

LEE'S SUMMIT CHIROPRACTIC HEALTH RECORD

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Work Ph: _____ Cell: _____

Best number to contact you: *Home Work Cell* Email: _____

Social Security #: _____ DOB: _____ Gender: *M F*

Occupation: _____ Spouse's Occupation: _____

Employer: _____ Spouse's Name: _____

Spouse's DOB: _____ Insured's Social Security #: _____

Name(s) and Age(s) of Child(ren): _____

Whom May We Thank for Referring? _____

Primary reason for coming in today: _____

How would you rate your commitment to your health and well being? *High Medium Low*

Who is your Primary Care Physician? _____

Would you like us to provide your MD with reports regarding your progress? *YES NO*

Have you ever been adjusted by a Chiropractor before? *YES NO*

If so: Who: _____ *When:* _____

Why: _____ *How Long:* _____

Have you ever sought care for this or any other concern from the following: (circle any that apply)

Massage therapist Acupuncturist Naturopath Yoga Physical Therapist
Personal Trainer Nutritionist Rolfer Pilates
Other _____

Circle any of the following that apply to you:

- | | | | |
|----------------------|-------------------------------|-------------------|---------------------------|
| <i>Headaches</i> | <i>Shoulder/Arm Pain</i> | <i>Asthma</i> | <i>Digestive Problems</i> |
| <i>Neck Pain</i> | <i>Carpal Tunnel Syndrome</i> | <i>Allergies</i> | <i>Diabetes</i> |
| <i>Mid-back Pain</i> | <i>Sciatic Pain</i> | <i>Vertigo</i> | <i>Pace Maker</i> |
| <i>Low-back Pain</i> | <i>Knee/Ankle Pain</i> | <i>Dizziness</i> | <i>Blood Pressure</i> |
| <i>Pregnant</i> | <i>Osteoporosis</i> | <i>Depression</i> | <i>Cancer</i> |
| <i>Other</i> _____ | | | |

Please fill out the following regarding your current complaints:

	Complaint #1	Complaint #2	Complaint #3
Complaint (ex: low back, neck, hips, headaches)			
Location (ex: base of skull, between shoulder blades, one/both sides)			
When did this begin?			
Was this a result of an accident or injury?			
Worse in morning, afternoon, or night?			
Do symptoms travel to eyes/forehead, arms/hands or legs/feet?			
What type of pain is it? (ex: sharp, dull, achy, throb, numb, tingle)			
Does anything relieve it? (ex: change position, ice, heat, cream)			
Taking medicine for this? (prescription or over the counter)			
Who have you seen for this? (ex: MD, Ortho, Chiro, acupuncture)			
What have you tried? (ex: PT, acupuncture, injections, Meds, Surgery)			
Did any of the above cause relief?			
Does this prevent you from any daily activities?			
On a scale from 0 to 10(high), what is your pain at its WORST ?	_____ /10	_____ /10	_____ /10
0 to 10 at its BEST ?	_____ /10	_____ /10	_____ /10
0 to 10 ON AVG ?	_____ /10	_____ /10	_____ /10

LEE'S SUMMIT CHIROPRACTIC

TERMS OF SERVICE

When a person seeks chiropractic health care and we accept someone for such care, it is essential for both the chiropractor and the patient to be working towards the same objective. Chiropractic has only one goal, to detect and reduce/correct subluxation. It is important that each person understands both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

ADJUSTMENT: An adjustment is the specific application of forces to facilitate the body's correction of subluxation. Our chiropractic method is by specific adjustments of the spine and/or extremities.

HEALTH: A state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

SUBLUXATION: A misalignment of a joint which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than subluxation. However, if during the course of a chiropractic evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider specializing in that area. Regardless of what disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by other health care professionals. **OUR ONLY PRACTICE OBJECTIVE** is to eliminate a major interference to the expression of the body's innate healing ability. Our only method is through specific adjusting to correct subluxations. If a lifetime of a better functioning body is what you want for you, your family, and your friends, then welcome . . .you are in the right place.

I (print name) _____, have read, understand, and agree with the above explanation.

For minors, please complete the following:

I (guardian's name) _____, being the parent/legal guardian of (minor's name) _____ give my permission for this child to receive chiropractic care.

Name: _____ Date: _____

LEE'S SUMMIT CHIROPRACTIC PAYMENT AND INSURANCE POLICY

Lees Summit Chiropractic will try to assist patients in obtaining insurance benefits whenever possible. It must be understood, however, that:

1. **The patient is responsible for full payment of all services rendered on their behalf or on behalf of their dependent.**
2. We will call to verify benefits. **However, we cannot be responsible for errors in the quoting of benefits.** We suggest that you become aware of your own benefits, deductibles, and maximums, etc.
3. **Insurance is a contract between you, the Insurance Company, and/or your employer.** Lee's Summit Chiropractic is not a party to that contract. Assisting you in trying to obtain payment is a courtesy and may be withdrawn at any time.
4. Other insurance carriers are billed weekly by Lee's Summit Chiropractic. Insurance payments are generally received within 30 days. The maximum time limit that Lee's Summit Chiropractic extends is 60 days. Thereafter the patient must pay the fees in full.
5. If we are requested to fill out additional forms, a clerical fee of \$5.00 per form is due in advance.
6. Patients must stay current with the full amount of their percentage of responsibility (e.g. if the insurance is expected to pay 80% of the bill, the patient must pay at least 20% of the charges). This must be paid at least weekly.
7. If the patient discontinues care for any reason other than discharge by the doctor, the patient must pay the outstanding balance in full, immediately—regardless of any claims submitted.
8. If the patient fails to keep regular appointments, they will be discharged. The patient must pay the outstanding balance in full, immediately
9. All deductible amounts must be paid prior to submission for insurance benefits.
10. If there is any balance due after the Statement of Benefits is received from the insurance carrier, that balance is due from the patient immediately.
11. If the patient fails to pay off the balance due or make payments, the account will be turned over for collections after 45 days of non-payment. The patient will also be responsible for any collection fees acquired in the collection process.
12. Any refunds made to patients will be based on the full account balance, without presuming further insurance benefits that may be payable.

I have read, understand, and agree to the above. Furthermore, I hereby authorize and request that insurance companies pay directly to Lees Summit Chiropractic any insurance benefits for chiropractic care, health-related service, and durable medical equipment that would otherwise be payable to me.

Name: _____ Date _____

LEE'S SUMMIT CHIROPRACTIC

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.

LSC is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our 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 healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. (example)

"On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with LS Chiropractic."

"It is our policy to provide a substitute health care provider, authorized by Lee's Summit Chiropractic 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 for the purpose of payment to LS Chiropractic for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received."

Workers' Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with and reactions to medications, and reporting disease or infection exposure.

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.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board

Public Safety

It may be necessary to disclose your health 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 information for military, national security, prisoner and government benefits purposes.

Marketing

We may contact you for marketing purposes of fundraising purposes, as described below: (example)

"As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at 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 donation, 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 an event. It is not our policy to disclose any personal health information about your condition for the purpose of Lee's Summit Chiropractic sponsored fund-raising events."

Change of Ownership

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

Your Health Information Rights:

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however that LS Chiropractic is not required to agree to the restriction 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 a right to request that LS Chiropractic amend your protected health information. Please be advised, however, that LS Chiropractic is not required to agree to amend your protected health information. If your request to amend you 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 a right to receive an accounting of disclosures of your protected health information made by LS Chiropractic.
- 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 Practices

Lees Summit Chiropractic 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, LS Chiropractic is required by law to comply with this Notice.

LS Chiropractic 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: Dr. Branon by calling this office at (816)347-1793. If Dr. Branon is 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 LS Chiropractic has handled your health information should be directed to Dr. Branon by calling this office at (816)347-1793. If Dr. Branon is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

This notice is effective March 1, 2016.

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

By way of my signature, I provide Lees Summit Chiropractic with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Patient's Name (print)

Patient's Signature

Authorized Facility Signature

Date

Date