

New England Chiropractic Patient Information

Date: _____

Name _____ How did you hear about us? _____

SSN _____ Date of Birth _____ Age _____ Gender M or F

Address _____ City _____ State _____ Zip _____ Marital Status _____

Home or Cell Phone: _____ Email _____ # Children _____

Occupation _____ Employer: _____ Work Phone _____

Spouse's Name: _____ Parent's Names (if you are under 18) _____

Do you have Health Insurance or Medicare? Yes No Company _____

Do you have secondary/supplemental health insurance? Yes No Company _____

Do you have a Flex Plan, Health Savings Account, or Cafeteria Health Plan? Yes No Describe _____

If you have insurance, please present your card(s) to the office manager for processing.

Describe your symptoms: _____

When did your symptoms begin? _____ **Have you had similar symptoms in the past?** Yes No

How did your symptoms begin? Work Injury Auto Accident Other(describe): _____

Progression (circle): Improving Not-Improving Worsening **||What makes it worse?** _____

Describe: Sharp Shooting Achy Burning Numb Tingling **||What makes it better?** _____

How severe are the symptoms on a scale of 1-10?(circle) NONE -1 2 3 4 5 6 7 8 9 10-WORST

In general, how would you rate your current overall health? Excellent Very good Good Fair Poor

Emergency Contact: Name _____ Phone: _____

Has it affected your ability to work or do housework? Yes No How many days off from work/housework? _____

What are your favorite hobbies or activities? _____ **Currently Affected?** Yes No

What activities do are you looking forward to doing in retirement? _____

Have you seen a Chiropractor in the Past? Yes No If Yes, when was your most recent visit? _____

Why did you see the Chiropractor? _____ Doctor's Name? _____

What frequency was prescribed for your ongoing maintenance care? _____

Why are you changing chiropractors? _____

When was your most recent set of spinal x-rays? _____

Check any of the following that you are currently using/wearing: Heel lift Arch Supports Back brace

Who is your Primary Medical Physician? _____ Clinic name/Phone _____

When was your last set of medical blood or urine tests? _____ Date of Last Physical? _____

How do you want us to handle your problem? (check one)

- Temporary Relief (Help the symptom but do not fix the cause of the problem)
- Maximum Correction (Correct the cause of the problem for maximum stability and improve overall health)

Why did you come into our clinic and what are your expectations of us? _____

HEALTH HISTORY - Please read through the list and check the box next to each condition that applies to you **even if you think it may not be important to the chiropractor.**

Last known: Height _____ Weight _____ Blood Pressure _____ / _____ (don't know)
 What is your exercise routine? _____ How do you de-stress? _____
 Are you pregnant? Yes No Date of Last Period _____ How is your diet? _____

Musculoskeletal - General

Now Past

- Degenerative arthritis
- Rheumatoid arthritis or Gout
- Compression fracture
- Osteomyelitis
- Osteoporosis

Musculoskeletal Spine

- Poor Posture
- Disc injury
- Neck problem
- Mid-back problem
- Low back problem
- Scoliosis
- Ankylosing spondylitis
- Difficulty swallowing because of neck pain
- Pain or electric shocks in arms or legs on moving neck

Musculoskeletal Extremity

- Hip or sacroiliac problem L R
- Leg, Knee, ankle or foot L R problem
- Shoulder problem L R
- Arm,elbow,hand problem L R
- Rib or chest pain

Nervous System

- Headaches or migraines
- Tingling or numbness of arms, legs, hands or feet
- Pinched nerve or sciatica
- Poor balance
- Depression or Anxiety
- Difficulty dealing with stress
- Dizziness or vertigo
- Learning disorder or hyperactivity (ADD/ADHD)
- Seizures/Epilepsy
- Recent progressive muscle weakness or shaking
- Numbness of inner thighs/groin

EENT

- Jaw, TMJ or mouth problem
- Visual problems

- Ear problems, infections or ringing
- Chronic sinus problems
- Face pain

GI/GU/Endocrine

- Abdominal pain
- Constipation/Diarrhea
- Heartburn/Acid Reflux/Ulcers
- Uncontrolled Bladder or Bowel
- Inflammatory bowel disease
- Liver or gallbladder problems
- Menstrual problems or PMS
- Menopause symptoms
- Difficulty getting/staying pregnant/other

Cardio-Pulmonary

Now Past

- Pacemaker or implanted device
- Breathing trouble or Asthma
- High blood pressure
- History of stroke or aneurysm

Medication-Related Issues

- Medication dependence
- Drug or Vaccination reaction
- Current drug side-effects
- Immune suppression treatment or disorder from chemotherapy, organ transplant, drug, etc.
- 3 or more months of steroid medications or intravenous drugs (past or present)

Injuries and General Constitution

- Car crash/whiplash injuries
- Work injuries
- Ergonomic stress at work
- Sports injuries
- Smoking habit: How much/day? _____
- Drug or alcohol dependence or recovering
- Psoriasis or psoriatic arthritis
- Unexplained weight loss

- Sleeping trouble
- Get sick a lot/poor immune function
- Fibromyalgia / Chronic fatigue
- Tuberculosis, Hepatitis or HIV
- Cancer or Tumor
- Allergies: _____
- Recent fever over 102°F
- Blurred or double vision, dizziness, nausea or faintness when neck is in certain positions
- Constant pain that doesn't improve by changing positions or by lying down
- OTHER HEALTH PROBLEM NOT LISTED:** _____

FAMILY HISTORY

(circle any that apply)

Back problems / Back/neck surgery / Heart problems / Diabetes / Rheumatoid arthritis / high blood pressure/ Cancer / Other: _____

LIST ALL SURGERIES / PROCEDURES

LIST ALL MEDICATIONS/VITAMINS/SUPPLEMENTS/HERBALS:

NEW ENGLAND CHIROPRACTIC
23 Fort Hill Rd
Groton, CT 06355
Phone: 860-415-9345 Fax: 860-415-9426
Web: www.ChiroNewEngland.com

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 REVIEW IT CAREFULLY.

If you have any questions about this Notice please contact: ***Dr. Jennifer Welch.***

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your written request, we will provide you with any revised Notice of Privacy Practices or by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your PHI that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI protected. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for extended chiropractic care that your relevant PHI be disclosed to the health plan to obtain approval for that care. Dates and costs of services information may be disclosed to a third party when attempting to collect past due payments from you.

Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, chiropractic students, and chiropractic assistants for training fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your PHI to chiropractic school students and chiropractic assistants that see or assist our patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate if we need to change any information we currently have on file. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may leave a message regarding specifics of the time and date of appointment with any person or devise who answers at the phone number of record for you. If you make a referral to us, your name will appear on our "Thank You for Your Referral Board" which is in a public area. If you give us a public commendation and permission, it will appear on a bulletin board and/or our website kept in a public area where all potential and current patients can read what you said. We post the names of all patients whose birthday are in any given month on our "Happy Birthday Board". If given permission, we will post on our "Business Board" your business card or other business media given to us where all potential and current patients can read about your services. If you wish us not to call any number you have given us, please advise us in writing. We may periodically send out newsletters or announcements to any physical or electronic address of record. You may request in writing to be removed from this list.

We will share your PHI with third party "business associates" that may at any time perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Contact and request in writing that these fundraising materials not be sent to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Facility Directories: Unless you object, to people that ask for you by name, (either in person or by telephone or electronic means), we will use and disclose verbally that you are on the premises or not on the premises (or disclose when you are expected or when you were last seen). Anyone who asks about you by name regarding your general condition or "how you are doing" will be told you are either "doing a little better" or "not doing too well". No specifics will be revealed except to those friends and family members you have indicated are directly involved with your healthcare, on the "Others Involved in My Healthcare Form" (see below).

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. You may affix additional names of family and friends (who may live at a distance or with whom the physician is not personally familiar), to this list by requesting a copy of our Others Involved in My Healthcare form.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your PHI in the following situations without your authorization. These situations include:

Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

2. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may, upon written request, within ten business days, inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. You will be charged a reasonable fee for copying any records. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

While seldom a part of offices records forwarded by others to this physician, we must advise you that under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have specific questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us, in writing, not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by requesting a form entitled Others Involved in My Healthcare.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location (such as when traveling). We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment (for such things as long distance phone charges, etc.) will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request as needed, in writing, to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. This amendment can only be done to records that the physician has personally created, not those received from other providers of care. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Both your request and our rebuttal will then become a part of your personal record. If you would like to request an amendment to a portion of the record that was not created by this physician, that request and your explanation of the discrepancies will be added to your chart and become a part of the record, but the cited information itself will not be changed or purged. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for the facility, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, ***Dr. Jennifer Welch*** at **860-415-9345** for further information about the complaint process.

This notice was published 09/30/09 and becomes effective on **01/01/2017**.

Receipt of Privacy Notice

NEW ENGLAND CHIROPRACTIC
Dr. Jennifer Welch, DC
23 Fort Hill Rd
Groton, CT 06340
Phone: 860-415-9345 Fax: 860-415-9426
Website: www.ChiroNewEngland.com

Patient name _____

Date of birth _____

Telephone _____

My signature, below, certifies I have received a copy of NOTICE OF PRIVACY PRACTICES.

Signature of Patient or Guardian

Date

Comments, if any:

Signature of Health Care Practitioner

Date: _____