

Consent for Purposes of Treatment, Payment & Healthcare Operations (3/03)

In this document, "I" and "my" refer to the patient, and "Chiropractor" refers to [Bagnell Chiropractic Life Centre].

I consent to the use or disclosure of my protected health information by Chiropractor for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Chiropractor. I understand that analysis, diagnosis or treatment of me by Chiropractor may be conditioned upon my consent as evidenced by my signature below.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Chiropractor is not required to agree to the restrictions that I may request. However, if Chiropractor agrees to a restriction that I request, the restriction is binding on Chiropractor. I have the right to revoke this consent, in writing, at any time, except to the extent that Chiropractor has taken action in reliance on this Consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided with a copy of the Notice of Privacy Practices and understand fully my rights regarding the Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Chiropractor. The Notice of Privacy Practices for the Chiropractor is available upon request from [Bagnell Chiropractic Life Centre] by only patients of Bagnell Chiropractic Life Centre. This Notice of Privacy Practices also describes the rights and/or duties of the Chiropractor with respect to my protected health information.

Chiropractor reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office of Chiropractor and requesting a revised copy be picked up by me or asking for one at the time of my next appointment.

Office Policy

We believe that a clear definition of our office policies will allow all of us to concentrate on the real issue at hand...regaining and maintaining your health through natural chiropractic care.

Appointment Policy

Multiple appointments will be scheduled for your convenience, to minimize waiting, and to help you adhere to your recommended care plan. Remember that the frequency of care is important to your recovery. We attempt to honor all appointments at the scheduled time. If you are late or early you may have to wait for the next available appointment.

Broken Appointment Fee

There is a **\$40 charge for "no-show"** appointments if you fail to notify us in advance. In order to keep your progress on schedule, missed or forgotten appointments need to be made up within 24 hours. If you repeatedly miss or reschedule your appointments or if you're repeatedly late, we may regretfully have to discharge you from our care. We understand that emergencies do arise and you may not be able to give us enough notice.

Financial Policy

If for any reason you cannot keep your financial agreement, inform us immediately to eliminate any misunderstandings. If you have the desire to receive care in our office, we will make every attempt to make affordable arrangements.

1. All services rendered in this office are charged directly to you, the patient. Any payment made by your insurance company will be applied to your case, reimbursed to you or credited to your account depending on circumstances.
2. Customarily, all payments are due at the time of service.
3. We will gladly give you a super-bill or statement to submit to your insurance company so you can be reimbursed directly at time of service.
4. In the instance that we accept insurance assignment, you will be responsible to pay any deductibles, co-payments, co-insurances and charges for services that are not covered by your insurance company.
5. Patient balances are not to exceed \$70 at any time. Payment arrangements can be made to assist you.

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- 6. I understand and agree that health insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that the Doctor's 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 the Doctor's office will be credited to my account on receipt. However, I clearly understand that if I suspend, terminate or discontinue care, and fees for professional services rendered to me will be immediately due and payable. I hereby authorize the Doctor to treat my condition, as he/she deems appropriate. It is agreed that amount paid the Doctor for x-rays, is for the examination only and the negatives will remain the property of this office, being on file where they may be seen at any time while a patient of this office. The patient also agrees that he/she is responsible for all bills incurred in this office. The doctor will not be held responsible for any pre-existing medically diagnosed conditions, nor for any medical diagnosis.
- 7. I attest that all information entered or written by me into the office EMR/HRA/records is accurate, true and correct regarding my entire health history and demographics.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body. I acknowledge that Dr. Lawrence Bagnell, staff members, representatives and/or entities of Bagnell Chiropractic Life Centre are not medical doctors. I understand that Dr. Bagnell, staff members, representatives and/or entities of Bagnell Chiropractic Life Centre provide nutritional and other health related information to help me attain and maintain my best health. Furthermore, I was informed that all treatment should be in conjunction with a physician of my own choosing. I understand that Dr. Bagnell, staff members, representatives and/or entities of Bagnell Chiropractic Life Centre do not diagnose, treat, or claim to cure cancer or any other diseases.

My signature is to acknowledge the fact I am aware that my treatments are not to substitute for any standard medical treatment. I furthered knowledge that I am fully responsible for any decisions and/or changes I make regarding my health and I will not hold Dr. Lawrence Bagnell, staff members and/or representatives or entities of Bagnell Chiropractic Life Centre liable for my own decisions, and the results of my decisions or of any natural treatment advice I may receive.

Remember that healing & spinal correction takes time. If any time during your care you do not feel that you are responding as you expected, please discuss it immediately with the doctor. We want you to get the most from your Chiropractic care!

I have read & understand the above policies and agree to abide by them.

Nutritional Services at Bagnell Chiropractic informed consent

According to the Federal Food, Drug, and Cosmetic Act (FD&C Act) as amended section 201 (g) (1), the term "drug" is defined to mean: Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease. A vitamin is not a drug, neither is a mineral, trace element, amino acid, herb, or homeopathic remedy. Although a vitamin, mineral, trace element, amino acid, or herb, may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as any primary treatment and or therapy for any disease or particular bodily symptom.

X _____
Printed Name of Patient

X _____
Signature of Patient/ Guardian signature (if under 18 yrs. of age)

X _____
Date

X _____
Printed Name of Guardian