

PATIENT REGISTRATION & CONSENT FORM

(PLEASE PRINT ALL INFORMATION)

NAME: _____ SEX: M ___ F ___ SS# _____ / _____ / _____

MARITAL STATUS: SINGLE ___ MARRIED ___ WIDOW/WIDOWER ___ DOB: _____

STREET ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (IF DIFFERENT) _____

TELEPHONE: HOME # _____ WORK # _____ CELL # _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

WHO IS YOUR PRIMARY CARE PHYSICIAN? _____

SPOUSE'S NAME: _____

SPOUSE'S EMPLOYER: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP _____

INSURANCE INFORMATION

(PLEASE PRESENT YOUR INSURANCE CARDS AT THE TIME OF REGISTRATION)

PRIMARY INSURANCE: _____ RELATIONSHIP TO PATIENT _____

SUBSCRIBER NAME (IF DIFFERENT FROM PATIENT): _____

ID #: _____ GROUP # _____

SECONDARY INSURANCE: _____ RELATIONSHIP TO PATIENT _____

SUBSCRIBER NAME (IF DIFFERENT FROM PATIENT): _____

ID #: _____ GROUP # _____

DOES EITHER INSURANCE REQUIRE A REFERRAL FROM A PRIMARY CARE PHYSICIAN? YES ___ NO ___

IS THIS A WORKERS' COMPENSATION CLAIM? YES ___ NO ___

1. Your insurance is filed as a courtesy to you. All services not paid within 30 days by your insurance company will become your responsibility.
2. All copays, deductibles, co-insurance, previous balances, and fees for non-covered services are due at the time of your visit. You will be responsible for all collection fees associated with the collection of your account.
3. We will be happy to provide you with a statement of your account, when requested, to file with a secondary or tertiary insurance, once your account is paid in full. We will file secondary insurances, when needed, if required by a specific contract.
4. If you are a Medicare recipient, we will file your Medicare as required for participation in the Medicare program. If your Medicare is primary, please notify Medicare of your supplemental insurance. Medicare normally forwards claims to a supplement for processing of co-insurance or deductibles. This does not guarantee your supplement will pay these balances.
5. As our patient, we will provide the best possible care for you. Services we provide to you may or may not be covered by your insurance due to routine, non-covered, or "deemed medically unnecessary" by your insurance company. In the event your insurance company does not cover your services, you will be responsible. We will make every effort to let you know if we feel your insurance company may not cover your services. You are responsible for knowing the benefits/coverage of your insurance.

Torrington Radiologists, P.C./Advanced Medical Imaging of NW CT, LLC (AMI)

PRIVACY NOTICE

As a patient of Torrington Radiologists/AMI, we want to provide you with the best possible care. We want you to feel free to make full disclosure of information to the physician(s) so that effective treatment can be provided. As required by the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Torrington Radiologists/AMI is providing you, the patient or the patient's legal representative, with a copy of our Privacy Notice. HIPAA regulations require us to provide this information to you and to obtain your signature or the signature of your legal representative as proof that you have received our Privacy Notice.

The policy of Torrington Radiologists/AMI is to protect the confidentiality, integrity, and security of the protected health and personal information of our patients and to prevent unauthorized access to, or the use of such information. This policy applies to both current and former patients.

Protected Health Information (PHI) is individually identifiable health and personal information and includes any information obtained by Torrington Radiologists/AMI in connection with providing healthcare treatment, obtaining payment and related healthcare operations. This relates to past, present or future information that Torrington Radiologists/AMI receives from you as our patient.

We will use this information to provide caring and quality medical care to you. Examples of PHI include diagnosis, treatment, and communications, both oral and written and including answering machines, voice mail, and e-mail, used for follow-up, appointment scheduling and reminders, and test results reporting. As part of our standard healthcare operations, we may share information with a facility such as a hospital, laboratory, diagnostic service or healthcare provider to coordinate your treatment plan in the most efficient manner. For insurance carriers, your information will be used for claims submission and to obtain payment for services provided. We will exchange data with your insurance carrier for activities such as confirming your eligibility with the plan, benefit and coverage determinations, and precertification/authorization and utilization review.

Your information is maintained in our office in our practice management information system. We also maintain information about you in your medical chart. Torrington Radiologists/AMI limits access to your PHI to those employees and business associates who need to know this information and we restrict the types and amount of information provided to that which is "minimally necessary" in order to carry out their work.

We do not disclose PHI to third parties for purposes other than treatment, payment or healthcare operations unless the following exceptions occur:

- We receive a signed authorization from you to release your individually identifiable information. Torrington Radiologists/AMI will provide you with an Authorization Form that will need to be signed by you, the patient, or in the case of a minor, his/her guardian. This authorization will be for a defined period of time and may be canceled by you, the patient, or in the case of a minor, by his/her guardian, at any time.
- Federal, state or other applicable law requires us to share PHI.
- Workers' Compensation purposes.

You have the right to request a review of your PHI, to amend your records, and request restrictions on how your PHI is used. You may request an accounting of how your PHI has been disclosed. Any requests for amendments or restrictions to the use of your PHI must be in writing. You have a right to request a copy of your medical record. Torrington Radiologists/AMI will make every effort to provide you with your record within a reasonable amount of time and subject to normal copying charges. If you have any questions, comments or complaints regarding the management of your PHI, please contact Debra Cicerchia, Torrington Radiologists/AMI, Complaint Department at (860) 489-7314.

I acknowledge that I have received the above Torrington Radiologists/AMI Privacy Notice.

Patient's Signature

Date