

Ehlers Chiropractic Center

Confidential Patient Information

Name: _____ Hm Phone: _____ Wk/Cell Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Date of Birth: _____ Marital Status (circle one) M S D W Age _____

Social Security Number _____ - _____ - _____ E-mail Address _____

Occupation: _____ Employer: _____

Work Address: _____ City, St, Zip: _____

Spouse's Name: _____ # of Children: _____

Who may we thank for referring you to our office: _____

Have you ever had Chiropractic care before? Yes No Date: _____

Is this injury/illness related to: Automobile Accident

Date/Time: _____ Location: _____

Your Auto Insurance Co: _____ Phone: _____

Third Party Auto Insurance Co: _____ Phone: _____

Due to changes in health insurance fees, patient self billing has become a much more cost effective way for you, the patient, to get reimbursement for your care. Self billing allows us to keep our fees low so you can get the care you need without any added cost. Therefore, our policy is that all payment is due at the time of service and bills will no longer be sent to your insurance provider. Statements will be provided for individuals to submit their own bills ensuring that as your insurance provider pays for your care, they will send the reimbursement check directly to you.

All charges are due when services are rendered...

Method of payment () Check () Cash () Credit Card

Why Chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Your Doctor will weigh your needs and desires when recommending your treatment program.

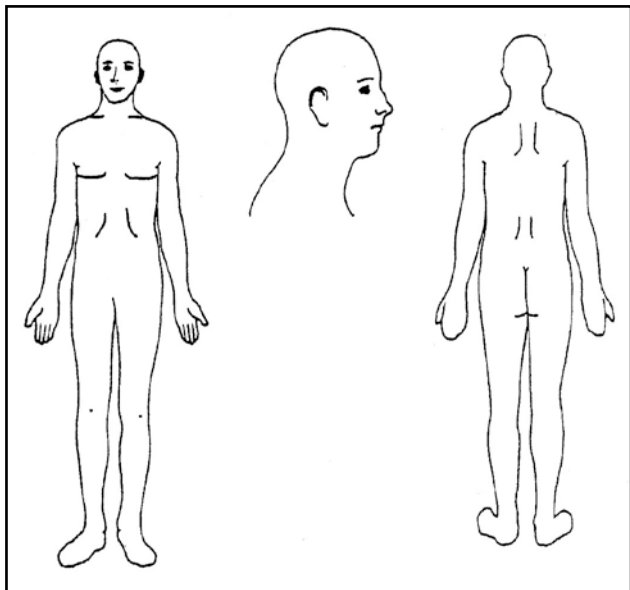
RELIEF CARE

Relief Care is that care necessary to get rid of your symptoms or pain, but not the cause of it. It is the same as drying a floor that was getting wet from a leak, but not fixing the leak.

CORRECTIVE CARE

Corrective care differs from relief care in that its goal is to get rid of the symptoms or pain while correcting the cause of the problem. Corrective care varies in length of time, but is more lasting.

PLEASE MARK AN X ON THE DIAGRAM
BELOW WHERE YOUR PROBLEMS ARE



What hurts and how long has it hurt?

1. _____
2. _____
3. _____
4. _____

When do you think these problems originally started?

1. _____
2. _____
3. _____
4. _____

List other Chiropractic or Medical Doctors you have consulted for these conditions.

1. _____
2. _____
3. _____
4. _____

Check any of the following you have had in the six months:

- | | |
|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Sinus Congestion/ Allergies | <input type="checkbox"/> Frequent Nausea/ Vomiting |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Abdominal Cramps |
| <input type="checkbox"/> Ear Aches | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Poor / Excessive Appetite |
| <input type="checkbox"/> Lung Problems / Congestion | <input type="checkbox"/> Excessive Thirst |
| <input type="checkbox"/> Blood Pressure Problems | <input type="checkbox"/> Painful / Excessive Urine |
| <input type="checkbox"/> Ankle Swelling | <input type="checkbox"/> Discolored Urine |
| <input type="checkbox"/> Prostate/ Sexual Dysfunction | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Menstrual Cycle Dysfunction | <input type="checkbox"/> Cancer |

Are you pregnant? Yes No Not Sure

Parent or Legal Guardian Authorizing Care: _____

THANK YOU FOR ALLOWING US TO SERVE YOU!

I authorize Ehlers Chiropractic Center to render necessary services to me and understand that I am responsible for all charges incurred.

Patient Signature: _____ Date: _____

Ehlers Chiropractic Center

Dr. Robert W. Ehlers
673-A Merchant Street
Vacaville, CA 95688
Tel: 707-446-0700
Fax: 707-447-0800

Financial Policy

We are committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and your understanding of our financial policy.

Payment for services is due upon receipt of our statement unless alternative arrangements have been approved in advance by our staff. We accept cash, check and all major credit cards.

Balances older than 60 days may be subjected to interest charges of 1.5% per month. Additional collection fees will be charged on return checks.

Some services may not be covered by your insurance. In such cases, we will bill the patient directly as allowed.

We will gladly discuss any questions relating to your insurance. Please realize, however, that:

1. One of the great things about our office is we will be happy to give you a statement showing the services rendered. Depending on your insurance you may be reimbursed for these services.
2. For those of you who are covered by an HMO or PPO, your insurance is a contract between you and your insurance company. We are, not a party to that contract. Therefore, you are responsible for payment in full.
3. Not all services are covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. You are responsible for payment for those services.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we ask you to contact us promptly so that we may assist you in making arrangements that will allow you to meet your financial responsibilities with our office.

If you have any questions regarding the above information, or any questions regarding your insurance coverage, please do not hesitate to ask us. We will be happy to assist you.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY.

Signed: _____

Date: _____

Ehlers Chiropractic Center

Notice of Privacy Practices

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.

Ehlers Chiropractic Center is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of your legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

We may disclose your health care information to other health care professionals within our practice for the purpose of treatment, payment and healthcare operations. (example)

"On occasion, it may be necessary to seek consultation regarding your condition from other healthcare providers associated with Ehlers Chiropractic Center."

"It is our policy to provide a substitute health care provider, authorized by Ehlers Chiropractic Center to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation."

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. (example)

"As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier if your case is a Personal Injury for the purpose of payment to Ehlers Chiropractic Center for health care services rendered. If you have personal health insurance that you would like to bill please inform us so that at the beginning of the current month we will print off an itemized statement for the prior months visits that you can mail to your insurance company and they will send reimbursement checks to you if they deem necessary. The billing statement contains medical information, including diagnosis, date of injury or condition and codes which describes the health care services received. "

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Public Safety

It may be necessary to disclose your health care information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health care information for military, national security, prisoner and government benefits purposes.

Patient Testimonials

Most patients agree to share their personal testimony of how Chiropractic has helped them. In the event that patients wish to share their Chiropractic story to help encourage other patients, we will only do so with written consent of the patient.

Sign In Sheet

Our office utilized a sign in sheet for clerical purposes; if you choose not to sign in we can make other arrangements.

Telephone

We may contact you for purposes as described below: (example)

"As a courtesy to our patients, sometimes we may call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment."

"It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such event. It is not our policy to disclose any personal health information about your condition for the purpose of Ehlers Chiropractic Center sponsored fund-raising events."

(OVER)

Ehlers Chiropractic Center

Informed Consent

We encourage and support a **shared decision making process** between us regarding your health needs. As a part of that process you have a right to be informed about the condition of your health and the recommended care and treatment to be provided to you so that you can make the decision whether or not to undergo such care with full knowledge of the known risks. This information is intended to make you better informed in order that you can knowingly give or withhold your consent.

Chiropractic is based on the science which concerns itself with the relationship between structures (primarily the spine) and function (primarily of the nervous system) and how this relationship can affect the restoration and preservation of health.

Adjustments are made by chiropractors in order to correct or reduce spinal and extremity joint subluxations. **Vertebral subluxation** is a disturbance to the nervous system and is a condition where one or more vertebra in the spine is misaligned and/or does not move properly causing interference and/or irritation to the nervous system. The primary goal in chiropractic care is the removal and/or reduction of nerve interference caused by vertebral subluxation.

A chiropractic examination will be performed which may include spinal and physical examination, orthopedic and neurological testing, palpation, specialized instrumentation, radiological examination (x-rays), and laboratory testing.

The chiropractic adjustment is the application of a precise movement and/or force into the spine in order to reduce or correct vertebral subluxation(s). There are a number of different methods or techniques by which the chiropractic adjustment is delivered but are typically delivered by hand. Some may require the use of an instrument or other specialized equipment. Among other things, chiropractic care may reduce pain, increase mobility and improve quality of life.

In addition to the benefits of chiropractic care and treatment, one should also be aware of the existence of some risks and limitations of this care. The risks are seldom high enough to contraindicate care and all health care procedures have some risk associated with them.

Risks associated with some chiropractic treatment may include soreness and/or musculoskeletal sprain/strain.

I have been informed of the nature and purpose of chiropractic care, the possible consequences of care, and the risks of care, including the risk that the care may not accomplish the desired objective. Reasonable alternative treatments have been explained, including the risks, consequences and probable effectiveness of each. I have been advised of the possible consequences if no care is received. I acknowledge that no guarantees have been made to me concerning the results of the care and treatment.

I HAVE READ THE ABOVE PARAGRAPH. I UNDERSTAND THE INFORMATION PROVIDED. ALL QUESTIONS I HAVE ABOUT THIS INFORMATION HAS BEEN ANSWERED TO MY SATISFACTION. HAVING THIS KNOWLEDGE, I KNOWINGLY AUTHORIZE EHLERS CHIROPRACTIC CENTER TO PROCEED WITH CHIROPRACTIC CARE AND TREATMENT.

Patient Signature

Date

Doctor's Signature

Parental Consent for Minor Patient:

Patient Name: _____

Patient age: _____ **DOB:** _____

Printed name of person legally authorized to sign for

Patient: _____

Signature: _____

Relationship to Patient: _____

In addition, by signing below, I give permission for the above named minor patient to be managed by the doctor even when I am not present to observe such care.

Printed name of person legally authorized to sign for

Patient: _____

Signature: _____

Relationship to Patient: _____

Remarks:

Change of Ownership

In the event that Ehlers Chiropractic Center is sold or merged with another organization, your health information/records will become property of the new owner.

Your Health Information Rights

- You have the right to request restriction on certain uses and disclosures of your health information. Please be advised, however, that Ehlers Chiropractic Center is not required to agree to the restrictions that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that Ehlers Chiropractic Center amend your protected health information. Please be advised, however, that Ehlers Chiropractic Center is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have the right to receive an accounting of disclosures of your protected health information made by Ehlers Chiropractic Center.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this notice of Privacy Practice

Ehlers Chiropractic Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Ehlers Chiropractic Center is required by law to comply with this Notice.

Ehlers Chiropractic Center is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact; Adrea Vladyka or Allison Higbee by calling this office at 707-446-0700. If Adrea Vladyka or Allison Higbee are not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights, or how Ehlers Chiropractic Center has handled your health information should be directed to Adrea Vladyka or Allison Higbee by calling this office at 707-446-0700. If Adrea Vladyka or Allison Higbee are not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of 1/1/2012

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Ehlers Chiropractic Center with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operation as described in the Privacy Notice.

Patient's Name (Print)

Patient's Signature

Date

Authorized Facility Signature

Date