


Buxmont Cardiology Associates  Grand View - Lehigh Valley Health Services
Buxmont Cardiology Division

PATIENT REGISTRATION FORM

PATIENT INFORMATION

Today's Date: _____ Family Doctor: _____ Sex: _____

Patient's Name: _____

Buxmont Cardiology Associates  Grand View - Lehigh Valley Health Services
Buxmont Cardiology Division

WELCOME TO OUR PRACTICE

Thank you for choosing Grand View-Lehigh Valley Health Services, Buxmont Cardiology Division for your cardiovascular care. We are happy to be able to serve your health care needs. It is our goal to provide you with the best possible medical care. We have enclosed information about our practice along with some forms we need completed prior to your first appointment.

Please complete the enclosed forms and bring them (do not mail) to your initial appointment on:

Appointment Date: _____ Appointment Time: _____

If your insurance plan requires obtaining a referral for Specialist visits, please contact your Primary Care Physician 3 to 5 business days prior to your visit. When you arrive at our office, the receptionist will verify your information, collect your referral (if applicable), and scan both your insurance card(s) and a Photo ID.

Please contact your Family Physician to fax your pertinent records to our office at (215) 257-0129 or you may hand deliver to our office no less than 1 week prior to your appointment.

Patient Checklist:

- Medical Records - have faxed or bring to office at least 1 week prior to your appointment
- Referral - please contact your Primary Care Physician 3 to 5 days prior to your appointment
- Registration Forms - either complete online or bring copies to your appointment
- Insurance Cards - please bring copies to your appointment
- Photo ID - please bring to your appointment

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CONSENT FOR RELEASE OF INFORMATION FOR TREATMENT, PAYMENT & HEALTHCARE OPERATIONS

I, _____, Cardiology, consent to carry out the above if I refuse to consent to the above.

I have read the uses and purposes of the information and I understand that I have the right to refuse to consent to the above.

I understand that I have the right to revoke my consent at any time.

I understand that I have the right to request a copy of the information that has been disclosed to me.

I also understand that I have the right to request a copy of the information that has been disclosed to me.

**GRAND VIEW - LEHIGH VALLEY HEALTH SERVICES
BUXMONT CARDIOLOGY**

3 Life Mark Drive
Sellersville, PA 18960
215-257-1127
www.buxmontcardiology.com

ACKNOWLEDGEMENT NOTICE OF PRIVACY PRACTICES


The Notice describes how my health information may be used and disclosed, and how you can access and control this information. I am aware that the Notice may be changed or updated from time to time on the organization's website or by requesting one at this office.

Date: _____

Signature: _____

Print/Type Name: _____

*As the representative of the above individual, I acknowledge that I have read and understand the Notice of Privacy Practices and decline to sign this acknowledgment.

Buxmont Cardiology Associates  A Division of Grand View-Lehigh Valley Health Services

YOUR MEDICAL & FINANCIAL RECORDS


THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Like everything else in the fast moving and legalistic world of today, the practice of medicine is much more complex than it used to be. Part of what that means as a patient, is that the records kept by the clinic of your visits are often used in new ways. We are providing you with this information as a requirement of the Health Insurance Portability and Accountability Act of 1996, but we are also happy for the opportunity to share our feelings about the responsibility we feel toward you and the private information with which you have entrusted us.

While the records belong to the clinic, you have a right to know what is in them. If you need a copy of some portion of your medical or financial records simply ask the receptionist.

The primary use for your medical record remains to help your health care provider keep track of your health history including all the symptoms that have brought you to the clinic, your family health history, examinations and test results, diagnoses made, treatments supplied and medications given.



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Lifemark Medical Center
3 Life Mark Drive
Sellersville, PA 18960

Lehigh Valley Health and Diagnostic Center
Rtown Plaza Shopping Center
North West End Boulevard
Quakertown, PA 18951

PHONE 215.257.1127
FAX 215.257.0129
www.buxmontcardiology.com

