

Mountainside Family Chiropractic, P.C.
HIPAA Notice of Privacy Practices

We keep you Personal Health Information (PHI) safe:

Dr. Kelley and all staff members at MFC appreciate your business and your confidence in us. We value you as a patient and want you to know that we have complied with the federal Health Insurance Portability and Accountability Act (HIPAA). This act requires us to carefully protect any personal health information you give us. We are committed to the safekeeping of your records and any information necessary for us to treat you, bill on your behalf, and/or plan the future of this business. Therefore, we limit access to your records and your personal information to employees here to use for treatment, billing, and business operations, including, of course insurance companies who may need your information in order to pay for your care.

We protect your confidentiality:

In addition, MFC maintains physical, electronic and procedural safeguards that comply with the above regulations to protect your PHI. That means we do not sell or provide your information to anyone who does not need it except for the above-mentioned reasons: treatment, billing or business operations internal to this business. It also means we secure our office and records area and use password-protected computer systems. Our employees also sign confidentiality agreements.

Your part in this:

We ask you to sign this one-page acceptance/acknowledgment of our HIPAA Notice of Privacy Practices. The notice itself is ten pages long and is available to you in full by asking the front office person to see it.

Because we practice a uniquely open style of chiropractic care we also request your permission to:

- Use your address, phone number and clinical records to contact you with appointment reminders, missed appointment notifications, birthday cards, postcards, newsletters, thank you letters, holiday related cards, information about treatment alternatives or other health related information.
- Contact you by phone and leave a phone message on answering machine or voice mail.
- Treat you in an open room where other patients are also being treated. Please be aware that other persons in the office may overhear some of your PHI information during the course of care. If you wish to speak with a doctor in private, the doctor will provide a room for these conversations.
- Use your name on a referral board, welcome board or 'optimal health' display in the office. Post your picture and your children's picture(s) on the wall with their name(s) and ages.
- Use your personal testimonial and/or x-rays as a teaching tool for other patients or potential patients to view.
- Allow your spouse or significant other in the report of findings room while discussing your PHI.

Thank you for your business and trust in us! If you have questions, please ask!

Mountainside Family Chiropractic, P.C.
6565 W. Jewell Ave, Suite 12A
Lakewood, CO 80232

I acknowledge receipt of this HIPAA Privacy

Patient Signature _____

Today's Date _____

CONFIDENTIAL PATIENT INFORMATION

Welcome to our office! Please complete all questions. Thank you.

Name: _____ Address: _____
City/Zip: _____ Home #: _____ Sex: _____ Age: _____
Birth date: _____ Employer: _____ Occupation: _____
Work #: _____ Marital Status: S W D M Spouse's Name: _____
Names and ages of children: _____
E-mail address: _____
How did you hear about our Health Center? _____

Current Health Complaint(s)/ Reasons for Consulting Our Office:

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

Have you had similar condition(s) in the past? YES / NO If yes, when? _____

Have you ever seen a chiropractor in the past? YES / NO If yes, please answer the following questions:

When was your last visit? _____ Dr.: _____

Why did you see this chiropractor? _____

Were you helped? YES / NO

What spinal maintenance programs were you given to follow to maximize the future stability of your spine?

Did you follow it? YES / NO If not, why? _____

Why are you changing Chiropractors? _____

What is your health philosophy? (What should you do to be healthy?) _____

How do you want us to handle your problem? Check one.

_____ Temporary Relief (Help the symptom but do not fix the cause of the problem)

_____ Maximum Correction (Correct the cause of the problem for maximum stability in the future)

Why did you come into our office and what are your expectations of us? _____

On a scale of 1 – 10 (10 being the most, and 1 being the least),

_____ How committed are you at being at your maximum health potential?

_____ How important is it for your family to be at their maximum health potential?

_____ How committed are you to preventing arthritis and maximizing your spinal stability?

Consent for Treatment: I, the undersigned, a patient of this office, hereby authorize Mountainside Family Chiropractic, P.C. and any of its authorized staff to administer examination and/or treatment as necessary. I also certify that no guarantee or assurance has been made to the results that may be obtained.

Consent for Treatment of a Minor: I, the undersigned, hereby authorize Mountainside Family Chiropractic, P.C. and any of its authorized staff to administer examination and/or treatment as necessary to my son/daughter.

Payment plans are available upon agreement with the doctor after he determines whether or not to accept your case. Any insurance coverage will be validated at our office. All first visit charges are payable when services are rendered.

Signature of Patient/Guardian: _____ Date : _____