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## Welcome to Our Office

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We are so glad that you are here today. If you have any questions concerning our policies, forms, or procedures, just ask. It is our pleasure to help you.

### **Our Privacy Practices**

In Our office, all health information is considered confidential and we are careful about how we use it. This explains how your health information may be used and disclosed and how you can get access to this information. The *Notice of Privacy Practices* describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in the performance of health care operations of Smith Chiropractic (Portage Chiropractic and Wellness Center, PLLC). Please review your health information and let us know if you have any questions.

### **We may share your health information to:**

- Treat you
- Discuss your case with family
- Collect payment
- Run our office
- Inform you about other services
- Do research
- Include you in care classes
- Thank you for referring other patients

### **We may use your health information for:**

- Health and safety reasons
- Reporting to worker's compensation
- Reporting to law officials
- Reporting victims of abuse
- Court hearings and filings

### **You have the right to:**

- Request a copy of your health record
- Request a list of whom we share your health information with
- Ask us to limit the information we share
- Advise our staff if you believe your health privacy rights have been violated
- Request confidential communications
- Amend your protected health information

**These privacy practices are effective: 01/01/2018**

**For further information please contact: Dr. Sarah B. Kirn-Gabrielse, D.C.**

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### **Consultation and Exam**

To begin today's visit, we will collect some confidential health information and then sit and speak with you. After we learn more about your condition, we will perform some preliminary screening tests. If we believe we may be able to help you, we will recommend a complete examination so we can thoroughly evaluate your condition,

We will always inform you of associated fees before we perform any procedure or service.

### **Report of Findings**

Patients who are examined will receive a report of our findings from the recorded history, consultation, and examination.

If we believe we can help, we will accept your case at this time. If we believe that you will not respond to our care, we will not accept your case and may refer you to another provider.

### **Treatment Plan**

If we accept your case, we may recommend treatment options based on your unique needs and then an individualized treatment plan may be created to address your short and/or long-term goals.

As you advance through treatment, periodic progress evaluations will measure and compare your improvement.

I understand and agree to the following:

- The privacy practices have been satisfactorily explained to me and I have received a copy of the notice of Privacy Practices or had an opportunity to receive a copy
- The *Notice of Privacy Practices* for PCWC is also provided on request at the main administration desk of this practice.
- Smith Chiropractic reserves the right to change the privacy practices that are described in the *Notice of Privacy Practices*. I may obtain a revised notice of privacy practices.
- I understand the purpose of today's visit
- The doctor(s) may use my confidential health information in the manner previously described

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

**Consent for Purposes of Treatment, Payment and Healthcare Operations**

**This form should be maintained in the patient's health record**

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