



SOPRIS CHIROPRACTIC

Date _____ Referred by _____

Name (Last, First, M.I.) _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

E-Mail Address: _____ Cell Phone Provider for Text Reminders _____

Age _____

Employer _____ Occupation _____

Family Physician _____

Past Chiropractic Care: Yes No Year _____ Doctor's Name _____

Insured Party: Self Other

Name (Last, First, M.I.) _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Age _____ Soc Security # _____

Employer _____ Occupation _____

***Is this injury work related?** _____ **Have you reported it to your employer?** _____ **Date of Accident** _____

***Is this injury related to an automobile accident ?** _____

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that this office will prepare any necessary reports and forms to assist me in making collection from the insurance company, and that any amount authorized to be paid directly to this office will be credited to my account upon receipt. I permit this office to endorse co-issued remittances for the conveyance of credit to my account. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable, unless prior arrangements are made. I hereby authorize the doctor at Sopriss Chiropractic, and whomever he may designate as his assistant, to administer treatment, as he so deems necessary. I authorize the release of any information including diagnosis and medical records of any treatment or exam, to my insurance company, involved physicians, attorneys, or medical facilities. I certify that the above information is true and accurate.

CANCELLATION POLICY

We require 24 hours notice to cancel an appointment. Failure to show up for a scheduled appointment or canceling an appointment with less than 24 hours notice, will result in a charge of \$140 for a new patient appointment or \$85 for an existing patient appointment.

I have read the cancellation policy for Sopriss Chiropractic, and agree to the terms stated above.

PATIENT'S SIGNATURE _____ **Date:** _____

PATIENT'S PRINTED NAME _____



SOPRIS CHIROPRACTIC

WE OFFER TWO OPTIONS FOR PAYMENT:

TIME OF SERVICE FEE shall be paid by cash, check, or Visa at the time of treatment. This price reflects our savings on bookkeeping and billing service fees.

Initial Evaluation	\$ 140
2 nd visit/Review of Findings	\$ 110
Standard Office Visit	\$ 85
Enhanced office visit	\$ 110

Pre-payment plans:

Restore and Repair Package (4 punch pass)	\$295 (\$73/visit; \$12 savings/visit)
Wellness Value Package (12 punch pass)	\$780 (\$65/visit; \$20 savings per visit)

Massage:

90 Minute massage	\$160
60 Minute massage	\$ 120
30 Minute massage	\$ 65

INSURANCE BILLING charges are based on national and regional standards. These charges are greater than our Time of Service fee because of the added costs to our clinic associated with billing insurance and contracted rates established by insurance companies. These costs include:

- Staff time for telephone calls to insurance companies, writing reports and letters to insurance companies, providing ICD9 and CPT codes.
- Billing service fees.
- Delay in payment (30-90 day delay)

For insurance plans with deductibles, we request a deposit from you at the time of service. Once the charges are filed with the insurance company, the insurance will send an Explanation of Benefits (EOB) to you and to our clinic within 30-60 days. If the EOB indicates no payment to us, due to an unmet deductible, we must bill you for the balance, less your initial deposit and any insurance write-offs. You are responsible for paying this balance in full. If the deductible had been met at the time of service and we are paid in full by the insurance company, we then refund your deposit.

I understand that the payment I make for each date of service is a **DEPOSIT** towards that date of service. I understand that I will be charged the balance for each date of service upon receipt of the **Explanation of Benefits**.

PATIENT'S SIGNATURE _____ DATE _____

PATIENT'S PRINTED NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____



SOPRIS CHIROPRACTIC

Informed Consent

Dear Patient:

Every type of health care is associated with some risk of a potential problem. This includes chiropractic health care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. This is called informed consent.

Chiropractic adjustments are the moving of bones with the doctor's hands or with the use of a machine. Frequently adjustments create a "pop" or "click" sound/sensation in the area being treated.

In this office we use trained staff personnel to assist the doctor with portions of your consultation, examination, x-ray procedures, physical therapy applications, traction, massage therapy, exercise instructions, etc. Occasionally when your doctor is unavailable, another clinic doctor will treat you on that day.

Stroke: Stroke is the most serious problem associated with chiropractic adjustments. Stroke means that a portion of the brain does not receive enough oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. Chiropractic adjustments have been associated with strokes that arise from the vertebral artery only; this is because the vertebral artery is actually found inside the neck vertebrae. The adjustment that is related to vertebral artery stroke is called the "extension-rotation-thrust atlas adjustment". We do not do this type of adjustment on patients. Other types of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. The most recent studies (Journal of the CCA, Vol. 37 No. 2, June, 1993) estimated that the incident of this type of stroke is 1 per every 3,000,000 upper neck adjustments. This means that an average chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single patient stroke.

Disc Herniations: Disc herniations that create pressure on the spinal nerve or on the spinal cord are frequently successfully treated by chiropractors and chiropractic adjustments, traction, etc. This includes both in the neck and back. Yet, occasionally chiropractic treatment (adjustments, traction, etc.) will aggravate the problem and rarely surgery may become necessary for correction. Rarely chiropractic adjustments may also cause a disc problem if the disc is in a weakened condition. These problems occur so rarely that there are no available statistics to quantify their probability.

Soft Tissue Injury: Soft tissues primarily refer to muscles and ligaments. Muscles move bones, and ligaments limit joint movement. Rarely a chiropractic adjustment, traction, massage therapy, etc., may tear some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long term affects for the patient. These problems occur so rarely that there are no available statistics to quantify their probability.

Rib Fractures: The ribs are found only in the thoracic spine or middle back. They extend from your back to your front chest area. Rarely a chiropractic adjustment will crack a rib bone, and this is referred to as a fracture. This occurs only on patients that have weakened bones from such things as osteoporosis. Osteoporosis can be noted on your x-rays. We adjust all patients very carefully, and especially those who have osteoporosis on their x-rays. These problems occur so rarely that there are no available statistics to quantify their probability.

Physical Therapy Burns: Some of the machines we use generate heat. We also use both heat and ice, and recommend them for home care on occasion. Everyone's skin has different sensitivities to these modalities, and rarely, either heat or ice can burn or irritate the skin. The result is a temporary increase in skin pain, and there may even be some blistering of the skin. These problems occur so rarely that there are no available statistics to quantify their probability.

Soreness: It is common for chiropractic adjustments, traction, massage therapy, exercise, etc. to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your doctor about it.

Other Problems: There may be other problems or complications that might arise from chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Chiropractic is a system of health care delivery, and, therefore, as with any health care delivery system we cannot promise a cure for any symptom, disease, or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will refer you to another provider who we feel will assist your situation.

If you have any questions on the above, please ask your doctor. When you have a full understanding, please sign and date below.

Patient's Name Printed

Today's date

Patient's Signature

Parent/Guardian Signature for Minor

Sopris Chiropractic
711 E. Valley Rd., Ste 202A
Basalt and Carbondale, CO 81621
970 927-9204

NOTICE OF PRIVACY PRACTICES

Health Insurance Portability and Accountability Act (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Sopris Chiropractic respects our legal obligation to keep your health information private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it. A full notice of your privacy rights can be provided to you upon your request.

Disclosure of your Health Care Information

- ☞ Treatment: Sopris Chiropractic may use and disclose your protected health care information to provide, coordinate, and manage your health care and any related services. This includes the coordination or management of your health care with other healthcare professionals, hospitals, home health agencies, insurance/PPO organizations, attorneys, and/or any other third party that is deemed necessary to carry out health care operations.
- ☞ Payment: Sopris Chiropractic may disclose your health information to your insurance provider and/or managed care plans for the purpose of payment of health care operations. We also may disclose health information while preparing and sending bills and claims, collecting unpaid balances, performing financial or billing audits, and performing internal quality assurance. If you have secured an attorney, we may provide health information to your attorney.
- ☞ Workers' Compensation: If applicable, Sopris Chiropractic may disclose your health information as necessary to comply with state Workers' Compensation Laws.
- ☞ Public Health: As required by law, Sopris Chiropractic 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 any problems with products and reactions to medications; and reporting disease or infection exposure.
- ☞ Emergencies: Sopris Chiropractic 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.
- ☞ Judicial & Administrative Proceedings: Sopris Chiropractic may disclose your health information in the course of any administrative or judicial proceeding.
- ☞ Law Enforcement: Sopris Chiropractic may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect or fugitive, a material witness or a missing person, complying with a court order or subpoena, and other law enforcement purposes.
- ☞ Deceased Persons: Sopris Chiropractic may disclose your health information to coroners or medical examiners.
- ☞ Organ Donation & Research: Sopris Chiropractic may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, or to researchers conducting research that has been approved by an Institutional Review Board.
- ☞ Specialized Government Agencies: Sopris Chiropractic may disclose your health information for military, national security, prisoner and government benefits purposes.
- ☞ Marketing & Other Communication: Sopris Chiropractic may contact you for marketing or fundraising purposes. Sopris Chiropractic may contact you or anyone answering your phone while calling your home to schedule an appointment or provide a reminder call for an existing appointment, or we may leave a message on your answering machine. Sopris Chiropractic may

also contact you by mail while mailing a postcard or letter to the address provided by you. Sopris Chiropractic may also contact you at your place of business regarding pertinent appointment or health information. Sopris Chiropractic may also contact person/s who, under applicable law, have the authority to represent you in making decisions related to your health care. Sopris Chiropractic may also call you by name in the waiting room when your physician is ready to see you.

- ☞ Change of Ownership: In the event that Sopris Chiropractic is sold or merged with another organization, your health information/record will become the property of the new owner.
- ☞ You have the right to receive an account of certain disclosures we have made, if any, of your protected health information.
- ☞ You may complain to Sopris Chiropractic or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by Sopris Chiropractic. You may file a complaint with Sopris Chiropractic by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.
- ☞ Sopris Chiropractic reserves the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Changes to this Notice of Privacy Practices

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

Questions/Complaints

If you have questions about any part of this notice, or if you want more information about your privacy rights, please contact the Privacy Officer at Sopris Chiropractic. Complaints about your privacy rights, or how Sopris Chiropractic has handled your health information, should be directed to the Privacy Officer at Sopris Chiropractic. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

I understand that this Consent is valid for seven years. I further understand that I have the right to revoke this Consent in writing at any time for all future transactions, with the understanding that any such revocation shall not apply to the extent that Sopris Chiropractic has already taken action in reliance on this Consent. I understand that if I revoke this Consent at any time, Sopris Chiropractic has the right to refuse to treat me.

I have read this Privacy Notice and understand my rights contained in this notice. By way of my signature, I provide Sopris 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 this Privacy Notice.

Patient's Name (print)

Patient's Signature

Date

Parent/Guardian Signature for Minor

Date