

Welcome to Our Office

We are glad you are here today. If you have any questions or concerns please just ask, it is our pleasure to help you.

Privacy Practices

We consider all health information confidential and are careful about how it is used. This notice explains how your information may be used/disclosed and how you may get access to this information.

Your health care information may be shared to:

- | | | | |
|-------------------------------------|------------------------------|---|--------------|
| * Treat you | *Collect payment | *Run our Office | *Do Research |
| *Discuss your case with your family | *Include you in care classes | *Thank you for referring other patients | |

Health information may be used for:

- | | | |
|---------------------------|------------------------------------|--------------------------|
| *Health & Safety reasons | *Reporting to law Officials | *Reporting abuse victims |
| *Court Hearings & Filings | *Reporting to Workers Compensation | |

You have the right to:

- | | | |
|--|---|---|
| *Request a copy of your health record | *Request a list of whom we share your health information with | *Ask us to limit the information we share |
| *Advise our management if you believe your privacy rights have been violated | *Request confidential communications | *Amend your protected health information |

These privacy practices are effective: _____

For further information please contact: _____

Consultation & Exam

Your first visit will begin with collection of confidential health information from you, the doctor will sit and speak with you directly. After learning more about your condition an examination will be performed.

Report of Findings

If following your examination it is believed that our services will help you a discussion of care will follow. If your case will not respond to our services then you will be referred to another provider.

Treatment Plan

If your case is accepted a treatment options will be discussed on your unique findings and an individualized plan may be created to address your short and/or long term goals.

As you advance through treatment, periodic progress evaluations will measure and compare your improvement.

I understand and agree to the following:

- * The privacy practices have been explained to me and I have received a copy of the Notice of Privacy or had An opportunity to receive a copy
- * I understand the purpose of today's visit
- * The doctor(s) may use my confidential health information as described above.

Printed Name of Patient

Signature of Patient/Guardian

Date