

### *Patient Portal*

The Patient Portal is a secure, online website that allows patients to request access to their personal health records from anywhere using the Internet. By entering a secure User Name and Password, you can communicate with the office or your physician, view health information such as medications and much more.

Ask about signing up for access to the Patient Portal at your next visit.

### *About The Practice*

Capital Cardiology Associates, PC is a benchmark cardiology practice committed to improving our patient's quality of life. By providing state of the art diagnostics, board certified physicians and a caring and competent staff, we offer the highest quality of care in a comfortable, supportive atmosphere.

Capital Cardiology Associates provides a full range of diagnostic, interventional, surgical, therapeutic and preventative services in the treatment of cardiovascular disease to patients throughout the Capital Region. Our board-certified cardiologists offer a full range of cardiology services to treat all categories of heart disease.

Our main office at Corporate Woods includes our clinical offices, Enhanced Cardiac Access, Diagnostic Imaging Center, TEE Cardioversion Suite, Cardiac Transfer Center, and corporate business office.

We have other offices located throughout the Capital District Region offering clinical services and select diagnostic imaging services.

### *Hospital Affiliations:*

- Albany Medical Center Hospital
- The Heart Institute
- St. Peter's Hospital
- Albany Memorial Hospital
- Samaritan Hospital
- St. Mary's Hospital
- Fox Hospital



7 SOUTHWOODS BLVD.  
CORPORATE WOODS  
ALBANY, NY 12211  
518-292-6000

SAMARITAN MEDICAL ARTS BLDG.  
2231 BURDETT AVE.  
TROY, NY 12180  
518-292-6200

ALBANY-SHAKER CORNERS  
7 SOUTHWOODS BLVD.  
CORPORATE WOODS  
ALBANY, NY 12211  
518-292-6300

CLIFTON PARK FAMILY PRACTICE GROUP  
855 ROUTE 146  
BLDG. B, SUITE 150  
CLIFTON PARK, NY 12065  
518-292-6004

COMMUNITY CARE PHYSICIANS  
1783 ROUTE 9  
SUITE 202  
CLIFTON PARK, NY 12065  
518-292-6004

MADISON AVENUE OFFICE  
854 MADISON AVENUE  
ALBANY, NY 12208  
518-438-6236

ONEONTA OFFICE  
5546 STATE HIGHWAY 7  
ONEONTA, NY 13820  
607-643-0016

# Patient Information



## Capital Cardiology Associates, PC

A Benchmark Cardiology Practice™

[www.CapitalCardiology.com](http://www.CapitalCardiology.com)

**518-292-6000**

### **Lab/Test Results**

All lab and test results will be reviewed by a doctor or nurse. If there are significant abnormalities, the office will call you. Otherwise, the doctor will discuss your results at your next visit. We do not call or mail our patients lab or test results on a routine basis. If you need a copy of your results, one will be provided at your next visit.

### **Prescription Renewals**

We will renew any prescription you need when you are in our office. Please bring your prescription bottles to the office so that we can check them.

A service charge will be applied for requests for renewals between office visits.

### **Patient Records**

In order to obtain a copy of your patient records, you will need to sign a release form, which is available at each office. Please allow five business days to process your request.

You may request access to your electronic health record, which is available via the Internet. You will need to have a valid email address, and you must sign an agreement in order to do this. If you are interested, please notify the Check In staff when you arrive for your appointment. They will provide you with the form, and send the link and necessary information to your email address. You should also let your doctor know that you have requested this access

### **Billing Questions**

If you have any questions about your medical insurance or patient billing, call 518-292-6060.

### **Medical Insurance**

Capital Cardiology Associates participates in most medical insurance plans. When making your first visit to our office, please be sure to bring your insurance ID card, a referral from your primary care physician (if required) and any prescription medications you may be taking.

Your co-pay and any balance not covered by your insurance is due at the time of your office visit. There is a service fee if the co-pay or uninsured balance is billed to your home.

If your insurance requires a referral from your primary care physician, please obtain one prior to your visit and bring it to the office with you.

### **Diagnostic Imaging**

The Diagnostic Imaging Department offers a wide range of quality imaging capabilities that enable your doctor to diagnose and manage cardiovascular disease. These include Nuclear Medicine testing, Positron Emission Tomography (PET), echocardiography, Peripheral Vascular Disease (PVD) testing, coronary Computed Tomography Angiography (CTA), Holter monitoring and exercise stress testing.

- Diagnostic Imaging: 518-292-6030
- CTA Suite 518-292-6400

### **Enhanced Cardiac Access**

Capital Cardiology Associates is pleased to announce the formation of the Enhanced Cardiac Access. Enhanced Cardiac Access provides rapid evaluation of patients with cardiac symptoms, such as chest pain, palpitations, and episodes of passing out. Patients may be referred by their primary care providers or just walk in. Evaluations may include electrocardiogram, blood work, stress testing, echocardiograms, CT scans, or nuclear stress testing. The goal is to provide an alternative to the emergency room for the evaluation of cardiac symptoms.

Enhanced Cardiac Access is available at our Corporate Woods office.

- Enhanced Cardiac Access 518-292-6090

### **TEE Cardioversion Suite**

Capital Cardiology Associates now offers Transesophageal Echocardiography (TEE) testing at our Corporate Woods office. Our accredited TEE Cardioversion Suite offers patients the same highly specialized outpatient procedure usually performed at a hospital in the convenient and familiar setting of our office.

### **Endovenous Laser Treatment (EVLT) ®**

The EVLT procedure is a minimally invasive laser procedure used in treating varicose veins without scarring that we offer in our Corporate Woods office.

It uses targeted laser energy to close the vein shut and helps in making you look and feel better fast. The benefits of the procedure are relief from heaviness in the legs, in addition to an overall wellness of being.

If you think this is something you could benefit from, discuss it with your cardiologist at your next visit.

### **Clinical Research**

Clinical research is the most effective way to find medicines, treatments, and diagnostic products that will benefit and help cure patients with cardiac disease. At Capital Cardiology Associates, we conduct Phase 3 clinical trials, the last step in the trial process before a treatment is approved for the market. If you are interested in participating in a Clinical Trial, please let your cardiologist know.

### **Interventional Procedures**

In addition to offering patients traditional clinical cardiology services, our doctors also perform a wide variety of interventional procedures including cardiac catheterizations, electro physiology, or EP studies, and the new TAVR procedure.

The TAVR procedure (sometimes referred to as TAVI – Transcatheter Aortic Valve Implant) is an alternative to traditional open-heart surgery.

TAVR not only offers an improved quality of life for the patient, but it is an alternative for high-risk patients with severe artery disease who may not otherwise be a candidate for valve replacement.





**WELCOME TO CAPITAL CARDIOLOGY ASSOCIATES**

**Corporate Woods**

7 Southwoods Blvd.:4<sup>th</sup> Floor  
Albany, NY 12211  
(518)292-6000  
FAX (518)292-6087  
Shaker Suite  
(518)292-6300  
Fax (518)292-6302

**Samaritan Medical Arts Bldg.**

2231 Burdett Ave. Suite 160  
Troy, NY 12180  
(518) 292-6200  
FAX (518)292-6228

**Clifton Park**

**Location #1:** Seton Health:  
Clifton Park Fam. Practice  
855 Route 146 Bldg B, Suite 150  
**Location #2:** CCP  
1783 Rt. 9; Suite 202  
Clifton Park, NY 12065  
(518) 292-6200  
FAX (518) 292-6228

**THE FOLLOWING IS A CHECK LIST TO HELP YOU PREPARE  
FOR YOUR FIRST VISIT WITH US**

When you come for your initial visit, please bring the following items with you:

**1. NEW PATIENT INFORMATION PACKET FORMS**

Patient information/Financial policy – signed \_\_\_\_\_  
Brief Medical History – signed \_\_\_\_\_

**2. INSURANCE CARD (S)** \_\_\_\_\_

**3. REFERRAL** – please check if required by your insurance \_\_\_\_\_

**4. MEDICATIONS**

List of/or actual pill bottles of ALL current medications \_\_\_\_\_

**PLEASE CALL THE APPOINTMENT LINE IF YOU NEED TO  
CHANGE OR CANCEL YOUR APPOINTMENT  
(518) 292-6004**

**Thank you for choosing Capital Cardiology Associates.  
Please visit us at  
[www.capitalcardiology.com](http://www.capitalcardiology.com).**

## PATIENT INFORMATION SHEET

<b>TODAYS DATE:</b> _____		<b>ACCOUNT NUMBER:</b> _____	
LAST NAME: _____		EMPLOYED _____ F/T STUDENT _____ P/T STUDENT _____	
FIRST NAME: _____ MI: _____		EMPLOYER/SCHOOL: _____	
ADDRESS: _____			
ADDRESS: _____		HOME PHONE #: _____	CELL: _____
CITY: _____		WORK PHONE #: _____	EXT: _____
STATE: _____ ZIP: _____		AT WHICH NUMBER CAN WE LEAVE A VOICEMAIL MESSAGE? _____	
_____ MALE _____ FEMALE		DATE OF BIRTH: _____	
MARITAL STATUS: _____ SINGLE _____ MARRIED _____ OTHER _____		SOCIAL SECURITY #: _____	
**WHO IS YOUR PRIMARY CARE PHYSICIAN? ( _____ I DON'T HAVE A PCP)		EMAIL: _____	
PCP NAME: _____		<b>PREFERRED PHARMACY</b>	
ADDRESS: _____		NAME: _____	
CITY/STATE/ZIP: _____		ADDRESS: _____	
PHONE: _____		CITY/STATE/ZIP _____	
FAX: _____		PHONE: _____	
<b>NEXT OF KIN</b>		<b>PLEASE LIST ANY ADDITIONAL PERSONS WITH WHOM WE MAY ALSO DISCUSS YOUR CARE</b>	
NAME: _____		NAME/RELATIONSHIP: _____	
RELATIONSHIP: _____		PHONE #s: _____	
PHONE #s: _____		NAME/RELATIONSHIP: _____	
MAY WE DISCUSS PERSONAL HEALTH INFORMATION WITH THIS PERSON? _____ YES _____ NO		PHONE #s: _____	
<b>1. Do you consider yourself Hispanic or Latino? _____ YES _____ NO</b> <b>2. Preferred Language: _____ English    Other _____</b> <b>( _____ Needs Interpreter)</b>			
<b>3. Which category best describes your race? _____ White    _____ American Indian/Alaska Native    _____ Black/African American</b> <b>_____ Hawaiian/Pacific Islander    _____ Other    _____ Decline to Answer</b>			
<b>CONSENT AGREEMENTS ~ PLEASE INITIAL</b>			<b>Initial</b>
1	<i>I understand that I am responsible for charges not covered or reimbursed by my insurance. I agree, in the event of non-payment, to assume the costs for interest, collection and legal action (if required).</i>		
2	<i>I hereby assign all medical benefits to include major medical Medicare, private insurance, and any other health plans to CAPITAL CARDIOLOGY ASSOCIATES, P.C.. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment.</i>		
3	<i>I understand that I have a right to request and receive a Notice of Privacy Practices from Capital Cardiology Associates, P.C.</i>		
4	<i>I understand that my medication history may be obtained utilizing an electronic information exchange and that this protected health information may provide valuable information for my healthcare provider. I hereby authorize Capital Cardiology Associates to access my medication history without limitation or exclusion as is required and/or reasonably advisable to disclose, process, retrieve, transmit and view as necessary for my care and treatment.</i>		
Signature/Patient _____			Date _____
Parent/Guardian _____			Date _____

Capital Cardiology Associates

Social History			
Marital Status: S M D Oth _____		# of Children: _____	
Parents/Siblings Still Living: Yes No If deceased, give age deceased and cause: Mother: _____ Father: _____ Sibling: _____		Smoking: Cigarettes Cigars Chew E-Cig How Many? _____ per _____ Former Smoker When did you quit? _____ How Many? _____ per _____ Occasional Smoker ___ Never Smoker	
Daily Exercise: Yes No What kind of exercise?		Alcohol/Recreational Drugs? _____ How many? _____ per _____	
Are you under a lot of stress? Yes No Explain: _____		What kind of work do you do?	
Family History: List anyone in your immediate family who has a heart condition, including heart attacks, stents, bypass surgery:			
Current Medications:			
Drug	Dosage	# taken/day	Ordering MD
List Allergies to Drugs and Other Substances:			
Allergy	What kind of reaction did you get?		
(ROS): Please Check All That Apply:		CARDIAC: See History of Present Illness	
RESPIRATORY: ___ Wheezing ___ Cough ___ Sputum Production		___ No Problems	
CONSTITUTIONAL: ___ Fever ___ Chills ___ Night Sweats ___ Significant changes in weight		___ No Problems	
EYES: ___ Blurry Vision ___ Double Vision		___ No Problems	
GI: ___ Abdominal Pain ___ Nausea/Vomiting ___ Diarrhea		___ No Problems	
GENITOURINARY: ___ Burning ___ Urinary Retention ___ Frequent Urinary Tract Infections		___ No Problems	
MUSCULOSKELETAL: ___ Aches ___ Pains ___ Joint Swelling ___ No Problems		___ No Problems	
ENDOCRINE: ___ Heat/Cold Intolerance ___ Unexplained Thirst ___ Increased Urination		___ No Problems	
NEUROLOGICAL: ___ Seizures ___ Paralysis ___ Significant Headaches		___ No Problems	
SKIN: ___ Rash ___ Itching ___ New Skin Lesions		___ No Problems	
<b>DOCTOR'S NOTES:</b>			

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Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

*For Med Assistant Entry: Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_*

1) Reason for Visit:

2) How did this come about, explain as much as needed:

3) Cardiac Risk Factors

Risk Factor	Self	Family	Risk Factor	Self	Family
Smoking			High Blood Pressure		
Heart Disease			Sedentary Life Style		
Diabetes			Alcohol/Substance Abuse		
High Cholesterol			Previous Heart Attack		

4) What are your main medical problems (list all you know about): (Past Medical Hx)

Hospitalizations: List non-surgical hospitalizations

Hospital	Reason for hospitalization	Date

Past surgery including non-hospital surgeries:

Hospital	Reason for surgery	Date

Any other Medical History:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Quick Reference Guide: Your New PHR Portal

This guide provides instructions for how to access and use your new Patient Health Record (PHR) Portal. You can continue to download documents from your new PHR portal. New features will also allow you to:

- authorize others to access your PHR Portal
- receive messages from your provider
- send a message to your provider (non-urgent, non-emergency messages only)

You will receive an new username with a temporary password in an email from us. Please call the office if you did not receive your new username and password.

The old PHR Portal will be removed and your old username and passphrase will be disabled when the new PHR Portal is implemented. Previously uploaded document should be in your new PHR Portal. Please contact the office if there is a missing older document you need access to.

### Access Your New PHR Portal

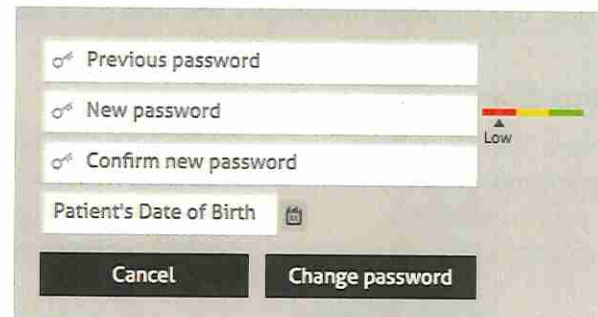
1. Click on the link in the email to go to the log in screen.
2. Type your new username in the Username field.
3. Type your temporary password in the Password field. Password is hidden.
4. Click the Log in button. Result: You receive an Alert informing you that you must reset your temporary password and enter the patient's date of birth to continue.
5. Click Continue to close the message box. Result: The Change Password page opens.



6. Type your temporary password in the Previous Password field.
7. Make up a new password and type it in the New Password field.

NOTE: Password must be at least 8 characters.

8. Type your new password again in the Confirm new password field.
9. Click the Change Password button. Result: Your PHR Portal opens.



NOTE: Next time you log in, you must use the new password.

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## PHR Documents

This is the list of documents in your PHR Portal.

Click on one to download it to your computer to save and view it.

You will be notified via email whenever a new document is sent to your PHR Portal.

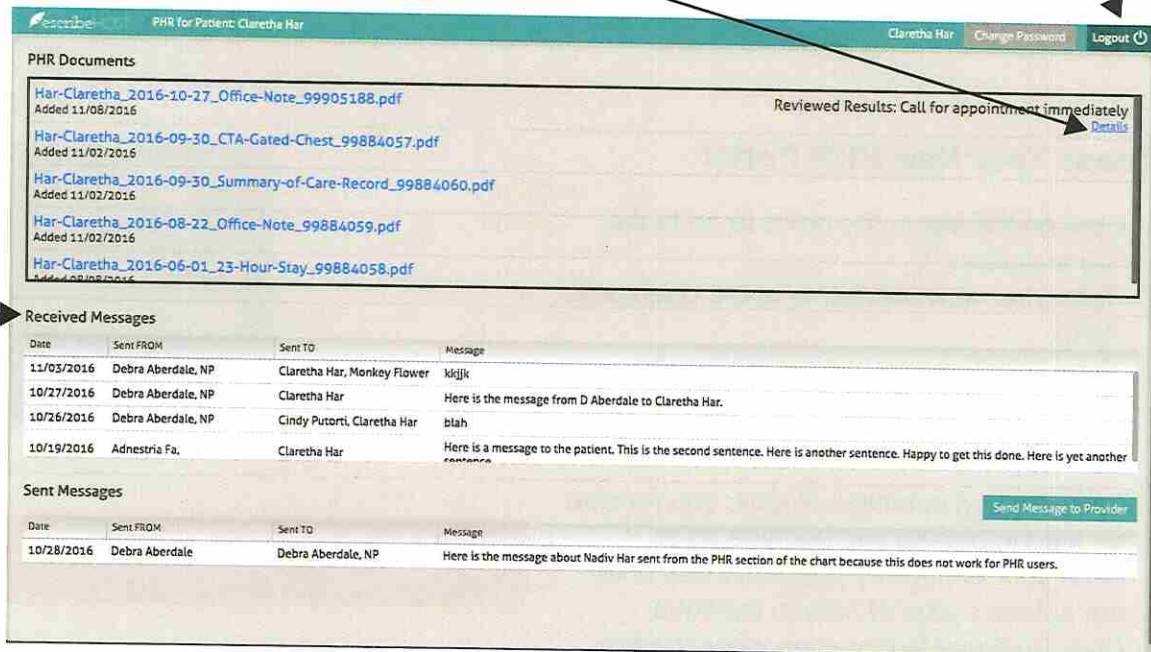
## Results Status Messages

Text to the right of a document indicates your provider sent a result status message about that document. Read this carefully as it may contain instructions to call the office for an appointment.

Click the [Details](#) link to view the full message and to see who sent it.

## Logout

Click the Logout button to exit your PHR Portal securely.



## Received Messages

This is the list of all messages you and your designated representatives have received from us.

## Sent Messages

This is the list of non-urgent messages you sent to your health care provider.

Click the [Send Message to Provider](#) button to open the popup (see image to the right) to create your message.

Type your provider's last name in the "Provider Recipient" box and click on the correct name.

Type your message in the "Message" box.

Click the [Send](#) button to send your message.

