envive chiropractic

www.enviveonline.com

Today's Date (MM/DD/YYYY)

Whom may we thank for referring you?

Gender
◯ Male ◯ Female

Your Last Name

Your Social Security Number

Your First Name | Your Middle Name (Or Initial) | Birth Date (MM/DD/YYYY) | Height

Address

Marital Status
◯ Single ◯ Married
◯ Divorced
◯ Widowed ◯ Separated

Weight

City | State | ZIP/Postal Code

Home Phone | Cell Phone | Spouse's Name

E-Mail Address | Child's Name & Age

Emergency Contact | Phone | Child's Name & Age

Your Occupation | Your Employer | Child's Name & Age

Primary Physician

How can we help you today?

Acknowledgements

To set clear expectations, improve communications and help you get the best results in the shortest amount of time, please read each statement and initial your agreement.

Initials _____ **I have read and reviewed the Privacy Policy and understand it describes how my personal health information is protected and released on my behalf for seeking reimbursement from any involved third parties.**

Initials _____ **I realize that an X-ray examination may be hazardous to an unborn child and I certify that to the best of my knowledge I am not pregnant. Date of last menstrual period (MM/DD/YYYY):_____**

Initials _____ **I grant permission to be called to confirm or reschedule an appointment and to be sent occasional cards, letters, emails, or health information to me as an extension of my care in the office.**

Initials _____ **I acknowledge that any insurance I may have is an agreement between the carrier and me and that I am responsible for the payment of any covered or non-covered services I receive.**

Initials _____ **I may request a copy of the Financial Policy at any time.**

Initials _____ **To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.**

If the patient is a minor child, print child's full name: _____

Signature

Date (MM/DD/YYYY)

CONFIDENTIAL HEALTH INFORMATION

INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of procedures, including various modes of physio therapy, chiropractic adjustments, examinations, acupuncture, diagnostic x-rays, and any supportive therapies on me (or on the patient named below, for whom I am legally responsible) by the Envive and/or other licensed providers and support staff who now or in the future treat me while employed by, working or associated with or serving as back-up providers, including those working at the clinic or office.

I have had an opportunity to discuss with the Envive provider and/or with other office or clinic personnel the nature and purpose of the procedures.

I understand and I am informed that, as is with all healthcare treatments, results are not guaranteed and there is no promise to cure. I further understand and I am informed that, as is with all healthcare treatments, there are some risks to treatment, including, but not limited to, muscle spasms for short periods of time, aggravating and/or temporary increase in symptoms, lack in improvement of symptoms, fractures, disc injuries, strokes, dislocations and sprains. I do not expect the Envive provider to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests.

I further understand that treatment is designed to improve health. It can also alleviate certain symptoms through a conservative approach with hopes to avoid more invasive procedures. However, like all other health modalities, results are not guaranteed and there is no promise to cure. Accordingly, I understand that all payment(s) for treatment(s) are final and no refunds will be issued.

I further understand that there are treatment options available for my condition, these treatment options include, but not limited to self-administered, over the counter analgesics and rest; medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers; steroid injections; bracing; and surgery. I understand and have been informed that I have the right to a second opinion and secure other opinions if I have concerns as to the nature of my symptoms and treatment options.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Name of Patient:_____

Signature of Patient:_____

Name Printed of Guardian/Parental and Relationship to Patient:_____

Guardian/Parental Signature:_____

Date:_____

Envive, P.C.
Privacy Policy

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

Who We Are and Our Legal Obligations to You

You are coming to Envive, P.C. ("Envive") to receive medical care. Envive has several locations, namely Sioux Falls, SD; Brandon, SD; Howard, SD; Larchwood, IA. All Envive locations are full service chiropractic care providers offering additional services such as physical therapy, acupuncture and nutrition counseling.

The law requires us to protect the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to this health information. This Notice of Privacy Practices outlines our legal obligations regarding your health information. We are required to comply with the terms of this Notice of Privacy Practices, effective April 14, 2003. We reserve the right to change the terms of this Notice of Privacy Practices and to make the new terms effective for all health information we possess. We will communicate any changes by providing you with a new copy of the Notice of Privacy Practices the next time you receive treatment at our facility after any such change.

How We May Use or Disclose Your Health Information

We collect health information from you and store it in a chart or on our computer system. This is your medical record. Although this record belongs to Envive, the information in the record belongs to you. The law allows us to use or disclose your health information for the following purposes:

1. *For Treatment.* We may use your health information to provide you with medical treatment or services. For example, if you are receiving chiropractic care at our facility, a chiropractor may review your medical record and release medical information if it is necessary to provide you treatment.
2. *For Payment.* We may use and disclose your health information for purposes of receiving payment for treatment and services that you receive. For example, we may send a bill for your services to your health insurance company, and this bill may contain certain information such as your name and the service we provided to you.
3. *For Health Care Operations.* We may use and disclose your health information for the operation of our facility. For example, we may disclose information to our employees for training purposes, to evaluate performances, to assess the quality of care provided in our facility, and to determine how to improve the health care we provide.
4. *Follow Up Contact.* We may use your health information to check on you or to provide you with information regarding other treatment or treatment options.
5. *Directories.* Unless you inform us that you do not want us to do this, we will disclose your location and general condition to persons who call us and request you by name.
6. *Notification.* We may also disclose your health information to notify or assist in notifying a family member, your personal representative, or other persons responsible for your care about your location or general condition
7. *Public Health Agencies.* We may use or disclose your health information for public health activities such as assisting public health authorities in preventing or tracking disease and maintaining customer records of medical supplies in the event of product recall. We are required to report initial diagnosis of sexually transmitted diseases and communicable diseases to state public health agencies.
8. *Health and Safety and Law Enforcement.* We are required to disclose information to law enforcement if we suspect child abuse or neglect. In the exercise of our professional judgment, we may report

information in the case of adult abuse. Your health information may also be disclosed to avert a serious threat to health or safety of you or any other person. Finally, we may disclose health information to assist law enforcement officials in their duties.

9. *Required by Law.* We will disclose health information if we are required to by law, such as pursuant to a judicial or administrative subpoena. We may also be required to disclose information for specialized government functions such as protection of public officials or reporting to various branches of the armed services.
10. *Fundraising.* We might contact you to raise funds for our facility or to raise political awareness for issues related to health care. You are entitled to opt out of such contacts.
11. *Health Information.* We might send you general newsletters or other information that promotes your health as well as other helpful information regarding our facility.
12. *Worker's Compensation.* Your health information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation.
13. *Other Uses.* **Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent we have taken action in reliance upon the authorization.**

Your Rights Regarding Your Health Information

You have certain rights with respect to your health information. They are listed below. If you would like to exercise any of these rights or if you have questions regarding your rights, please contact: **Envive, P.C., Attn: Privacy Officer, 412 S. 1st Ave, Sioux Falls, SD 57104.**

1. You have the right to request that we limit our uses and disclosures of your health information, as you specify. We may not agree to your request.
2. You have the right to request that we communicate with you through alternative means or locations, and we will respect any reasonable requests.
3. You have the right to review and obtain a copy of your health information. We have the right to charge you a fee for the cost of providing you with such a copy.
4. You have the right to request that we amend your health information. We will review your request but not necessarily make the amendments you request.
5. You have the right to obtain an accounting of disclosures that we have made of your health information except disclosures for treatment, payment, health care operations, disclosures authorized by you, and disclosures for certain government functions.
6. You have the right to revoke any authorization you made for the use or disclosure of your health information except to the extent we have already relied on the authorization.
7. You have the right to receive a paper copy of this notice.

Complaints

You may complain to us if you think we have violated your privacy rights. We will listen to your complaint and do our best to address it. You will not be retaliated against for bringing a complaint. Please direct complaints to **Envive, P.C., Attn: Privacy Officer, 412 S. 1st Ave, Sioux Falls, SD 57104.** You can also file a complaint with the Department of Health and Human Services, Office of Civil Rights.