

Financial Policy

Thank you for choosing Boone Wellness as your healthcare provider. We are fully committed to providing the highest quality care. Please take some time to read and sign this form to acknowledge your understanding of our financial policy.

Payment and Insurance: Patients are ultimately responsible for the payment of treatment and services rendered. If we are within your insurance network, fees are established through your insurance company at a contracted rate. We will bill your insurance, so please help us serve you by providing us with the most current and updated insurance information. Payment is due in full at time of service (includes copays, coinsurance, deductibles and fees for all other procedures or treatments not covered or approved by your insurance plan). Patients with an outstanding balance 60 or more days overdue must make arrangements for payment prior to scheduling future appointments.

Missed Appointments/Late Cancellations: We wish to provide the full time and attention our patients deserve when they come in for an appointment. To assure this, we request that you notify us as soon as possible if you are late for a scheduled appointment. We may need to reschedule in certain cases. If you need to cancel an appointment, we ask that you request this **at least 24 hours** prior to the scheduled appointment. There will be a **\$50 fee** charged for missed or late-canceled appointments and misuse of the policy resulting in frequent cancellations.

*****Non-Covered Services***:** There are several services that are an integral part of our treatment plan and practice in order to ensure our patients are given the highest quality of care. These services will be performed as needed within your treatment plan, which is determined by your provider. However, these services are not covered by health insurances and will be an additional charge collected at the time of service.

Our fees for each of these non-covered services are as follows:

- Active Release Technique (ART) - \$20
- Graston Technique - \$20
- Dry Needling - \$60
- KT Taping - \$10

Assignment and Release

I assign directly to Boone Wellness all relevant insurance benefits, if any. I fully understand that I am financially responsible for any balance not paid by my insurance company. I authorize the providers to release all necessary information to secure the payments of benefits.

Signature

Date

Printed Name

Informed Consent and Authorization

You have the right to be informed about your condition and the options for treatment. This form provides information about the risks and benefits related to chiropractic care. The information will help you make an informed decision about whether or not to follow the recommended care, or seek alternative treatment options. Please read through this form carefully. If you have any questions, do not hesitate to ask our staff or one of our providers.

Treatment Results

There are many beneficial effects associated with chiropractic care including decreased pain, improved mobility and function, reduced muscle spasm, and an overall sense of wellbeing. However the practice of chiropractic is not an exact science and there is no guarantee that the treatments will have expected positive results with everyone. Many elements including your lifestyle, including diet, exercise and stress level, may also affect your results.

Risks

In addition to the many benefits of chiropractic care, there are also some risks. These risks should be considered when making the decision to receive chiropractic care. Symptoms you may feel after starting care include muscle spasm, bruising, nausea, dizziness, fatigue and soreness. These symptoms generally subside after your first 2-3 visits. Severe risks such as nerve injury, fracture, and stroke are very rare but can occur.

Alternative Treatment Options

Reasonable alternatives to chiropractic care include seeking care through physical therapy or doctor of osteopathy, rest, home applications of therapy, prescription or over-the-counter medications, exercises and/or possible surgery. We can have further discussion of this should you chose to not proceed with chiropractic care.

Authorization for Care

I have been informed of the nature and purpose of my care, including the possible consequences of care, and the potential risks of chiropractic care. I acknowledge that no guarantees have been provided to me with regard to the results of the care I will receive.

I understand the information provided above and have had any questions I have asked explained to my satisfaction.

I authorize Boone Wellness to proceed with chiropractic care and other treatments deemed necessary.

Print Name _____

Date _____

Signature _____

Name of Parent/Guardian _____

Date _____

Parent/Guardian Signature _____

Effective Date: June 1, 2015

NOTICE OF PRIVACY PRACTICES

Notice of Patient Rights and Privacy Protections under Federal Privacy Laws

The Health Insurance Portability and Accountability Act, commonly referred to as HIPAA, require this notice of privacy to describe how we may use and/or disclose your protected health information (PHI) to carry out treatment, payment and health care operations (TPO) for purposes that remain secure and only used in a manner that is permitted by HIPAA or required by law.

General Rules and Definitions

Protected Health Information, also referred to as PHI, means any patient identifiable health information, created or maintained by covered entities and their business associates acting for the covered entity. This includes identifiable demographic and other information that relates to:

- the past, present or future physical or mental health condition of the patient
- the provision of health care to the patient, or
- the payment for the provision that is created or received by the health care provider to the patient,

and identifies the patient, for reasonable basis it can be used to identify the patient. Patient identifiable health information includes many common identifiers (e.g. name, date of birth, address, contact number)

Covered Entity means: a) health care provider and assistant, which includes this office b) health plans, such as a health insurance company, an HMO or PPO, government health programs such as Medicare c) health care clearinghouse that processes nonstandard health information from one covered entity into a standard format, such as a billing agent.

Minimum Necessary is a central aspect of HIPAA. This office will make reasonable efforts to use, disclose and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure or request. This office will develop and implement policies and procedures to reasonably limit uses and disclosures to the minimum necessary.

The minimum necessary requirement is not imposed in any of the following circumstances: a) disclosure to or request by a health care provider for treatment; b) disclosure to a patient who is the subject of information or the patient's personal representative; c) use or disclosure made pursuant to an authorization; d) disclosure for human health services for compliance review or enforcement; e) use or disclosure that is required by law; or f) use or disclosure required for compliance with HIPAA Transaction Rule or other HIPAA Simplification Rules.

Permitted Uses and Disclosures of Protected Health Information

Permitted Uses and Disclosures. This office is permitted to use and disclose protected health information, without the patient's authorization for the following purposes or situations: 1) to the patient; 2) treatment, payment and health care operations; 3) opportunity to agree or object; 4) incident to otherwise permitted use and disclosure; 5) public interest and benefit activities; and 6) limited data set for the purposes of research, public health or health care operations. We will rely on our professional ethics and judgments in permitted uses and disclosures.

1) To the Patient. This office may disclose protected health information to the patient. This office using their professional judgement may disclose to a family member, other relative, close personal friend or any other person you identify, your protected health information. We will provide you with an opportunity to object to such a disclosure. We may also disclose the health information of a minor to their parents or guardians unless disclosure is otherwise prohibited by law.

2) Treatment, Payment, Health care operations. This office may use and disclose protected health information for its own treatment, payment, and health care operations activities. We may disclose protected health information for treatment activities of other health care providers, the payment activities of another covered entity and any health care provider, or the health care operations of another covered entity involving pertinent relationship to the patient and the protected health information.

3) Opportunity to Agree or Object. This office may use and disclose informal permission obtained by asking patient outright, or by circumstances that clearly give the patient the opportunity to agree, acquiesce, or object. Where the patient is incapacitated, in an emergency situation, or not available, this office may generally make such uses and disclosures, if in the exercise of our professional judgment, the use or disclosure is determined to be in the best interest of the patient.

Facility Directories. It is a common practice in health care facilities, ie hospitals, to maintain a directory of patient contact information. A covered health care provider may rely on a patient's informal permission to the facility directory. The provider may then disclose the patient's condition and location in the facility to anyone asking for the patient by name.

For Notification and Other Purposes. This office may also rely on patient's informal permission to disclose to the patient's family, relatives, or friends, or to other persons whom the patient identifies, protected health information directly relevant to that person's involvement in the patient's care or payment for care. Similarly, a covered entity may rely on a patient's informal permission to use or disclose protected health information for the purpose of notifying family members, personal representatives, or others responsible for the patient's care.

4) Incidental Use and Disclosure. The Privacy Rule does not require that every risk of an incidental use or disclosure of protected health information be eliminated. A use or disclosure of this information that occurs as a result of, or as "incident to," an otherwise permitted use or disclosure is permitted as long as this office has adopted reasonable safeguards as required by the Privacy Rule, and the information is limited to the "minimum necessary," as required by HIPAA.

5) Public Interest and Benefit Activities. HIPAA permits use and disclosure of protected health information, without a patient's authorization or permission, for 12 national priority purposes. These disclosures are permitted, although not required, by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations apply to public interest purpose. Those purposes are:
Required by Law; Public Health Activities; Victims of Abuse, Neglect or Domestic Violence; Health Oversight Activities; Judicial and Administrative Proceedings; Law Enforcement Purposes; Decedents; Cadaveric Organs, Eye, or Tissue Donation; Research; Serious Threat to Health or Safety; Essential Government Functions; Workers' Compensation.

6) Limited Data Set. A limited data set is defined by HIPAA as protected health information from which certain specified direct identifiers of patients and their relatives, household members, and employers have been removed.

Privacy Practice Notice. Boone Wellness, with certain exceptions, must provide a notice of its privacy practices. The notice must describe the ways in which the covered entity may use and disclose protected health information. The notice must state our office's duties to protect privacy, provide a notice of privacy practices, and abide by the terms of current notice. The notice must describe patients' rights, including the right to complain to Human Health Services and to this office if they believe their privacy rights have been violated.

Notice Distribution. For every patient in our office, we must have delivered a privacy practices notice to patients starting June 1, 2015.

Acknowledgement of Notice Receipt. Boone Wellness must make effort to obtain written acknowledgement from patients of receipt of the privacy practices notice. HIPAA does not prescribe any particular content for the acknowledgement. The provider must document the reason for any failure to obtain the patient's written acknowledgement. The provider is relieved of the need to request acknowledgement in an emergency situation.

Patient's Rights

Access. Except in certain circumstances, patients have the right to review and obtain a copy of their protected health information (also in electronic format). HIPAA excepts from the right of access the following protected health information: psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access, or information held by certain research laboratories. Our office may deny a patient access in certain specified situations, such as access that could cause harm to the patient or another. In such situations, the patient must be given the right to have such denials reviewed by a licensed health care professional for a second opinion.

Amendment. HIPAA gives patients the right to have covered entities amend their protected health information in a designated record set when that information is inaccurate or incomplete. If we accept an amendment request, it must be made in writing and make reasonable efforts to provide the amendments to persons that the patient has identified as needing it, and to persons that the covered entity knows might rely on information to the patient's detriment. If request is denied, covered entity must provide the patient with a written denial and allow the patient to submit a statement of disagreement for inclusion in record.

Disclosure Accounting. Patients have a right to an accounting of the disclosure of their protected health information by this office or our business associates. The maximum disclosure accounting period is the six years immediately preceding the accounting request, except a covered entity is not obligated to account for any disclosure for an disclosures made before June 1, 2015.

HIPAA does not require accounting for disclosures: a) for treatment, payment, or health care operations; b) to the patient or the patient's personal representative; c) for notification of or to persons involved in a patient's health care or payment for health care, for disaster relief, or for facilities directories d) pursuant to an authorization; e) of a limited data set; f) for national, government, or intelligence security purposes; g) for lawful purposes; or h) incident to otherwise permitted or required uses or disclosures.

Right to Request Restriction. Patients have the right to request this office restrict use or disclosure of protected health information for treatment, payment or health care operations, disclosure to persons involved in the patient's health care or payment for health care, or disclosure to notify family members or others about patient's general condition, location, or death. Such requests should be documented in writing and maintained in the patient's record.

Right to Request Confidential Communications. This office must permit patients to request an alternative means or location for receiving communications of protected health information by means other than those that the covered entity typically employs. Such request should be documented in writing and maintained in the patient's record.

Appointment Reminders. This office may use and disclose information in your medical record to contact you as a reminder that you have an appointment at BOONE WELLNESS. This office will call or text you with your preferred method of contact the day before your appointment and leave

a message on the machine or with an individual who responds to our call. Should you choose not to have reminders, this office will endeavor to accommodate reasonable request.

Health Related Benefits & Services. We may use and disclose health information to tell you about health related benefits or services that may be of interest to you.

Right to be Notified of a Breach. Patients have the right to be notified of a breach of the security of protected health information, unless there is a low probability of protected health has been compromised.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. **We will not retaliate against you for filing a complaint.** To file a complaint with us, contact our privacy officer at the address listed to our office. Such a request should be documented in writing and should be submitted or should have known that the alleged violation occurred.

We are required by law to maintain the privacy of, and provide the individual with, this notice of our legal duties and privacy practices with respect to protect health information. This office abides by the HIPAA.

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By signing this Agreement, you hereby acknowledge that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.

Signature: _____ Date: _____
Print Name: _____

We reserve the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that maintains. Should our privacy practices change, a revised *Notice of Privacy Practices* will be available upon request.