



HIPAA Patient Privacy Form

Hill Valley Chiropractic is committed to maintaining the privacy of your protected health information (PHI) which includes information about your health condition and the care and treatment you receive from the practice. The creation of a record detailing the care and services you receive helps this office to provide you with quality care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI. You have the right to review our Notice before signing this Consent and you are advised to do so. The privacy of PHI in patient files will be protected when the files are taken to and from the practice by placing the files in a box or brief case and kept within the custody of a doctor or employee of the practice authorized to remove the files from the practice's office.

The patient understands that Hill Valley Chiropractic:

Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your PHI.

Is required to abide by the terms of this Privacy Notice.

Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.

Will make any revised Privacy Notice available to you per your request.

Will not retaliate against you for filing a complaint.

May disclose your PHI for treatment, payment, emergency situations and/or health care operations.

Gives the patient the right to revoke this Consent in writing at any time and all future disclosures that require the patient's prior written consent will then cease.

FINANCIAL POLICY

Hill Valley Chiropractic maintains specific policies designed to ensure that all of our patients receive the chiropractic care they need at the most affordable cost. Please review and understand these policies carefully to decide if you wish to participate, and inform the doctor or clinic staff if you have any questions.

1. Patients may choose to submit receipts to their insurance company or other third-party health care programs, but payment for such services by insurance is neither implied nor agreed to by our office. **Insurance is a contract between you and your insurance company.** Our office cannot pursue payment from your carrier in the event of a non-payment.
2. Hill Valley Chiropractic will not respond to any insurance requests for paperwork or information on any patient's case. However, patients may have a copy of their records at any time they request.

3. No balances can be kept or run by patients at any time.
4. All adjustment visits are to be paid immediately *prior* to the service being rendered.
5. All examinations are to be paid upon completion of these services
6. Our clinic reserves the right to deny services to anyone for any reason, or if the doctor feels that the patient's health is not being best served.

PERSONAL INJURY OR AUTO ACCIDENT CASES

- Each case is reviewed and accepted on an individual basis. Please notify your auto insurance carrier immediately of your visit to our office. You will need to provide us with the claim number and contact information for your insurance carrier.
- Any required information regarding your claim must be submitted to this office prior to your second visit with us. There are NO exceptions to this rule.
- Our office will work with and communicate with your insurance company's Adjustor to arrange payment.
- We will only accept payment for services from your (the Patient's) insurance company.
- You are ultimately financially responsible for the services you receive in our office. However, as long as you follow your care plan we will wait for settlement of your claim up to three months after your care is completed. Once you begin care, it is your responsibility to inform the clinic of any changes in your case.
- If you suspend or terminate care, any fees are due immediately.

WORKERS COMPENSATION

- If you have been injured while on the job, it is your responsibility to make sure you have reported this to your employer as soon as possible after the onset.
- Any required information regarding your claim must be submitted to this office prior to your second visit with us. There are NO exceptions to this rule.
- Your case will be reviewed and accepted by this office on an individual basis if we believe your work injury is a chiropractic case.
- We will only accept payment for services from your (the Patient's) insurance company.
- You are ultimately financially responsible for services you receive in our office. However, as long as you follow your care plan we will wait for payment of your claim up to three months after your care is completed. Once you begin care, it is your responsibility to inform the clinic of any changes with respect to your job duties and/or communications from your employer or their agent.

As a courtesy to other patients, please contact us to reschedule if you are unable to make a scheduled appointment. After a second missed appointment, a \$20 "no-show" fee will be charged.



Informed Consent to Care

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as “informed consent” and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an “arterial dissection” that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately, a percentage of these patients will experience a stroke.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit. I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.



Hill Valley Chiropractic Policy Signature Form

Patient Name: _____ Date: _____
(Please Print)

HIPAA PRIVACY POLICY

My signature below indicates my acknowledgement and acceptance of the above policy.

Signature

FINANCIAL POLICY

My signature below indicates my acknowledgement and acceptance of the above policy.

Signature

INFORMED CONSENT

My signature below indicates my acknowledgement and acceptance of the above policy.

Signature

All policies are provided to the patient for review.