

Patient Name: _____ **DOB:** _____

Occupation: _____

Medical History

Have you seen a physical therapist in the past for this condition? YES or NO
If yes, when?

Have you received any recent test? (x-ray, MRI, EMG, etc)

Please list any medical conditions that you are or have been treated for in the past (high blood pressure, heart disease, autoimmune, anxiety, depression, etc.)

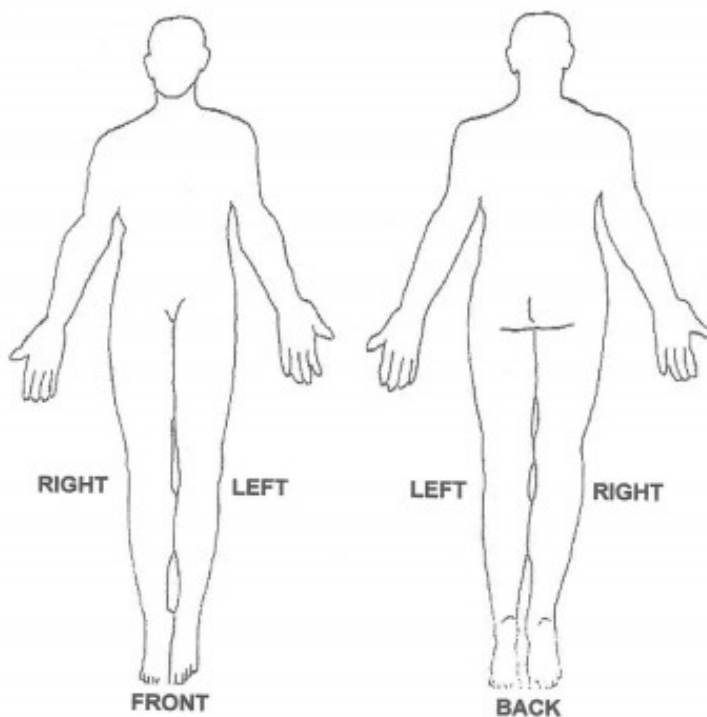
Have you ever been diagnosed with cancer? YES or NO
If yes, what kind?

Please list any current prescription medications.

Please list any surgeries or hospitalizations.

Do you smoke? YES or NO

Please mark the area(s) where you are having pain or other symptoms.



ATTENDANCE POLICY

1. As experts, we know that you will not get better if you do not attend your appointment. When you call to cancel an appointment, we expect that you will have other times available so we can reschedule you right away.
2. **We require that you cancel any appointment that you cannot make with no less than 24 hours' notice.**
3. We will reschedule you at that time to make sure you continue with your plan of care.
4. For all appointments, we expect that you will arrive on time and ready to begin at your scheduled treatment time.
5. **If you are running late, we need you to call us immediately so we can be prepared for your late arrival.**
6. Please also be aware that if you are late for your appointment, you are missing the time that we have specifically scheduled for your care and we cannot guarantee that we will be able to provide you with your full treatment as we have reserved the appointment time following yours for someone else. Chronically late patients will be asked to change their appointment times or may be discharged.
7. **Please note, you will be charged a \$50 fee for any no-shows and ALL cancellations that occur with less than 24 hours' notice. This amount is your responsibility as insurance will not cover this fee. This fee will be collected before your next scheduled appointment.** To avoid the \$50 fee, you simply need to call the office and provide at least 24 hours' notice for any appointments you cannot attend. Calls the night before your appointment will not count as timely notice so please call during business hours. *Advanced notification allows us to help another patient by offering them your appointment slot.*
8. You may be discharged from services if you do not show up for your appointment or cancel for 2 consecutive appointments or if attendance falls below 75%.

FINANCIAL POLICY

Desert Palms Physical Therapy is committed to giving you EXCEPTIONAL SERVICE and TREATMENT. Part of our commitment is to make sure you understand your health insurance coverage and make your services more affordable with payment options.

We will verify your insurance eligibility and benefits. Based upon the information you provide to us, our team will contact the payer to determine what benefits are available. It is your responsibility to provide to us accurate and current information. Failure to notify us of any changes could result in denial by the insurance company in which case payment becomes your responsibility.

We will explain your benefits. We will provide you with an Insurance Benefit Letter outlining your plan benefits the carrier has relayed to us. We do recommend however that you verify the information your carrier has relayed to us. We will send the claim to the insurance company as a courtesy; however, you or the guarantor is responsible for services not covered.

We will work with you to pay your portion of services

- If you have a co-pay, we will collect it at the beginning of each visit.
- If you have a coinsurance, we will collect an estimate of your percentage at the beginning of each visit.
- If you have a deductible, we will collect \$65 at each visit until it has been met.
- To make payments easier, we accept Visa, Mastercard, American Express, and Discover cards, check, or cash.
- Failure to make payment may result in discontinuation of services and balance submitted to collection agency.
- If you feel there has been an overpayment of services and a refund is due, please contact our office.

HEALTH INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW YOUR INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

INTRODUCTION: At Desert Palms PT, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 03/01/2003 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION: Each time you visit Desert Palms PT, a record of your visit is made. Typically, this record contains your symptoms, examination and test results; diagnoses, treatment, and a plan for future care or treatment. This information referred as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating medical health professionals
- A source of data for medical records
- A source of information for public health officials charged with improving the health of this state and nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to; ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS: Although your health record is the physical property of Desert Palms PT the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided 45 CFR 164.528
- Request communication of your health information by alternative means or alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.528
- Revoke your authorization to use or disclosure health information except to the extent that action has already been taken

OUR RESPONSIBILITIES: Desert Palms PT is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclosure your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions and would like additional information, you may contact our Privacy Officer at 270-443-0681. If you believe your privacy right has been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:
Office for Civil Rights • U.S. Department for Health and Human Services • 200 Independence Avenue S.W. • Room 509F, HHH Building • Washington, D.C. 20201

EXAMPLES OF DISCLOSURE FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS: *We will use your health information for treatment.* For example, Information obtained by a nurse physician, or other member of the health care team will be recorded in your record and used to determine the course of treatment that should work best for you, how you are responding to treatment and document any actions taken.

We will use your health information on payments. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operation. For example: Members of the medical staff or management may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, contracted computer support, etc. When these services are contacted, we may disclose your health information to our business associates so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general location.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Marketing: We may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may interest you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing, surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: we may disclose health information to extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: Public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for purposes required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.