

PERSONAL INSURANCE

PRIMARY INSURANCE COMPANY:	SECONDARY INSURANCE COMPANY:
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:
POLICY HOLDER'S NAME:	POLICY HOLDER'S NAME:

MEDICAL AUTHORIZATION

I hereby authorize Craig Ranch Chiropractic to furnish information to insurance carriers concerning my illness and treatment and I assign to the physicians all payments for medical services rendered to myself or my dependents.

Accounts are due and payable monthly as treatment progresses, regardless of legal insurance coverage.

SIGNATURE OF PATIENT OR PARENT IF MINOR DATE

Name of insured employee: _____

Insured employee date of birth: _____

Name of insured's employer: _____

Employers address: _____

Craig Ranch Chiropractic Notice of Privacy Practices

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

If you have any questions about this notice, please contact

Craig Ranch Chiropractic

214-644-0810

(Fax) 214-644-0813

Craig Ranch Chiropractic is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, 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, often referred to 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 health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility 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 records 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
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request restrictions on specific uses and disclosures of your information
- Obtain a paper copy of the notice of health information privacy practices upon request
- Inspect and obtain a copy of your health record
- Amend your health record

- Obtain an accounting of disclosures of your health information
- Request confidential communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a 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
- 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 the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice within the clinic at the reception areas- You are entitled to a revised copy upon request.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact the Privacy Officer at 214-644-0810. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at 214-644-0813 or with the Texas Department of Insurance. There will be no retaliation for filing a complaint.

Craig Ranch Chiropractic

Receipt of Notice of Privacy Practices

Written Acknowledgement Form

I, _____, have received a copy of **Craig Ranch Chiropractic Privacy Practices notice**, effective April 14, 2003.

Signature of Patient or Patient Representative _____
Date

If Patient Representative, what is your relationship to patient? _____

Craig Ranch Chiropractic

Name:		Home Phone#:		Cell Phone#:		Work Phone#:			
Address:				City:		State:		Zip:	
Male Female		Date of Birth - -		Age	Social Security # - -		Referred by:		
SINGLE MARRIED DIVORCED WIDOWED CHILD					Email:			Employer:	
Date of Injury:		Describe Injury:							
Medication taking:					Supplements taking:				
Previous Injuries:					Previous Surgeries:				

Circle any of the following symptoms that you have experienced in the past 6 months:

- | | | | |
|------------------------|--------------------------|--------------------|-----------------------|
| Headaches | Neck Pain | Muscle Spasms | Nervousness |
| Migraine/Tension | Tension Across Shoulders | Irritability | Menstrual Problems |
| Headaches | Leg/Foot Pain | Dizziness | Fatigued, Tired |
| Shoulder Pain | Tingling in Legs/Feet | Allergies | Difficulty Sleeping |
| Arm/Hand Pain | Knee Pain | Depression | Difficulty Bending |
| Tingling in Arms/Hands | Mid-Back Pain | Digestive Problems | Physical Weakness |
| High Blood Pressure | Low Back Pain | Weight Trouble | Asthma |
| Jaw Pain (TMJ) | Fibromyalgia | Ringling in ears | Several Flu's / Colds |

How committed are you to your HEALTH?

1. Not at all 2. Somewhat 3. My health is very important to me!