Patient Update

Your Name _____

Your Address _____

Email Address_____

Would you like us to email you our monthly health newsletter YES or NO

Phone number home _____work _____cell _____

Birth date_____

Date of last visit to our clinic_____

1. It has been 3 months or more since your last visit, please describe your health status since then. Have you had visits to other doctors, hospital stays, medications and/or supplements you are/have taken, motor vehicle accidents, and/or any work related injuries.

_____

_____

_____

_____

2. Have you had any major lifestyle changes since your last visit?

_____

_____

_____

_____

3. What is your reason for today's visit?

_____

_____

_____

_____

4. Is there anything else you would like us to know?

_____

_____

_____

_____

Patient Health Information Consent Form

We want you to know how your Patient Health Information (PHI) is going to be used in this office and your rights concerning those records. THIS NOTICE EFFECTIVE 4/1/03 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 would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing this consent.

1. The patient understands and agrees to allow this chiropractic office to use their Patient Health Information (PHI) for the purpose of treatment, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this chiropractic office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment.

2. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.

3. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.

4. The patient may provide a written request to revoke consent at any time during care. This would not effect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.

5. For your security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.

6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures. Filing a complaint requires a meeting with Dr. Scott Millner to fill out the appropriate forms. There will be no retaliation against you for filing a complaint.

7. This office may contact you to provide appointment reminders or other health related benefits and services that may be of interest to you.

8. This form will also allow this office to use your first name, the initial of last name, photo and

case study in certain internal procedures, ie: referral board, success story, case study and kids pictures.

9. This form will also allow us to deliver your care in an open room environment. In this environment routine details of your care may be disclosed to other patients and staff. We cannot assure that any details of your care will be considered confidential by other patients.

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

_____	_____	_____
Print name(s)	Signature/Guardian	Date