



DeFabio Spine and Sports Rehab, LLC

Donald C. DeFabio, DC, CES, DACBSP, FACO, ICCSP

Board Certified Chiropractic Orthopedics and Sport Injury, Corrective Exercise Specialist

308 Springfield Avenue Berkeley Heights, NJ 07922 • 908-771-0220 • 908-771-0114

CONFIDENTIAL PATIENT INFORMATION

Patient Information

Today's Date

Patient Name _____ Date of Birth _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 E-mail _____ Preferred Language _____
 Marital Status: S M W D Ethnicity ___Hispanic/Latino ___Non-Hispanic/Latino
 Race _____ Gender ___M___F ___Left Handed ___Right Handed
 Smoking status ___Never ___Former ___Current ___How much? _____ Occupation _____
 Referred By _____ Primary MD _____
 Employer/School _____ Occupation _____
 Employer/School Address _____
 Emergency Contact _____ Emergency Contact Phone Number ___-___-___

Reason For Today's Visit

List present complaints and injuries _____

How long have you had this condition? _____ Does it bother you occasionally/frequently/constantly?

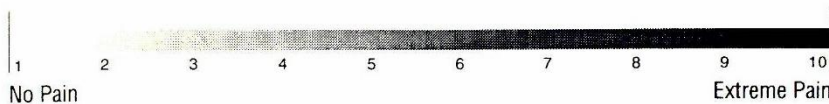
Who else have you seen for this condition? _____

What did they recommend? _____

Pain Scale

Numbness -----
 Pins & Needles o o o o o
 Burning ^ ^ ^ ^ ^
 Aching x x x x x
 Stabbing

Example Right Front Back Left



DeFabio Spine and Sports Rehab, LLC

Donald C. DeFabio, DC, CES, DACBSP, FACO, ICCSP

Board Certified Chiropractic Orthopedics and Sport Injury, Corrective Exercise Specialist

308 Springfield Avenue Berkeley Heights, NJ 07922 • 908-771-0220 • 908-771-0114

Patients Written Acknowledgement of DeFabio Spine & Sports Rehab's

NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge that I was given a copy of DeFabio Spine & Sports Rehab's Notice of Privacy Practices, fully understand same and have had all my questions answered to my satisfaction.

I am authorizing DeFabio Spine & Sports Rehab, LLC to have my name displayed in the office in the form of a 'sign-in sheet' and a 'patient referral sign'.

Yes No

I may be contacted in the following manner:

E-mail via drdd@defabiochiropractic.com or defabiochiropractic@gmail.com, a non-encrypted server

E-mail address _____

Home telephone number _____

OK to leave a detailed message

Leave a message with a call back number only

Work telephone number _____

OK to leave a detailed message

Leave a message with a call back number only

Patient's Signature

Date

Privacy Officer's Signature

Date

NOTICE OF PRIVACY PRACTICES

DeFabio Spine and Sports Rehab, LLC (DSSR) is committed to maintaining the privacy of your protected health information (PHI), which is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health condition and the care and treatment you receive from our practice. In addition, this Notice describes your rights to access and control your PHI. This Notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. **Please read this notice carefully** and if you should have any questions or concerns about this Privacy

Notice, please do not hesitate to contact our privacy officer, **Sally Messig, at DSSR, 308 Springfield Avenue, Berkeley Heights, NJ 07922, (908) 771-0220**

This office is required by law to abide by the terms of this Notice of Privacy Practices as well as abiding any other applicable state laws that may govern privacy practices and/or scope of the practice of chiropractic. Our office may change and/or modify the terms of this notice at any time and the new Notice will be effective for all PHI that we obtain at that time. Our office and/or doctors will provide you with a copy of our Notice of Privacy Practices and make a good faith effort to obtain your written acknowledgment of our Notice, no later than the date of your first service delivery. We will also keep you notified of any changes to our Notice of Privacy Practices and if requested by you our office will provide you with an updated copy of same.

USES AND DISCLOSURES OF PHI:

Our office may use and disclose your PHI for health care delivery purposes, which is known as treatment, payment and health care operations (TPO). Your PHI may be used and disclosed by your doctor, 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 doctor's practice. It should be noted that even though our list of uses and disclosures of your PHI is fairly comprehensive, it is difficult to take into account each and every possibility of how your PHI may be used or disclosed. We can assure you that your doctor and our office staff will do everything possible to maintain the confidentiality of your PHI. Listed below are some of the more common types of uses and disclosures of your PHI that our office is allowed to make without your consent and/or authorization.

Treatment- Your PHI may be used and disclosed for the coordination or management of your health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding you or the referral of you from one provider to another.

Payment- Your PHI may be used and disclosed for payment which encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums to fulfill their coverage responsibilities and provide benefits under the plan and to obtain reimbursement for the provision of health care.

Health Care Operations- Your PHI may be used and disclosed for healthcare operation for certain administrative, financial, legal and quality improvement activities that are necessary to run its business and to support the core functions of treatment and payment.

Emergency Situations- Our office and/or Doctors may use or disclose your PHI in an emergency treatment situation. If an emergency situation happens to arise we are not required to obtain a written acknowledgement from you of our Notice of Privacy Practices until after the emergency situation has ended.

Minimum Necessary Standard- Our office and/or Staff will make reasonable efforts to limit the use and disclosure of and requests for your PHI to the minimum necessary to accomplish the intended purpose.

Employee Limitations- Your doctor will also limit the use and disclosure of your PHI to members of his/her workforce to those who may need access to your PHI for TPO.

Public Health Purposes and Activities- Your PHI may be disclosed to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury or disability which would include reporting of disease or injury, reporting vital events like births or deaths and conducting public health surveillance, investigations or interventions. In addition, your PHI may be disclosed for public health activities like child abuse or neglect, quality, safety or effectiveness of a product or activity regulated by the FDA and persons at risk of contracting or spreading disease as well as workplace medical surveillance. Again, this information will be limited to the minimum amount necessary to accomplish the public health purpose.

Business Associate Contract- A business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, a covered entity, i.e.: health care provider, health care plan or clearinghouse. Your PHI may be used or disclosed to a business associate provided we obtain satisfactory assurances from the business associate that the business associate will safeguard your PHI it receives or creates from any misuse and will use the information only for the purposes for which it was engaged to do and not for the business associates independent use or purposes, except as needed for proper management and administration of the business associate.

Research Purposes- Your PHI may be used or disclosed for research purposes, which has been de-identified and/or you have authorized the use and disclosure of your PHI.

Worker's Compensation Purposes- Due to the variability among State laws, the Privacy Rule permits disclosure of your PHI for purposes as authorized by and to the extent necessary to comply with worker's compensation laws without your authorization and no minimum necessary determination is required.

Marketing Purposes- Your PHI may be used and disclosed for marketing purposes if it is in the form of a face-to-face communication or a communication involving a promotional gift of nominal value by the covered entity, i.e.: health care provider, health care plan or clearinghouse. Marketing is defined as making a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. This type of marketing has certain exceptions, which do not require authorization for the use and disclosure of your PHI and are listed as follows: 1) A communication is not marketing if it is made to describe a health-related product or service that is provided by or included in a plan of benefits of the covered entity making the communication, 2) a communication is not marketing if it is made for the treatment of the individual, 3) a communication is not marketing if it is made for case management or care coordination for an individual or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual. Note: Besides the above exceptions, any other form of marketing would require your authorization to use and disclose your PHI.

Personal Representative- Your PHI may be used and disclosed, under State law; to a person who is authorized to act on your behalf in making your health care related decisions.

Legal Proceedings- Your PHI may be disclosed if requested by any judicial or administrative proceedings, court order, a subpoena, law enforcement purposes etc.

Miscellaneous Uses and Disclosures of PHI- We may use a sign-in sheet at our front desk so our staff can easily see who is seeking care. We are allowed to use and disclose your name in the waiting room when your doctor is ready to see you. We may use and disclose your PHI to contact you to remind you of your appointment. We are also allowed to use and disclose your name and address to send you a newsletter about our practice and services we offer. In addition, we may send you information about products or services that we feel may benefit you.

PATIENT RIGHTS TO ACCESS AND CONTROL THEIR PHI

The Privacy Rule allows you certain rights with regards to your records, which are as follows: **You have the right to review and receive copies of your records as it relates to your own care.** Your request would have to be put in writing and the law requires that your doctor respond within 30 days of your request. In addition, your doctor is allowed to deny you access to your records, but only if it is going to cause you harm or someone else harm. If your doctor denies you access to your records, the denial has to be referred to a health care review professional, which would be the privacy officer who was designated. Your doctor is allowed to charge a copy fee, which should not exceed State allowance.

You have the right to request that the use and disclosure of your PHI be restricted. This means you have the right to request restrictions on how your doctor will use or disclose your PHI about TPO. Your doctor is not required to agree to your request for restriction, but would be bound by any restrictions to which you and your doctor agree.

You have the right to request to receive confidential communications from your doctor by alternative means or at an alternative location. Your doctor must accommodate your request, provided it is reasonable, and you clearly state that not doing so could endanger you.

You have the right to request amendments (changes) to your records. If changes are made to your record it does not mean that your doctor will destroy his/her records or your doctor will rewrite their records. It means that you can add an addendum to your current records to reflect your requested changes. Your doctor has the right to deny or reject your request to change your records, but you have the right to submit a statement in the medical record that you disagree. Your doctor also has the right to add to the record a rebuttal statement. **You have the right to receive your doctor's Notice of Privacy Practices.** The law requires that your doctor provide you in writing their policy on how they are protecting and using your PHI.

You have the right to revoke an authorization. The revocation can be done at any time provided it is in writing. There is an exception to the revocation; that is if your doctor has taken an action in reliance on the use or disclosure indicated in the doctor's Authorization Notice.

PATIENT'S RIGHT TO FILE A COMPLAINT

If you believe that we have violated any of your Privacy Rights, you can file a written complaint with our Privacy Officer (please see our Privacy Officer to obtain a complaint form). Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. In addition, you can also file a written complaint, either on paper or electronically, with the Office of Civil Rights (OCR). Please note that the Privacy Law prohibits our office from taking any retaliatory actions against you

DeFabio Spine and Sports Rehab, LLC

Donald C. DeFabio, DC, CES, DACBSP, FACO, ICCSP

Board Certified Chiropractic Orthopedics and Sport Injury, Corrective Exercise Specialist

308 Springfield Avenue Berkeley Heights, NJ 07922 • 908-771-0220 • 908-771-0114

Payment Policy

To pay your balance once your insurance company has processed your visit, a current credit card needs to be on file with authorization of payment. Once the insurance claim is processed your credit card will be charged the balance and an itemized receipt will be mailed to you.

Payment Authorization

I hereby authorize DeFabio Chiropractic Associates to automatically charge my credit card for:

- 1 The allowable balance due after my insurance payments are made.
- 2 For insurance payments sent directly to me.
- 3 For my co-payment when due.
- 4 For non-covered services.

A copy of the itemized statement and credit card receipt will be provided for your records.

Would you like a copy of your receipts?

Yes

No

Name _____

Date _____

Signature _____

MC Visa # _____

Expiration Date _____

CVS _____

Am Ex # _____

Expiration Date _____

CVS _____

All information is confidential and secure.