



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Dear New Patient,

Welcome to Dominion Cardiology! We are honored that you have chosen us as your health care provider. Our goal is to provide the highest quality care for all of our patients in a timely and respectful manner. We anticipate you may have many questions about your medical condition, what to expect from your visits with us, and how we will work with you and your other healthcare providers. This letter contains answers to some of the most commonly asked questions by patients entering our practice. We hope that you find this information useful.

LOCATION: We are located at 2731 S. Crater Rd. Petersburg, VA 23805.

HOURS: Our office hours are Monday through Friday from 8:00am to 5:00pm.

PHONE NUMBER: Our phone number is (804) 520-1080. After hours you may leave a voicemail for the office or our 24 hour answering service will gladly page the doctor on call for you.

FAX NUMBER: Our secure fax number is (804) 520-1906.

PHONE SYSTEM: Although we would like to answer each call personally, it is sometimes impossible to do so. In order to accommodate all of our patients, we use a voice mail system. When leaving a message please be sure to include your NAME, DATE OF BIRTH, PHONE NUMBER, and the reason for your call. By leaving a complete message your concern will be attended to as quickly as possible.

Direct Extensions:

301: Amber – Practice Manager / Billing
302: Lauren – Receptionist
303: Kaylee – Medical Assistant
304: Shauniqua – Certified Medical Assistant

305: Tiffany – Medical Assistant
306: Imran – Practice Liason
307: Terri – Billing Manager
308: Susan – Sonographer

EMERGENCIES: At any time, if you feel you are having a life threatening medical emergency, please call 911 or go to your nearest emergency room. **DO NOT CALL OUR OFFICE FIRST.** We do not see emergency appointments in our office. Once you have been treated and released from your hospital visit, please call our office to schedule an appointment with your physician.

APPOINTMENT POLICIES: Before leaving our office, we will schedule all of your follow up or in office testing appointments for you. You will be given a "Clinical Summary" document that will summarize your visit for that day and list all upcoming appointments. (You will be given an appointment card at your request.)

- Patients who arrive more than **20 minutes late** for appointments may be asked to reschedule.

CANCELLATION POLICY: We require **at least 24 hours' notice** for cancellations so that we may accommodate other patients that may require our services. This will assist us in meeting the medical needs of the community that may require immediate attention.

- o Failure to give 24 hours' notice will result in the following fees:
 - **\$25.00** for missed new patient and follow-up appointments
 - **\$100.00** for all missed procedures / testing appointments
- o In the event that you are scheduled for a Nuclear Stress Test you will be charged the following for a missed appointment
 - **\$100.00** for missed testing appointment
 - **Up to \$500.00** for unused medications (not usable for another patient) (Your insurance company may pay for unused medications but if they do not pay for them you will be responsible for this.)

APPOINTMENT PROCEDURES: For each visit to our office you will experience the following routine procedures or instructions:

- We will call to remind you of your scheduled appointment no later than 24 hours prior.
- Please arrive at least 10 minutes prior to your appointment to accommodate time for check-in.
- Bring your insurance card and photo ID to your appointment.
- Bring all of your medications or a complete list to each appointment. (Include prescription and over-the-counter medications.)

PAYMENT OR FINANCIAL POLICIES: For the benefit of our patients, we are contracted with several insurance carriers as a provider. As part of our contract with the insurance companies, we are legally required by the terms of the contract to collect any copays or deductibles from you at the time of service.

- For your convenience, we accept cash, checks, money orders, Visa, and MasterCard.
 - There is a \$25.00 insufficient fund fee if your check does not clear the bank.

SELF-PAY PATIENTS: We understand that medical services are very expensive. For your convenience, our doctors volunteer their services at Pathway Specialty Clinic once a month. Ask our staff about details for this service. If you still choose to be seen in our office, please discuss our payment options with our Billing Manager prior to services being rendered.

OFFICE TESTING: We provide many tests or blood work right here in our office, although, there are occasions where you may have to go outside of our office for procedures or testing.

TESTING OR LAB RESULTS: It is our policy that once any test has been completed you will be provided with a follow up appointment to discuss the results of all testing. When the doctor reviews your test, he will contact you immediately if there is a concern you should know about right away, otherwise, test results will be discussed at your appointment. We do NOT provide results over the phone.

PRESCRIPTION REFILL POLICY: We require 48 hours to process all refill requests. Please monitor your medication carefully so that you do not run the risk of running out. When you need a refill for an existing medication we ask that you contact your pharmacy directly. Even if there are no refills left on your prescription, your pharmacy will contact our office to approve refills for you.

- **Dominion Cardiology does not offer chronic pain management and will not dispense chronic pain medication** (for example, chronic daily narcotics). We will provide you with a referral to a pain management center if you need this specialized form of care after evaluation by our physicians.

REFERRALS: If your insurance company requires that you obtain a referral for specialist visits, you must contact your primary care physician to obtain one prior to your visit. Please bring a copy of the referral to your visit. Failure to obtain a referral could result in payment denial from your insurance company and would result in patient responsibility.

PRE-OPERATIVE CLEARANCE EXAMS: In the event your surgeon is requesting that you obtain pre-operative clearance from us, keep in mind that this request is NOT just a completed form. Your examination must be performed within 30 days of your surgery. This request may also require testing such as and EKG or Stress Test. Please contact our office as soon as possible to allow enough time for you to be evaluated completely and respond to your surgeon in a timely manner. Appointments that do not allow us to make a complete evaluation may result in your surgery having to be rescheduled.

WEATHER AND HOLIDAY OFFICE CLOSINGS: Occasionally this office will close due to hazardous weather conditions or for extended holiday vacations. If these holidays fall on or around a weekend the office may be closed for and extended vacation. Our voicemail system will notify you of availability or direct you to contact the answering service. *Observed Holidays Include: Thanksgiving, Christmas, New Years Day, Memorial Day, Labor Day, 4th of July. We will also close at noon on the following days, day before Thanksgiving, Christmas Eve, and New Year's Eve.*

FORMS: Please allow 5 to 7 business days for the completion of any forms or letters. Please be aware that any form brought to be completed may need a visit. There is a standard fee of \$20.00 for any form completion including FMLA. This amount is due at the time the forms are submitted to our office.

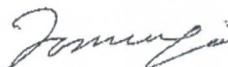
RECORDS REQUESTS: Copies of all of your office visits will be sent to your healthcare team automatically for continuation of care. In the event that you need a copy of your records for any other reason, please allow 5 to 7 business days for us to process your medical records request. You will be required to complete a request form and will be charged for this services prior to records being forwarded. The cost is as follows: \$10 Processing Fee, 1-50 pages at \$0.50 per page, 50-remaining pages \$0.25 per page, plus actual cost of postage.

Please find attached a copy of our privacy practices and information about our secure patient portal. Again, thank you for choosing us as your health care provider. We look forward to assisting you both now and in the future.

Sincerely,



Kwabena O. Agyeman, MD



Nadeem A. Faruqi, MD, FACC

Patient Portal Guidelines Policy and Procedures

Enrollment:

If you are interested in receiving your records through our secure electronic portal, please provide our office with your personal email address. Once we enroll you, you will receive an email with the link to our website and your secure password.

Do NOT use email to communicate if there is an emergency or to communicate about HIV/AIDS

- In an emergency, call 911 or for urgent needs call Dominion Cardiology at (804) 520-1080 immediately
- Sensitive subject matter (HIV/AIDS, mental health, work excuses, etc.) is not permitted

Proper subject matter for portal communication:

- Medical questions, lab results, appointment requests and reminders, routine follow-up questions, etc.

Current functionality of Patient Portal:

- Email and secure messaging for non-urgent needs
- Viewing of lab results that have been sent to you
- Viewing of selected health information (allergies, medications, current problems, past medical history)
- Referral requests
- Appointment requests and reminders
- Viewing of past and current statements

Because your login is tied directly to your Electronic Health Record in our office, you do not need to enter information such as phone numbers, addresses, UNLESS they are new or different than you have given us before.

All communications will be included in your patient health record.

Privacy:

- All messages sent to you via a secure web portal.
- Emails from you to any staff should be through this portal or they are not secure.
- We will keep all email lists confidential and will not share this with other parties.
- Other Dominion Cardiology staff members may read your messages or reply in order to help the clinician that has been emailed.

Response time:

- After you agree to the Policy and Procedures and sign the informed consent we will attempt to send a welcome message to you. This will provide a link to the login page. We will not be able to communicate via email with you any other way
- We will normally respond to non-urgent email inquiries within 24 hours but no later than 3 business days after receipt
- If we are unable to access email for any reason we will attempt to have an automatic response inform you of this as soon as possible

Cost:

- Access to our patient portal is 100% FREE to all of our patients.

All Policies and Procedures are subject to change without notice

NOTICE OF PRIVACY PRACTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW CAREFULLY

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage, such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Healthcare operations: Your health information may be used as necessary to support the day-to-day activities and management of **Dominion Cardiology, P.C.** For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Appointment reminders: Your health information will be used by our staff to send you appointment reminders.

Information about treatments: Your health information may be used to send you information on treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

INDIVIDUAL RIGHTS

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information
- the right to receive confidential communications concerning your medical condition and treatment
- the right to inspect and copy your protected health information
- the right to amend or submit corrections to your protected health information
- the right to receive an accounting of how and to who your protected health information has been disclosed
- the right to receive a printed copy of this notice

Our Duties: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information: As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Privacy Officer.

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to the attention Privacy Officer, **Dominion Cardiology, P.C.** If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern. You will not be penalized or otherwise retaliated against for filing a complaint.