

# Welcome

**Thank you for choosing Hematology-Oncology Associates of CNY (HOA) as your medical provider.**

We look forward to working with you to create a personalized treatment plan that respects your wants, needs and preferences. Throughout your journey with us, we encourage you to ask questions about your diagnosis, treatments and medicines. This process puts you in the center of your care, and helps us continuously improve the quality, safety and effectiveness of your treatments. It also aids us in guiding and coordinating services for you to receive the right care at the right time.

For your convenience we have three clinical locations and a community wellness center. The addresses can be found on the back of this folder.

Additionally, you can find more detailed information about our practice and services on our website – [hoacny.com](http://hoacny.com). The QR code below will take you to the website home page. You will see other QR codes throughout this packet to direct you for more information.

**Learn more**



# Your Oncology Medical Home

## **We consider ourselves your Oncology Medical Home.**

We are committed to providing as many of the services that you need for your care as possible. We will coordinate care with your primary doctor and other specialists when you need care that we cannot provide. We even have a chronic care management program if you need that.

## **Call us first at 315.472.7504 for any concerns, symptoms, questions or problems that arise.**

We have oncology trained nurses who will figure out how urgently you need to be seen. If you need to be seen the same day, we will make that happen. If you require hospitalization for an emergency that we cannot manage, we will help expedite your care by notifying the hospital.

## **Your care team treats you from the moment of diagnosis throughout the course of the disease and survivorship by:**

- Listening to your personal needs and goals
- Helping you understand your type of cancer and answering your questions
- Talking with you about your treatment choices
- Coordinating and keeping track of your care, treatment and medications
- Working with you to improve your quality of life, managing your pain and symptoms
- Taking care of you when you are sick
- Providing you with a summary and follow-up care plan upon completion of treatment
- Sharing important information with you and other physicians involved in your care such as test results, medications, and your treatment plan

## **What you can do to help us help you:**

- Call us early in the day if you are sick, concerned or experiencing symptoms or problems.
- Bring a list of your questions to your appointments.
- Bring your prescription medications, over the counter medications and vitamins.
- Tell us whenever there is something that you don't understand.
- Tell us when you see your other doctors.

# Comprehensive Services

The following services are essential to our mission of providing the highest level of quality care in a healing environment for the mind, body and spirit of patients dealing with cancer and blood disorders. Your care team can provide details about each of these services and make appointments for you as necessary.

## The **SUPPORTIVE SERVICES** our care teams most often prescribe include:

- Nutrition – registered dietitians who are board-certified in Oncology Nutrition
- Social Work – caring for you and your loved ones' emotional and social needs

988 is a national suicide and crisis lifeline available 24 hours a day. If you or your loved one is in crisis simply call or text 988 to speak with a trained crisis counselor.

- Cancer Rehabilitation – helping you continue pursuing the activities you love
- Supportive Oncology Care – to minimize symptoms and side effects of treatment
- Survivorship – helping answer the “what next” question, help with the transition back to pre-cancer roles, a treatment summary and follow-up care
- Chronic Care Management – supporting individuals with multiple illnesses
- Oncology Nurse Navigation – guiding you and your loved ones through your treatment

## **PREVENTIVE SERVICES** our patients and the general public can utilize include:

- Cancer Genetics Screening
- Lung Cancer Screening
- Multi-Cancer Early Detection Testing
- Smoking Cessation and Quitting Tobacco Usage

## **ADDITIONAL SERVICES** available for your convenience include:

- Laboratory Services – at each of our clinical locations
- Medication Services – at each of our clinical locations (See separate sheet.)
- Non-Oncology Infusion Services – for a variety of illnesses requiring IV therapy; at each of our clinical locations
- Wellness Center – available to patients and the general public (See separate sheet.)

[Learn more](#)

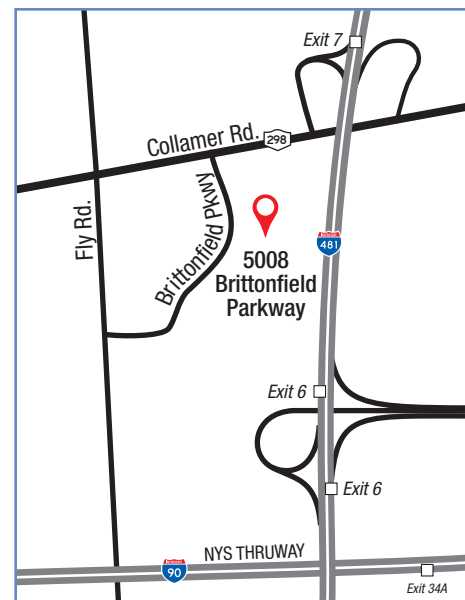


# Medication Services

The HOA Patient Rx Center is located at 5008 Brittonfield Parkway East Syracuse, NY 13057. We are conveniently located less than 1 mile from exit 34A off the New York State Thruway (I-90) and just off exit 7 on I-481. We are able to serve patients residing in Central New York and all surrounding areas.

Hours of operation:	Monday – Friday 8 a.m. - 5 p.m.
Telephone:	315.472.7504, option 6
Toll-free:	833.354.0626
Fax:	315.634.4419

During normal business hours, patients are able to call The Patient Rx Center and speak directly to a staff member to obtain information regarding their prescription status, billing information, prescription insurance issues and other pharmacy care concerns.



As a patient of HOA, you have the right to address concerns regarding your prescription care or satisfaction with The Patient Rx Center. Our goal is to provide complete satisfaction with your care. If you have an issue or concern we will investigate and address each and every one as described in this policy.

**You have the right to file an issue or concern either verbally or in writing. You may make these known to any employee who will then refer you to the proper management below.**

Pharmacy Manager – Danielle Maciorowski	315.472.7504 extension 1063
Pharmacy Director – Nicholas Bouchard	315.472.7504 extension 1029
Chief Quality Officer – Mary Stone	315.472.7504 extension 1366

Once your issue or concern is received, it will be investigated, documented, and responded to by appropriate management: verbally within 5 days; written within 14 days.

Documentation of resolutions will include: patient demographics, nature of complaint, date of advisement, date of investigation, findings of investigation, conclusions, corrective action plan (if necessary), and date of patient contact.

We will make every effort to resolve any issue or concern in a timely manner. In the event your issue or concern is not addressed to your satisfaction, the following agencies may be contacted for further resolution:

NYS Department of Health Consumer Health Care:	1.800.663.6114	M-F 8 a.m. – 8 p.m.
Accreditation Council for Health Care (ACHC):	1.855.937.2242	M-F 8 a.m. – 8 p.m.

# Complementary Therapy/Wellness Center

Consistent with our mission to provide the highest level of quality care in a healing environment for the mind, body and spirit of patients dealing with cancer and blood disorders, we offer an Integrative Therapy Program and Wellness Center in Camillus at:

5700 West Genesee Street  
Medical Center West, Building A  
Camillus, NY 13031  
315.234.4673

Services are offered:

Monday – Friday 7 a.m. – 7 p.m. by appointment

Saturdays 9 a.m. – 5 p.m. by appointment

The different types of classes available are listed online at [hoacny.com/our-services/wellness-center](http://hoacny.com/our-services/wellness-center).

Individual Services are available by appointment for the following fees\*:

Massage Therapy	\$60/hr
Reiki Therapy	\$40/hr
Healing Touch	\$40/hr
Foot Reflexology	\$40/hr
Acupuncture	\$65/hr

*\*Providers are independent contractors and payment is made directly to them. HOA does not make a profit from these services. We provide this space to our vendors free of charge, so they can provide services at a reduced rate.*

[Learn more](#)



## HOA WELLNESS & INTEGRATIVE THERAPIES

*Gift Certificate for Patient or Caregiver  
from  
New Patient Resource Guide*

This certificate entitles you to  
**one Free Yoga Class of your choice**  
at the HOA Wellness Center

5700 West Genesee Street  
Medical Center West, Building A  
Camillus, NY 13031



Check the schedule at  
[hoacny.com/our-services/wellness-center](http://hoacny.com/our-services/wellness-center)  
and call for your appointment

## HOA WELLNESS & INTEGRATIVE THERAPIES

*Gift Certificate for Patient or Caregiver  
from  
New Patient Resource Guide*

This certificate entitles you to  
**one Free Reiki or Healing Touch  
Treatment or 50% off a massage**  
at the HOA Wellness Center

5700 West Genesee Street  
Medical Center West, Building A  
Camillus, NY 13031



Call 315.234.4673 for an appointment

# Important Forms and Notifications

**Behind this page you will find the following notifications and forms for your review:**

- Notice of Privacy Practices
- Patient's Bill of Rights and Responsibilities
- Emergency Preparedness Plan



## **Patient's Bill of Rights and Responsibilities**

As a patient of Hematology-Oncology Associates of Central New York, P.C., (HOA) you have the right, consistent with law, to:

- Be fully informed in advance about any care or services to be provided, including who will be providing that care, how often you will need to be seen for that care and if the plan of care needs to be changed.
- Be informed, both orally and in writing, in advance of care being provided, of the cost for care or service for which you will be responsible. You will receive an itemized bill and explanation of all charges.
- Receive information about the types of services we will provide for you and those not provided by us.
- Participate in all decisions about your treatment.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Receive all the information you need to give informed consent for an order to not resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask.
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Know the names, positions and functions of any of our staff involved in your care.
- Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, and sexual orientation. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- Complain without fear of reprisals about the care and services you are receiving and to have HOA respond to you and, if you request it, provide a written response.
- Privacy and confidentiality of all information and records regarding your care.
- Be advised on HOA's policies and procedures regarding the disclosure of clinical records.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of your responsibilities; including submitting forms that are necessary to receive services, providing accurate medical and contact information and any changes, maintaining any equipment provided to you, notifying us of any concerns about the care or services provided, fulfilling your financial obligations to us and conducting oneself in a respectful manner toward staff and other patients.

# Notice of Privacy Practices

**Hematology Oncology Associates of CNY wants you to know that we take your privacy very seriously. This document explains our policies and rules on how we will protect and maintain the confidentiality of your personal information which is contained in your medical records and in our business records.**

**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.**

Hematology Oncology Associates of CNY (referred to in this document as "HOACNY" or "We") is required by federal and New York State law to maintain the privacy of your health information and to provide you with this notice describing its privacy practices and obligations. HOACNY will not use or disclose your health information, including your medical and billing records maintained at HOACNY, except as described in this notice. For purposes of this Notice, your "health information" refers to biographical information, such as your name, address, social security or patient number, medical record number, or other items of information that alone or in combination with other information can be used to identify you, and also information about your health, including past history, treatment, diagnosis, test results, and any other information about your health or condition, or relating to payment of charges for medical treatment, found in your medical record or in other records that are maintained by HOACNY.

HOACNY will require an authorization prior to releasing any psychotherapy notes. Any Protected Health Information (PHI) for marketing purposes or sale of any PHI will also require patients' authorization.

On your initial registration at HOACNY you will be asked to acknowledge in writing that you have received a copy of this form. HOA will notify patients if there are any changes made to the Notice of Privacy Practices.

## **How HOACNY May Use or Disclose Your Health Information:**

**Treatment:** We will use your health information in providing and coordinating your care and treatment. We may disclose all or any portion of your medical record information to your attending physicians at HOACNY, consulting physician(s), nurses, technicians, and other health care providers who have a legitimate need for such information in order to provide or participate in your care and treatment. A variety of HOACNY departments will share your health information in order to coordinate specific services, such as providing medications, lab work, and imaging. We also may, where necessary and appropriate, disclose your health information to people outside HOACNY who are involved in your medical care after you leave HOACNY, such as your personal physician, immediate family



members, friends who are to be involved in your care, and others (as directed by you) who will provide services that are part of your care. We may use and disclose your health information in order to contact you and provide you with information about possible treatment options, alternatives, or other health related services that may be of benefit to you.

**Payment:** We may use or disclose your health information for the purpose of ascertaining whether you have insurance coverage, to send billing for your treatment, to facilitate claims management, medical data processing, and to collect reimbursement. The information may be released to an insurance company, government health payer such as Medicare or Medicaid, or other entities (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts from your medical record which are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the procedures and supplies used.

Patients may restrict certain disclosures of PHI to a health plan if they pay for a service in full, out of pocket. The billing department must be notified to determine how to manage such a request.

**Family/Friends:** HOACNY may release health information about you to a member of your family or a friend of yours who is involved in your medical care. We may also give information to a family member or other person who is or agrees to be responsible for your medical bills. In addition, in the event you were involved in a disaster or catastrophe, we may disclose information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Healthcare Operations:** HOACNY may use and disclose your health information in the course of routine healthcare operations, including quality assurance, utilization review, peer review, internal auditing, accreditation, certification, licensing or credentialing activities, and for educational purposes for students, medical residents and trainees. Appointment Reminders: We may, unless you tell us not to, use and disclose your health information to contact you by telephone or mail as a reminder that you have an appointment for treatment or medical care at HOACNY.

**Business Associates:** A business associate is an individual or entity under contract with HOACNY to perform or assist HOACNY in performing a function or activity involving you or your care which necessitates a permissible use or disclosure of your health information. HOACNY may use and disclose health information about you to business associates. Examples of business associates, include, but are not limited to, collection agencies, accountants, lawyers, medical transcriptionists and third-party billing companies. We maintain a written contract with each business associate, which requires the business associate to protect the confidentiality of your health information.

**Research:** If you are a participant in research at HOACNY, your health information may be used or disclosed as part of that research, as described in a specific authorization signed by

you as part of the process by which you enroll as a participant in the research. There may be instances in which HOACNY may use and disclose medical information about you in the absence of a specific authorization, when the use of such information in a clinical research study or an outcomes analysis has been approved by HOACNY. Such approval will only be given where the use or disclosure will not involve a significant risk of a breach of confidentiality. For example, the research project may involve comparing the health and recovery of certain patients with the same medical condition who received one medication to those who received another. In those instances, there will be no outside disclosure of your health information. In addition, as a major part of our mission is research, we may use your health information for accumulating databanks, outcome reviews and screening for eligibility for participation in clinical trials. In these instances, there will be no disclosure to outside parties.

**Law Enforcement/Litigation:** HOACNY will disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**Public Health:** As required by law, HOACNY may disclose your health information to public health or government authorities charged with preventing or controlling disease, injury or disability. For example, HOACNY is required to report the existence of or exposure to communicable diseases, such as AIDS or hepatitis, to the New York State Department of Health.

**Workers Compensation:** HOACNY may release health information about you to your employer or an insurance company in connection with a workers' compensation claim filed by you.

**Military/Veterans:** If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

**Inmates:** If you are an inmate of a correctional institute or under the custody of a law enforcement officer, HOACNY may release your health information to the correctional institute or law enforcement official.

**Coroners, Medical Examiners, Funeral Directors:** HOACNY may notify a coroner, funeral director or medical examiner in case of death.

**Other Uses/Revocation of Authorizations:** Any other uses and disclosures of your health information not described in this Notice will be made with your written authorization. An authorization permitting HOACNY to use or disclose your health information can be revoked by you at any time by providing a written notice clearly identifying the written authorization that is being revoked, specifying the portion or all of the authorization being revoked, and delivering the revocation to the Health Information and Medical Records

Department at HOACNY. Such revocations shall be effective two business (2) days after receipt thereof by that department.

HOACNY may contact patients regarding fundraising however patients have the right to opt out of receiving fundraising communications. It is not required that HOACNY offer presolicitation opt outs.

**Breach:** In the event of a breach of your health information, HOACNY will notify the patient(s) and follow the guidelines set forth by the Department of Health and Humans Services.

Any other disclosures not accounted for in this notice will only be made with an authorization from the patient or their representative.

## **Your Health Information Rights:**

You have the following rights concerning your health information maintained at HOACNY:

**Right to Confidential Communications:** You have the right to receive confidential communications of your medical information by alternative means or at alternative locations. For example, you may request that HOACNY only contact you at work or by mail, and to tell us not to contact you at a certain address or telephone number.

**Right to Inspect and Copy:** You have the right to inspect and copy all or portions of your medical record. New York State law permits HOACNY to recover costs for copies of the paper medical chart up to \$.75 per page and a reasonable charge for any radiology films provided.

**Right to Amend:** You have the right to request an amendment to your medical record or other health information as provided by HOACNY Right to Amend Policy. A written request form, and a copy of this policy and procedure, may be obtained by contacting the Health Information Management Department at (315) 472-7504, or by contacting your HOACNY physician. HOACNY may deny such an amendment under certain circumstances and in accordance with the procedures outlined in HOACNY Right to Amend Policy.

**Right to an Accounting:** You have the right to obtain an accounting of certain disclosures to third parties outside of HOACNY of your health information as provided by 45 CFR §164.528 Disclosures which you have authorized will not be reflected in this accounting, nor will disclosures for treatment, payment or operations.

**Right to Request Restrictions:** You have the right to request additional restrictions on certain uses and disclosures of your health information under 45 CFR § 164.522. HOACNY may agree to honor your request but has the right to refuse requests for restrictions which are not mandated by law. You must make your request in writing, and HOACNY will respond to your request within ten (10) business days thereafter.

**Right to Receive Copy of this Notice:** You have the right to receive a paper copy of this Notice, upon request.

### **For More Information or to Report a Problem:**

If you have questions, need additional information, or wish to file a complaint, you may contact the Privacy Officer of HOACNY at (315) 472-7504. If you believe your privacy rights have been violated, you may file a complaint with HOACNY or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. Federal law and HOACNY policy prohibit retaliation against a person for filing a complaint.

**Changes to this Notice:** HOACNY will abide by the terms of this notice currently in effect. HOACNY reserves the right to change or modify its privacy practices, provided such changes or modifications comply with applicable law, and further provided it then issues an updated Notice of Privacy Practices. HOACNY reserves the right to change the terms of this Notice to reflect changes in practices and to make the new notice provisions effective for all protected health information that it maintains, including information received by HOACNY prior to such change.

Revised March 2013

M/Public/HIPAA/2015 Patient Forms

## Patient Emergency Preparedness Plan

### Emergency Contact Information:

**For all life-threatening emergencies, always call 911 first.**

Phone	Address
<input type="checkbox"/> Police _____	
<input type="checkbox"/> Fire _____	
<input type="checkbox"/> EMS _____	
<input type="checkbox"/> Local Red Cross _____	
<input type="checkbox"/> Local Emergency Management Office _____	
<input type="checkbox"/> Physician _____	
<input type="checkbox"/> Pharmacy _____	
<input type="checkbox"/> Neighbor _____	
<input type="checkbox"/> Relatives _____	
<input type="checkbox"/> Radio or TV stations:	Radio: WSYR 570AM or 106.9FM TV: Channels 9 WSYR, 5 WIXT, 3 WSTM and 1 Spectrum News

### Medications:

If you have missed a treatment or need medication, we can help you. Please call The Patient Rx Center at 315-472-7504 Option 6. We are open 8AM to 5PM Monday-Friday. If you need help after hours or on the weekend, please call 315-472-7504, as there is always a physician on-call to help.

**It is important to be safe in times of an emergency. The following are some of the things you can do to help better prepare yourself.**

### Make a list

- ☐ Medications
- ☐ Medical information
- ☐ Allergies and sensitivities
- ☐ Copies of health insurance cards

### Have on hand

- ☐ A seven-day supply of essential medications
- ☐ Cell phone
- ☐ Standard telephone (that does *not* need to be plugged into an electrical outlet)
- ☐ Flashlights and extra batteries
- ☐ Emergency food
- ☐ Assorted sizes of re-closeable plastic bags for storing food, waste, etc.
- ☐ Small battery-operated radio and extra batteries
- ☐ Assemble a first aid kit

**If you have any questions or concerns, please call us at 315-472-7504, Option 6.  
If after hours, please call 315-472-7504. There is always a physician on-call.**

## **Evacuation plans**

- ☐ Know where the shelter is located that can meet your special needs
- ☐ Plan for alternate locations
- ☐ Plan for transportation to a shelter or other location
- ☐ Have a “grab bag” prepared (Appendix B)
- ☐ Arrange for assistance if you are unable to evacuate by yourself

## **Shelter-in-Place**

- ☐ Maintain a supply of non-perishable foods for seven days
- ☐ Maintain a supply of bottled water; one gallon per person
- ☐ Be prepared to close, lock and board/seal windows and doors if necessary
- ☐ Have an emergency supply kit prepared (Appendix C)

## **Pets**

- ☐ Have a care plan for your pet
- ☐ Locate a shelter for your pet (hotel, local animal shelter etc.) Emergency shelters will not accept animals
- ☐ Extra food and/or medications, leashes, carriers, bowls, ID tags etc.

## **Special Needs Considerations**

### **Speech or communication issues**

- ☐ If you use a laptop computer for communication, consider getting a power converter that plugs into the cigarette lighter

### **Hearing issues**

- ☐ Have a pre-printed copy of key phrase messages handy, such as “I use American Sign Language (ASL),” “I do not write or read English well,” “If you make announcements, I will need to have them written simply or signed”
- ☐ Consider getting a weather radio, with a visual/text display that warns of weather emergencies

### **Vision issues**

- ☐ Mark your disaster supplies with fluorescent tape, large print, or Braille
- ☐ Have high-powered flashlights with wide beams and extra batteries
- ☐ Place security lights in each room to light paths of travel

### **Assistive device users**

- ☐ Label equipment with simple instruction cards on how to operate it (for example, how to “free wheel” or “disengage the gears” of your power wheelchair). Attach the cards to your equipment.
- ☐ If you use a cane, keep extras in strategic, consistent and secured locations to help you maneuver around obstacles and hazards
- ☐ Keep a spare cane in your emergency kit
- ☐ Know what your options are if you are not able to evacuate with your assistive device

**If you have any questions or concerns, please call us at 315-472-7504, Option 6.  
If after hours, please call 315-472-7504. There is always a physician on-call.**

# Visitor Policy/Office Information

## Visitor Policy

From time to time this policy may need to change. If that occurs, an updated policy will be on the front page of our website: [hoacny.com](http://hoacny.com)

- Due to infection control risks, we allow only one visitor per patient.
- No visitors experiencing a fever or cold-like symptoms are allowed.
- Visitors must be age 12 or older.
- Visitors for patients in the infusion center must be age 16 or older.
- Only certified service dogs are allowed to accompany patients. We unfortunately cannot accommodate therapy and emotional support animals.

## Office Information

### *How to Reach Us*

Each of our clinical locations uses the same phone numbers

Main phone number: 315.472.7504

Fax number: 315.479.8639

### *Hours of Operation*

Monday-Friday 8:00 a.m. – 4:30 p.m. (Some appointments may begin earlier than 8 a.m.)

The office is closed for all major holidays.

To speak with someone after hours, please call 315.472.7504

For medical emergencies, please call 9-1-1

### *Free in-office Wi-Fi*

Our Wi-Fi name is HOA wifi and does not have a password. Simply open up the Wi-Fi menu on your device, click on HOA wifi and it should automatically connect.

Wheelchairs are available for your use at any time; just ask a staff member for assistance.

# Health Equity

## HOA is committed to Health Equity.

We work with you and community partners, to minimize barriers so that everyone has the opportunity to achieve their highest level of health.

## What is Health Equity?

According to *Healthy People 2020*, a national program set forth by the U.S. Department of Health & Human Services, Health Equity is the attainment of the highest level of health for all people.

We strive to create equal opportunities for everyone. We aim to provide support that meets individuals where they are. Our goal is to help address avoidable inequalities, through community collaboration and referrals, to help equalize conditions for all.

## How does HOA promote Health Equity?

We have a full-time social worker who works closely with patients to help minimize barriers to healthcare and overall well-being, as well as support you through the process of advanced care planning. Our social worker has strong community connections and strives to empower patients. We may be able to foster community support in areas such as:

- Caregiver support
- Financial strain
- Housing
- Nutrition & food security
- Social isolation
- Transportation



# Financial Counseling

We understand that the cost of cancer and blood disorders treatment can add stress to an already difficult time. In an effort to help alleviate some of this worry and allow you to focus on your health and treatment, we have financial counseling available with our patient advocates.

Our patient advocates are knowledgeable in insurance-related issues and financial assistance programs and available to help you.

They will help answer any questions regarding insurance coverage, benefits verification, billing questions, and/or other financial concerns.

Please feel free to contact us at 315.472.7504, and

- Ask for Amy at extension 1076 or Paulette at extension 1077
- You can also reach, Jennifer, Patient Financial Services Manager at extension 1079

Options that may be available to you include:

- Looking for other insurance options (specifically for you)
- Grant/foundation assistance
- Monthly payment budgets/auto budgets
- Assistance with paying for medications

# Connect With Us

## Patient Portal

The most efficient way to communicate with us about routine matters (not urgent) is through our confidential, HIPAA compliant, online patient portal. It allows you to access information about your care at any time, including:

- viewing lab test results, radiology reports and doctor notes
- sending messages right to your care team
- requesting prescription refills
- confirming, and keeping track of your appointments
- sending messages to our billing department

If you have not already filled out a registration form, you can print one from our website at [hoacny.com/portal](http://hoacny.com/portal), and bring it to your next appointment in any office. You can also mail it to us at:

- 5008 Brittonfield Parkway, East Syracuse, NY 13057

or fax it to 315.634.5168.

We will normally respond to non-urgent messages within 24 hours, and no later than three business days after receipt. **Please do not use the Patient Portal for urgent messages.**



**Patient  
Portal**

## Phone Directory

You will hear a phone menu when you call. For your convenience, you can press the number next to each department for a direct connection:

Speak with a nurse – 4

Review, schedule or cancel an appointment – 3

Billing Department – 5

Patient Rx Center – 6

Medical Records – 7

Operator – 0

When you know the four-digit extension you are trying to reach, press 1 and then enter the extension.

## Automated Appointment Reminders via Phone and Text

For your convenience, we send you appointment reminders via a phone call and text messaging. This is a generic reminder that you have an upcoming appointment in one of our offices, sent three days in advance of your appointment. There are directions during the phone call and within the text message if you choose to opt out of those reminders.

## Social Media

Please follow us on Facebook, Instagram and LinkedIn as we regularly post news and helpful information there. Search for Hematology Oncology Associates of CNY.

# Clinical Research

## **Put simply, a clinical trial is a standardized study of a new medical treatment.**

Clinical Trials help bring new treatments to the market, present exciting new opportunities for patients with rare cancers, and are safeguarded by a rigorous safety review process.

Many medicines and treatments we take for granted today were yesterday's clinical trials!

If you are interested in joining our research efforts, talk with your care team at any time, or call us at 315.472.7504, extension 1350.

Being part of a clinical trial is done on a volunteer basis. Each patient is educated about the clinical trial before it begins.

## **The potential advantages to participating in a clinical trial include:**

- The possibility of receiving new, advanced treatment or symptom management interventions only available to patients in a clinical trial
- The ability to take an active role in decisions that affect your life
- The chance to help others in the future by adding to what we know about treatment, symptom management, and prevention
- Getting a second opinion and having access to cutting-edge technologies

**Learn more**



# Meet Your Physicians



**Tracy E. Alpert, M.D.**  
Radiation Oncology



**Richard C. Cherny, M.D.**  
Medical Oncology &  
Hematology



**Shing Chin, M.D.**  
Radiation Oncology



**Iqra Choudary, M.D.**  
Medical Oncology &  
Hematology



**Steven Duffy, M.D.**  
Medical Oncology &  
Hematology



**Ajeet Gajra, M.D.**  
Medical Oncology &  
Hematology



**Jeffrey J. Kirshner, M.D.**  
Medical Oncology &  
Hematology



**Olga D. Kligerman, D.O.**  
Medical Oncology &  
Hematology



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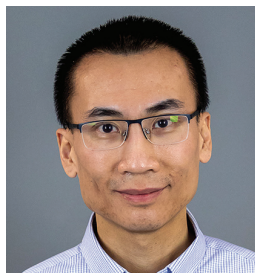
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