



Fairbanks Family Wellness

Patient Registration

Name _____ Date _____
Last First Middle

Mailing Address _____
Street/PO Box City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Social Security Number _____ Date of Birth _____

Email Address _____

Gender: Female Male Marital Status: Single Married Divorced Widowed

Employer _____ Occupation _____

Referring Physician _____ Family Physician _____

Reason for your visit _____

Patients younger than 18 please list parent(s)/legal guardian(s) _____

Emergency Contact _____ Relationship _____ Phone _____

INSURANCE INFORMATION – PLEASE GIVE YOUR CARDS TO RECEPTIONIST FOR COPYING

Primary Insurance _____

Insured's Name _____ Relation to Patient _____ Birth Date _____

ID Number _____ Group Number _____

Secondary Insurance _____

Insured's Name _____ Relation to Patient _____ Birth Date _____

ID Number _____ Group Number _____

WORKER'S COMPENSATION / MOTOR VEHICLE ACCIDENT

Date of Injury _____ Injury due to: Worker's compensation Auto Accident

Insurance Company (worker's comp or auto Ins.) _____

Address _____ Phone _____

Claim Number _____ Adjuster / Claim Manager _____

PLEASE TELL US HOW YOU LEARNED OF OUR SERVICE OR WHOM WE CAN THANK.

- | | |
|--|---|
| <input type="checkbox"/> Yellow page advertisement | <input type="checkbox"/> I was a former patient |
| <input type="checkbox"/> Web page | <input type="checkbox"/> Doctor Recommendation |
| <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> Family / Friend recommendation |
| <input type="checkbox"/> TV advertisement | <input type="checkbox"/> Other _____ |

Signature: Patient or Parent/Legal Guardian if patient is under 18 _____

Date _____

Fairbanks Family Wellness

Billing Policies

As a courtesy to our patients, Fairbanks Family Wellness will bill your insurance company if we are provided with all the necessary information. To avoid any confusion our policies are listed below.

PRIVATE INSURANCE: To ensure timely payments, you must identify the following information on the first visit:

- A. Name of Insured
- B. Insurance company telephone number
- C. ID number/group number and/or claim number
- D. Provide us with a copy of your insurance card

If no payment is received from your insurance within 90 days, we will require payment from the patient to keep the account from going to collections (unless other arrangements are made). HOWEVER, you are still responsible for copays, %, deductible, etc. We also bill secondary insurances.

AUTO ACCIDENT/THIRD PARTY CASES: We will bill auto insurance or other liability insurances if we are provided with:

- A. Name of Insured
- B. Insurance company billing address
- C. Claim number and date of accident
- D. Adjuster's name and telephone number

If you are injured by someone else and don't have Personal Injury Protection coverage we will cooperate with you in processing your claim. However, you are still responsible for payment whether or not you collect from the insurance company. If no payment has been made by any party within 90 days of the last visit, we require a monthly payment to keep the account from going to collections (unless other arrangements are made).

*** We do NOT handle cases where a lien agreement is involved; therefore we require that you pay for your treatment up front. It is up to you to bill the responsible party once the claim is settled. ***

ON THE JOB INJURIES: If you are injured on the job and have an open claim we will bill the worker's compensation insurance and no payment by the patient is required. You must provide us with the following:

- A. Worker's Compensation insurance company
- B. Claim number and date of injury
- C. Adjusters name and telephone number

If your claim is denied by worker's compensation we will bill your primary health insurance-as long as you provide our office the pertinent information listed above. You are then responsible for any balance not covered.

CASH: As a courtesy to our patients who do not have health insurance coverage or prefer to pay on a cash basis; we offer a cash based fee schedule for those patients/individuals who pay on the same day services are provided.

OTHER INTAKE INFORMATION

INVENTORY ITEMS: If an inventory items is necessary, you will be required to pay for those items on the day you receive them from our office. We will bill your insurance company if requested but you are ultimately responsible for any balance due, including shipping, regardless if the insurance company discounts the item. If your insurance does pay, we will reimburse your portion.

LATE FEES: Any balance unpaid after 90 days will begin to accrue interest at annual rate of 12% until paid in full.

I authorize Fairbanks Family Wellness to release any medical information to medical providers and their staff, my insurance company, and management groups pertaining to my physical therapy treatment.

I also authorize you to release my information to the following:

PLEASE LIST ANYONE YOU WOULD LIKE TO US TO RELEASE MEDICAL INFO TO: (spouse, significant other, Parent/legal guardian, caretaker, etc.) _____

I understand if I have 3 no show appointments with out a 24-hour notice it may result in a \$25.00 fee that I will be required to remit prior to being rescheduled for further therapy.

I acknowledge that I have received and read the notice of privacy practices.

Signature: Patient or Parent/Legal Guardian if patient is under 18

Date

Summary of Notice of Privacy Practices

This Summary is provided to assist you in understanding the Notice of Privacy Practices

The following is a brief summary of your rights and our responsibilities as detailed in the attached Notice of Privacy Practices (the "Notice"). This Summary is for your convenience and is not a substitute for reading the entire Notice and does not modify the terms of the Notice.

1. **Uses and Disclosures of Your Health Information.** We may use the information we develop and collect for treatment by our practice or disclose the information to others to whom we refer you for treatment, for payment for these services and for certain health care "operations" such as improving the competence and quality of our staff and business planning and management. We may disclose your information to our business associates such as transcriptionists, billing services and others who assist in the operations of our practice. We may call you to remind you of appointments and may leave a message on your answering machine if you have one. We may also use your information to recommend products or services related to your care but will not use or disclose your medical information for marketing purposes without your written authorization.
 2. **Uses and Disclosures Based on Your Authorization.** Except as described in the Notice, we will not use or disclose your medical information without your written authorization. You can revoke an authorization at any time, except to the extent that we have already taken action in reliance on the authorization.
 3. **Uses and Disclosures Not requiring Your Authorization.** Your medical information may be disclosed without your authorization as required by law, for public health purposes, healthcare oversight, including audits and investigations, judicial and administrative proceedings, subject to the limits imposed by state and federal law, and certain other purposes. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
 4. **Your Health Information Rights.** You have a number of rights under state and/or federal law which are subject to the terms and conditions specified in the Notice:
 0. You may request restrictions on certain uses and disclosures of your information
 - a. You may request that you receive your information from us in a certain way
 - b. You may inspect and copy your medical records
 - c. You may request an amendment to any record you believe is inaccurate
 - d. You may request an accounting of disclosures made of your records
- **Changes to the Notice.** We reserve the right to change the Notice. If we do so, we will post it in our office, and on our website, and provide a copy upon request.
 - **Complaints.** You may file a complaint to our Privacy Official or with the federal government as detailed in the Notice. You will not be penalized for filing any complaint.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

Our Legal Duty

We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We must abide by the terms of this Notice while it is in effect. However, we reserve the right to change the terms of this Notice and to make the new notice provisions effective for all of the protected health information that we maintain. If we make a change in the terms of this Notice, we will notify you in writing and provide you with a paper copy of the new Notice, upon request.

Uses and Disclosures

There are a number of situations in which we may use or disclose to other persons or entities your confidential health information. Certain uses and disclosures will require you to sign an acknowledgement that you received this Notice of Privacy Practices. These include treatment, payment, and health care operations. Any use or disclosure of your protected health information required for anything other than treatment, payment or health care operations requires you to sign an Authorization. Certain disclosures that are required by law, or under emergency circumstances, may be made without your Acknowledgement or Authorization. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure.

We will attempt in good faith to obtain your signed Acknowledgement that you received this Notice to use and disclose your confidential medical information for the following purposes. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided Consent.

Treatment. *Example:* We may use your health information within our office to provide health care services to you or we may disclose your health information to another provider if it is necessary to refer you to them for services.

Payment. *Example:* We may disclose your health information to a third party such as an insurance carrier, an HMO, a PPO, or your employer, in order to obtain payment for services provided to you.

Health Care Operations. *Example:* We may use your health information to conduct internal quality assessment and improvement activities and for business management and general administrative activities.

Appointment Reminders. *Example:* Your name, address and phone number and health care records may be used to contact you regarding appointment reminders (such as voicemail messages, postcards or letters), information about alternatives to your present care, or other health related information that may be of interest to you.

In the following cases we never share your information unless you give us written permission: Marketing purposes, sale of your information, most sharing of psychotherapy notes. In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

There are certain circumstances under which we may use or disclose your health information without first obtaining your Acknowledgement or Authorization:

Those circumstances generally involve public health and oversight activities, law-enforcement activities, judicial and administrative proceedings, and in the event of death. Specifically, we may be required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases or HIV/AIDS status. We may also be required to report instances of suspected or documented abuse, neglect or domestic violence. We are required to report to appropriate agencies and law-enforcement officials information that you or another person is in immediate threat of danger to health or safety as a result of violent activity. We must also provide health information when ordered by a court of law to do so. We may contact you from time to time to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You should be aware that we utilize an "open adjusting room" in which several people may be adjusted at the same time and in close proximity. We will try to speak quietly to you in a manner reasonably calculated to avoid disclosing your health information to others; however, complete privacy may not be possible in this setting. If you would prefer to be adjusted in a private room, please let us know and we will do our best to accommodate your wishes.

Others Involved In Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Communication Barriers and Emergencies: We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so because of substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances. We may use or disclose your protected health information in an

emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we are required by law or as a matter of necessity to treat you, and we have attempted to obtain your consent but have been unable to obtain your consent, we may still use or disclose your protected health information to treat you.

EXCEPT AS INDICATED ABOVE, YOUR HEALTH INFORMATION WILL NOT BE USED OR DISCLOSED TO ANY OTHER PERSON OR ENTITY WITHOUT YOUR SPECIFIC AUTHORIZATION, WHICH MAY BE REVOKED AT ANY TIME. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to information concerning mental-health treatment, drug and alcohol abuse, HIV/AIDS or sexually transmitted diseases that may be contained in your health records. We likewise will not disclose your health-record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization.

Patient Rights

Right to Request Restrictions. You may request that we restrict the uses and disclosures of your health record information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, we will comply with it, except with regard to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction. Your request must be made in writing to our Privacy Official. 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.

Right to Receive Confidential Communications. You have a right to request receipt of confidential communications of your medical information by an alternative means or at an alternative location. If you require such an accommodation, you may be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled. Your request to receive confidential communications must be made in writing to our Privacy Official.

Right to Inspect and/or Copy. You have the right to inspect, copy and request amendments to your health records including electronic health records. Access to your health records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding to which your access is restricted by law. We will charge a reasonable fee for providing a copy of your health records, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation or an explanation or summary of the information. Your request to inspect and/or copy your health information must be made in writing to our Privacy Official.

Right to Amend. You have the right to request that we amend certain health information for as long as that information remains in your record. Your request to amend your health information must be made in writing to our Privacy Official and you must provide a reason to support the requested amendment.

Right to Receive an Accounting. You have the right to inspect, copy and request amendments to your health records. Access to your health records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding to which your access is restricted by law. We will charge a reasonable fee for providing a copy of your health records, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation or an explanation or summary of the information. Your request to receive an accounting must be made in writing to our Privacy Official.

Right to Receive Notice. You have the right to receive a paper copy of this Notice, upon request. We are obligated to notify you if there is a breach of your PHI unless there is a low probability of PHI compromise.

Complaints

You may file a written complaint to us or to the Secretary of Health and Human Services if you believe that your privacy rights with respect to confidential information in your health records have been violated. All complaints must be in writing and must be addressed to the Privacy Officer (in the case of complaints to us) or to the person designated by the U.S. Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint.

All questions concerning this Notice or requests made pursuant to it should be addressed to: Privacy Officer, Fairbanks Family Wellness/Life Sprout Chiropractic/Country Doc 3550 Airport Way #4, Fairbanks AK 99709.

I do hereby acknowledge receipt of a copy of the Notice of Privacy Practices, Policies, and Procedures.

Fairbanks Family Wellness

3550 Airport Way Suite 4 Fairbanks, AK 99709

(907)479-2331/Fax (907)479-0164

Hello and Welcome to Fairbanks Family Wellness! We are glad you are here. We hope that your journey with us brings you to radiant health. This letter is to let you know what to expect from our practice.

What is Naturopathic Medicine?

Naturopathic Doctors attend a four year, full time, post graduate medical school that is similar in nature to traditional medical school. We learn anatomy, physiology, biochemistry and all the sciences as well as diagnosis and laboratory work up. Treatment techniques are where we differ from traditional MD doctors. We learn to look for the cause of the patient's problem and the treat that cause with herbs, vitamin therapy, diet and lifestyle change. We are trained to prescribe medication when absolutely necessary but in the state of Alaska we cannot do this at this time. Naturopathic doctors do lab work, women's health exams, well baby checks and routine physicals as well as treat any complaint that your family doctor would normally treat.

Integrating Natural Medicine with your MD care.

I am happy to work with your MD in helping you to achieve your highest level of health. Sometimes drugs and surgery are the best choice for a particular health concern and I will be glad to make an appropriate referral for this.

Communication

I make every effort to be available for any concerns that you may have and am also available for urgent care appointments as needed. Do not hesitate to call or email if you have any questions or concerns. We make every effort to return calls as quickly as possible. Please do call us if you have not heard back from us as soon as you would like to. If you have a life threatening concern or are very ill you should always seek emergency care or care at an Urgent Care Clinic.

Office Policies:

Please give as much notice as possible for cancellations so that your spot can be filled with another patient who needs to get in. It is our policy to charge for a visit cancellation with less than 24 hours' notice.

Please do not wear heavy perfume in our office as many patients are sensitive to this. If you are coming for an allergy treatment, please wash your hands before your visit and after. Payment for the visit or the copay is expected at the time of service. We will bill your insurance for you and assist you in any way with this process. Children are always welcome in our office, but please be sure that they are supervised at all times as we cannot provide supervision. Please refrain from cell phone conversations out of respect for other patients.

Sincerely,



Amy Williamson, ND



"Healing from the inside out"