

Maple Valley Chiropractic and Massage
23220 Maple Valley Black Diamond Rd SE, Ste 13, Maple Valley, WA 98038
Ph: 425-432-1449 Fax: 425-432-9910

Acct # _____ Date _____ Patient Name _____
Birthdate _____ Age _____ Sex _____ Marital Status: M S W D Referred By _____
Address _____ City, State _____ Zip code _____
Phone: Home _____ Cell _____ Work _____
Occupation _____ Employer _____ Handedness: Left Right

Major Complaints:

A) _____ D) _____
B) _____ E) _____
C) _____ F) _____

Medications: _____
Surgeries: _____

1. Which of your major complaints listed above bother you the most? (Check one or more) A B C D E F
2. How long have you had this complaint(s)? _____

3. Prior to the problem beginning, did you ever have a problem that was the same or similar? _____

4. Did it appear Slowly Immediately?
5. Does anyone else in your family have this problem or a similar one? _____

6. How often does it bother you now? _____
7. When it is at its worst, how does it feel? _____
8. When it is at its worst, how does it interfere with your normal daily activities? _____

9. Does this problem reduce your productivity or effectiveness regarding your work? _____

10. Does it create any problems in your relationships? Yes No
If yes, how? _____

Patient Name _____ Birthdate _____

11. What have you done to aggravate the problem and/or what have you failed to do that would have helped get rid of it? _____

12. If your problem was left unhandled for five years, how do you think it would affect you? _____

13. Are you committed to getting rid of not only your symptom(s) but what has caused it, even if it requires a change in your life-style? Yes No

14. Have you received chiropractic care in the past? Yes No If yes, when were you last adjusted? _____

15. (If children) Tell me about your children: _____

Auto Accident: _____

PI: Seatbelt Yes No Head Position: Straight Ahead Rotated _____

MPH at Impact _____ Amt. Damage to Vehicle _____ Ft. of Acceleration _____

Kind of Car: Theirs _____ Others _____ Position of Head Rest _____

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THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In the course of your care as a patient at Maple Valley Chiropractic and Massage, we may use or disclose personal and health related information about you in the following ways:

*Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.

*Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of services provided to you.

*Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

You can ask us not to use or share certain health information for treatment, payment, or our operations.

*We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

*We will say “yes” unless a law requires us to share that information.

Your name, address, telephone number, e-mail address and health records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. You have a right to

confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations.

We are permitted and may be required to use or disclose your health information without your authorization in these following circumstances:

*If we provide health care services to you in an emergency.

*If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.

*If there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care.

*If we are ordered by the courts or another appropriate agency

You have a right to receive an accounting of any such disclosures made by this office. Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

We normally provide information about your health to you in person at the time you receive care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home, or if you would like the information in a specific form please advise us in writing as to your preferences.

We are required by state and federal law to maintain the privacy of your patient file and the health protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect.

We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to Dr. Ryan Donovan.

If you would like further information about our privacy policies and practices please contact Dr. Ryan Donovan.

You also have the right to lodge a complaint with the Secretary of the Department of Health and Human Services. If you choose to lodge a complaint with this office or with the Secretary your care will continue and you will not be disadvantaged by this office or our staff in any manner whatsoever.

This office utilizes an “open-adjusting” environment for ongoing patient care. “Open adjusting” involves several patients being seen in the same adjusting room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and this is NOT the environment used for taking patient histories, providing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in an open-adjusting environment other arrangements will be made for you.

This notice is effective as of date signed below.

Full Name (Printed)

Signature

Date

If you are a minor, or if you are being represented by another party:

Personal Representative Printed

Personal Representative Signature

Date

Description of the authority to act on behalf of the patient