Jenkins Family Chiropractic Registration & History

Patient Information

Date: ____/____/_____

Patient: _____ Birthdate: ____/____/_____ Age:_____ Sex: ☐M ☐F

Address: _____City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed

Patient SS #: _____ Email: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Occupation: _____ Employer: _____

Employer Address: _____City: _____State: _____ Zip: _____

Spouse's Name: _____ Birthdate: ____ /____ /_____ Occupation: _____

Whom may we thank for referring you?_____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Home Phone: _____ Work/Cell: _____ Relationship: _____

Patient Condition/Health History

Primary reason for visit: _____

Is this condition due to an accident? ☐Yes ☐No Type of accident: ☐Auto ☐Work ☐Home ☐Other Injury Date:_____

What treatment have you already received for your condition? ☐ Surgery Date(s):_____

☐ Physical Therapy Date(s):_____ ☐ Chiropractic Services Date(s):_____ ☐ None

Name and address of other doctor(s) who have treated you for your condition: _____

_____

_____

Please Indicate date of last:

Spinal Exam: _____ MRI, CT-Scan, Bone Scan: _____

*Please check **all** conditions below that you currrently have or have had in the past*

☐ AIDS/HIV	☐ Chicken Pox	☐ Heartburn/Acid reflux	☐ Menstral irregularities	☐ Prostate problems
☐ Alcoholism	☐ Dependency	☐ Heart disease	☐ Migraine headaches	☐ Prosthesis
☐ Allergies	☐ Constipation	☐ Heart palpitations	☐ Miscarriage	☐ Rheumatoid Arthritis
☐ Allergy Shots	☐ Depression	☐ Hepatitis	☐ Mononucleosis	☐ Ringing in the ears
☐ Anemia	☐ Diabetes	☐ Hernia	☐ Multiple Sclerosis	☐ Sinusitis
☐ Appendicitis	☐ Diarrhea	☐ Herniated Disc	☐ Mumps	☐ Sleeping problems
☐ Arthritis	☐ Difficulty swallowing	☐ Herpes	☐ Nervousness/Anxiety	☐ Thyroid problems
☐ Asthma/Short of breath	☐ Dizziness	☐ High Blood Pressure	☐ Osteoporosis	☐ Tonsillitis
☐ Bleeding Disorder	☐ Eating disorder	☐ High Cholesterol	☐ Pacemaker	☐ Tuberculosis
☐ Breast Lump	☐ Emphysema	☐ IBS	☐ Parkinson's disease	☐ Tumors/Growths
☐ Bronchitis	☐ Epilepsy	☐ Kidney Disease	☐ Pinched nerve	☐ Ulcers
☐ Cancer	☐ Glaucoma	☐ Liver Disease	☐ Pneumonia	☐ Upset stomach
☐ Cataracts	☐ Headaches	☐ Measles	☐ Polio	☐ Vaginal infections

Any other conditions not listed above: _____

***Are you pregnant ☐ Yes ☐ No Due Date: _____ Comments: _____**

Please continue to next page

Health History (cont.)

Injuries/Surgeries you have had:	Description	Date(s)
Broken Bones/Fractures:	_____	_____
Dislocations:	_____	_____
Head Injuries:	_____	_____
Surgeries:	_____	_____
	_____	_____

Please List ALL Medications and Reasons

_____

_____

_____

_____

_____

_____

Daily Habits

***What daily activities/duties are difficult for you ? (ex. work, exercise, household chores, etc.)**

_____

Exercise	**Work Activity**	**Habits**	
☐ None	☐ Sitting	☐ Smoking	Packs/Day: _____
☐ Moderate	☐ Standing	☐ Alcohol	Drinks/Week: _____
☐ Daily	☐ Light Labor	☐ Coffee/Caffeine Drinks	Cups/Day: _____
☐ Heavy	☐ Heavy Labor	☐ High Stress Level	Reason: _____

Family/Past History

Are there any conditions that are common in your family? (ex. cancer, diabetes, rheumatoid arthritis, etc.) _____

_____

_____

_____

Insurance/Acknowledgement of Payment Responsibility

Be sure to provide the receptionist with all health insurance cards and photo ID

ASSIGNMENT AND RELEASE

I, the undersigned, certify that I (or my dependent) have insurance coverage with _____ and assign directly to Jenkins Chiropractic all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges (whether or not paid by insurance). I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the signature on all insurance submissions.

_____ _____ _____/_____/_____

Responsible Party Signature | Relationship | Date

Please continue to next page

TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and when a chiropractor accepts a patient for such care, it is essential that both are speaking and working for the same goals. Chiropractic does NOT diagnose or treat disease. Chiropractic has only one goal:

TO LOCATE, ANALYZE, AND CORRECT SPINAL INTERFERENCE TO THE NERVOUS SYSTEM

The purpose of the nervous system is to control and coordinate all bodily function. Interference to this master system automatically produces improper function in the body. The SUBLUXATION (spinal misalignment producing nerve interference), in and of itself, is a detriment to life and health. Correction of the subluxation through a specific chiropractic adjustment allows the body to function at its optimum level. This allows the INNATE healing power of the body to work at maximum efficiency to restore, maintain, and promote natural health.

WE DO NOT DIAGNOSE CONDITION(S) OR DISEASE(S) OTHER THAN VERTEBRAL SUBLUXATIONS

WE DO NOT OFFER TREATMENT OF CONDITION(S) OR DISEASE(S) OTHER THEN VERTEBRAL SUBLUXATIONS.

WE PROMISE NO CURE FROM ANY CONDITION(S) OR DISEASE(S)

THE CHIROPRACTIC ADJUSTMENT RESTORES LIFE AND HEALTH TO ITS FULLEST POTENTIAL!!!

I, _____, having read the above statement, and understanding it fully,
(Please Print Name)
do undertake chiropractic health care on this basis.

X_____ _____
Signature Date

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

By signing below, I indicate that a copy of Jenkins Chiropractic Notice of Privacy Practices has been made available to me and understand that my signature indicates my consent to the use and disclosure of protected health information by Jenkins Chiropractic as described in that notice.

X_____ _____
Signature Date
(Legal Guardian's Signature if Minor)

Notice of Privacy Practices

Jenkins Chiropractic LLC, is committed to maintaining the privacy of your protected health information known as (PHI), which is information about you, including demographic information, that my identify you and that relates to your past, present or future physical or mental health or condition and the care and treatment you receive from our practice. In addition, this Notice describes your rights to access and control you 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, Dr. Jason R. Jenkins, 97 Gulf Street, Milford, CT 06460, 203-877-4198.

This office is required by law to abide by the terms of this Notice of Privacy practices as well as abiding by any other applicable state laws that may govern privacy practices and/or the 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 doctor will provide you with a copy of our Notice of Privacy Practices and make a good faith effort to obtain your written acknowledgement 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 your our office will provide you with an updated copy of the same.

Uses and Disclosures of PHI:

Our office many use and disclose of your PHI for health care delivery purposes, which is known as treatment, payment and health care operations (TPO). Our PHI may be used and disclosed by your doctor, our office staff and others outside of our office that are involved in our care and treatment of 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 single possibility of how your PHI may be used or disclosed. We can assure you that your doctor and his 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 you PHI that our office is allowed to make without your consent and/or authorization. Any other uses and/or disclosures other than those listed below will only be made with your written 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 of the referral of you from one health care 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 Situation – Our office and/or doctor may use or disclose your PHI in an emergency treatment situation. If any emergency situation happens to arise we are not required to obtain a written acknowledgement from you or 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 member of his or her workforce to this who may need access to your PHI for treatment, payment and health care operations.
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 health 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 have been de-identified and/or you have authorized the use and disclosure of your PHI.
Workers' 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 extend necessary to comply with workers' 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 minimal value by the covered entity i.e.: health care provider, health care plan or clearinghouse. Marketing is defined as making a communications 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 it 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 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 for the above exceptions any other form of marketing would require your authorization to use and disclose your PHI.
Personal Representative – Your PHI may be sued 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 you doctor is ready to see you. We may use and disclose your PHI to contact you to remind you or 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.
Patients 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 office who was designated. Your doctor is allowed to charge a copy fee, which should not exceed State law 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 you PHI about treatment, payment and health care operations. 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 on.
Your 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.
Your 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 or her records or your doctor will rewrite their records it means that your doctor will add an addendum to your current records to reflect your 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.
Your have the right to receive your doctor's Notice of Privacy Practices. The law required 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 writing. There is an exception to revocation that is if your doctor has taken any 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 any of your Privacy Rights have been violated by us you can file a written complaint with our Privacy Officer (please see our privacy office to obtain a complain form). Your complaint must be filed within 180 days of when you learned 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 not that the Privacy law prohibits our office from taking any retaliatory actions against you.