CENTENNIAL WELLNESS CENTER

7910 W. Tropical Pkwy. Ste. 110 LV, NV 89149

(T) 702.458.2225 (F) 702.396.4536

INSURANCE NP FORM

PERSONAL INFORMATION

First _____ M.I _____ Last Name _____

DOB _____ Height _____ Weight _____ Gender Male Female

SSN _____ Marital Status Single Married Divorced Widowed

Employed Yes / No If yes, what is your occupation _____ Work Phone _____

How did you hear about us? Google Yelp Facebook Instagram Person _____ Other_____

Address _____ City _____ State _____ Zip _____

Email _____ Cell # _____ Alternate # _____

Emergency Contact Name _____ Phone # _____

CASE INFO

Due to accident Yes / No Attorney _____

Case Type Auto Accident Slip and Fall Other _____

Date of Injury _____ Time _____ Location _____

Did you go to the hospital Yes / No Where _____

Were X-rays taken Yes / No Were you transported by ambulance Yes / No

Present Medications/Conditions

_____

_____

_____

Previous Surgeries and Dates

_____

_____

_____

Allergies

_____

_____

Family Health History

_____

Pregnant? Yes / No How far along? _____

Payment is expected at time of visit unless prior arrangements have been made. If you have health insurance, this is a direct assignment of benefits under your policy. This means you understand any remaining balance is your responsibility.

I certify that the information that I have given here is true and accurate to the best of my knowledge.

Signature _____ Date _____

INSURANCE INFORMATION

Your Insurance _____

ASSIGNMENT OF BENEFITS

I hereby guarantee payment of all charges incurred for services rendered to me,

_____ (print name).

I also hereby assign and direct you to pay medical benefits under this claim directly to CENTENNIAL WELLNESS CENTER and/or Danielle Buda, D.C. I also hereby authorize CENTENNIAL WELLNESS CENTER and/or Danielle Buda, D.C to furnish from my records, any information requested by the insurance company in connection with the above assignment.

SIGNATURE _____ DATE _____

WITNESS _____

Centennial Wellness Center

Doctor-Patient Relationship in Chiropractic

Informed Consent

CHIROPRACTIC

It is important to acknowledge the difference between the health care specialties of chiropractic, osteopathy, and medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the chiropractic doctors' procedures often depends on environment, underlying causes and physical and spinal conditions. It is important to understand what to expect from chiropractic health care services.

ANALYSIS

A Doctor of Chiropractic conducts a clinical analysis for the express purpose of determining whether there is evidence of Vertebral Subluxation Syndrome (VSS) or Vertebral Subluxation Complexes (VSC). When such VSS and VSC complexes are found, chiropractic adjustments and ancillary procedures may be given in an attempt to restore spinal integrity. It is the chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no doctor can promise you specific results. This depends upon the inherent recuperative powers of the body.

DIAGNOSIS

Although Doctors of Chiropractic are experts in chiropractic diagnosis, the VSS and VSC, they are not internal medical specialists. Every chiropractic patient should be mindful of his/her own symptoms and should secure other options as to whether or not you should take this step, but you are responsible for the final decision.

INFORMED CONSENT FOR CHIROPRACTIC CARE

A patient, in coming to the Doctors of Chiropractic, gives the doctors permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities, or pathologies may render the patient susceptible to injury. The doctors, of course, will not give a chiropractic adjustment, or health care, if he/she is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make it known or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the Doctor of Chiropractic. The patient should look to the correct specialist for the proper diagnostic and clinical procedures. The Doctors of Chiropractic provides a specialized, non-duplicating health service. The Doctors of Chiropractic are licensed in a special practice and are available to work with any other types of providers in your health care regime.

RESULTS

The purpose of chiropractic services is to promote natural health through the reduction of the VSS or VSC. Since there are so many variables, it is difficult to predict the time schedule of efficacy of the chiropractic procedures. Sometimes the response is phenomenal. In most cases, there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same chiropractic care. Many medical failures find quick relief through chiropractic. In turn, we must admit that conditions which do not respond to chiropractic care may come under the control or be helped through medical science. The fact is that the science of chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have made great strides in alleviating pain and controlling disease.

TO THE PATIENT

Please discuss any questions or problems with one of the doctors before signing this statement of policy.

I have read and understand the foregoing.

SIGNATURE _____ DATE _____

HIPAA PRIVACY POLICY
PATIENT CONSENT FORM

Our Promise to You our Valued Patient

We want to assure you that we take the Federal HIPAA (Health Insurance Portability and Accountability Act) laws seriously. These laws were written to protect the confidentiality of your health information. We trust you will never delay treatment in our office because of fear that your personal health information might be unnecessarily disclosed to others outside our office.

Why A Privacy Policy?

The most significant variable that has motivated the Federal government to legally enforce the privacy of health information is the rapid evolution of the use of electronic technology in the administration of health care business. The government has appropriately sought to standardize and protect the electronic exchange of your health information. This has challenged us to review not only how your information is used within our computers but also with the Internet, phones, fax machines and any device used to copy or transfer this data. We want to advise you that we have developed policies and procedures for our practice to assure that your personal or health information will be shared only as required and only for the purpose of administering your case. Our office is subject to State and Federal laws regarding the confidentiality of your health information. We will assure our office adherence to those laws and we want you to understand our procedures and your rights as a valued patient. Your health information will be communicated only for the purpose of conducting health care business and obtaining payment for services. Be assured that without your written permission, your health information will not be used for any other purpose.

How Your Health Information May Be Used to Provide Treatment

Within our office, your health information will be used to provide you the best care and services possible. This may include administrative and clinical procedures designed to optimize scheduling and coordination between you and all office personnel. In addition, we may share this information with referring physicians, clinical pathology laboratories or other health professionals providing you treatment.

To Obtain Payment

Your health information may be included with an invoice for the purpose of collecting payment for services provided to you in this office. We may do this with insurance forms filed for you by mail or electronically. We will make every effort to work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care in our office. As a result, your health information may be included in the training programs for students, interns, and associates, as well as business and clinical employees. It is also possible that your health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine process of certification, licensing, or credentialing activities.

Public Health and National Security

As permitted or required by State or Federal law, we may disclose your health information to proper authorities for the purpose of law enforcement including, under certain circumstances, if you are a victim of a crime or in order to report a suspected crime.

Family, Friends and Caregivers

We may share your health information with those you tell us will be assisting you with your home care, treatment, or payment. We will be certain to obtain your permission prior to sharing your information. In the event of an emergency, if you are unable to tell us what you want, we will use our very best judgment when sharing your health information with anyone participating in your care.

Medical Research

Advancing health care knowledge often involves learning from the careful study of health histories of prior patients. Formal review and study of health histories as a part of a research study will happen only under the ethical guidance, requirements, and approval of an Institutional Review Board.

Authorization to Use or Disclose Health Information

Other than what is stated above or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

Patient's Rights

This law is careful to describe that you have the following rights related to your health information. Be assured that our office will make every effort to honor reasonable restriction preferences from our patients.

Confidential Communications

You have the right to request that we communicate with you in a specific way. You may request that we only communicate your health information privately with or without other family members present or through sealed mail communications. We will make all reasonable effort to honor your request.

Inspect and Copy Your Health Information

You have the right to read, review and copy your health information including your complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

Amend your Health Information

You have the right to ask us to update or modify your records if you believe your health information is incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process please provide us with your request in writing and describe as completely as possible your reason for the request.

Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing your health information have been requested sealed and or delivered to any authority for review.

Documentation of Health Information You have the right to request from us a description of how and where your health information was used by our office for any reason other than for treatment or payment, or health care operations. Our documentation procedures will enable us to provide information on your health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested. We will greatly appreciate you limiting your request to more than six years at a time. We may need to charge you a reasonable fee for your request.

Request a Paper Copy of this Notice You have the right to request and obtain a copy of the Notice of Privacy Practices directly from our office at any time. Just let us know of your request. We are required by law to maintain the privacy of your health information, and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our notice. Patients would be notified of any such changes.

You have the right to express concerns or complaints to us or the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express in writing any concerns you may have regarding the privacy of your health information. Thank you very much for taking time to review how we are carefully using your health information. If you have questions, please let us know. If not, we would appreciate your acknowledging by signature that you have received, thoroughly reviewed and understand this policy.

PRINT PATIENT NAME _____ DATE _____

_____

PATIENT SIGNATURE / LEGALLY AUTHORIZED REPRESENTATIVE SIGNATURE

NEW PATIENT INSTRUCTIONS

ALL PATIENTS;

No talking on cell phones in the office.

If using your cell phone for music or games, please use headphones.

No smoking before visit, including tobacco and marijuana.

No eating or drinking in the office, besides water.

Please avoid bringing guests into the office.

PATIENTS RECEIVING ELECTRICAL MUSCLE STIMULATION;

Please wear loose clothing.

No one-piece undergarments.

If having stim on your legs, please wear shorts.

Avoid having any lotions or oils on your skin, or the pads will not stick.

PATIENT HOME CARE;

Do any exercises prescribed by the doctor.

Use ice for pain and inflammation for 15 minutes, 2-3 times per day.

Please sign below to acknowledge you have read and agree to our guidelines.

Signature: _____ Date: _____