

Welcome to Chain Effect Physical Therapy and Performance Enhancement, LLC. We would like to familiarize you with our philosophy of treatment as well as our policies and procedures for payment and billing. Please review the following and let us know if you have any questions.

Evaluation and Treatment

-Each patient will be **evaluated upon the first visit** to determine a physical therapy assessment of the problems which should be addressed in order to provide the best functional outcome.

-Each visit is scheduled **for at least 60 minutes.**

-Each patient will receive **hands on manual therapy** as well as a **home exercise program** which the patient is expected to perform in order to achieve optimal results.

-**Upon request, the referring provider will receive a copy of the Initial Evaluation** documentation within 48 hours of the first visit. Follow up reports will be sent to the referring provider previous to follow up visits with that referring provider. Please inform your physical therapist of your next visit with your referring provider.

Payment and Billing

-We are a fee-for-service facility and therefore do not accept insurance for physical therapy services. Payment is expected in full at time of service.

-We will provide you with documentation and coding upon request and assist you with filing with your insurance company.

-We will provide a **receipt** for each visit upon request.

-Pre-paid treatment packages provide a discount per treatment to the patient, but if patient decides to not use balance of pre-paid appointments, partial or full refunds are **only** provided at the owner's discretion.

Cancellation/No Show Policy

-In order to serve all of our patients in the highest quality we request that you notify us of a cancellation greater than 24 hours before the appointment. We do realize that this is not always possible, however, we must reserve the right to charge for missed appointments when adequate notice is not provided. This will be a **\$25 missed appointment charge** and it will be assessed to your account for no shows or cancellations which do not meet our 24 hour advance notice criteria. After two consecutive no shows without reasonable explanation we will not schedule any further appointments.

Medical Information Release

-Documentation of your visits at Chain Effect Physical Therapy and Performance Enhancement, LLC will be provided only to your referring provider unless you complete a Medical Information Release form to request and give us permission to do so.

Chain Effect Physical Therapy and Performance Enhancement, LLC

NOTICE OF PATIENT INFORMATION PRACTICES

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

Chain Effect Physical Therapy and Performance Enhancement, LLC LEGAL DUTY

Chain Effect Physical Therapy and Performance Enhancement, LLC is required by law under the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Chain Effect Physical Therapy and Performance Enhancement, LLC uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Chain Effect Physical Therapy and Performance Enhancement, LLC may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Chain Effect Physical Therapy and Performance Enhancement, LLC may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for emergencies. We also provide information when required by law.

In any other situation, Chain Effect Physical Therapy and Performance Enhancement, LLC's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Chain Effect Physical Therapy and Performance Enhancement, LLC may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Chain Effect Physical Therapy and Performance Enhancement, LLC will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Chain Effect Physical Therapy and Performance Enhancement, LLC may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Chain Effect Physical Therapy and Performance Enhancement, LLC's health information practices or if you have a complaint, please contact the following person: Taylor Pope DPT FDNP, email: taylor@chaineffect.us, phone: (919) 594-1885

Patient Intake Information

Date _____

(If you are a returning patient please review the information below and make any corrections or updates and initial where designated.)

Full Name: _____
Last First Middle Suffix Nickname

Address: _____
Street Address or Box City State Zip

Phone: _____
Home Work Cell

*(Please include area code. Please indicate best number to reach you during business hours with an *)*

Patient Info: _____
Date of Birth Age Social Security # Part-time student Full-time student
 Employed

Male Female Single Partnered Married Separated Divorced Widowed

Emergency Contact: _____ Relationship _____
Name Daytime phone #

Patient's Email: _____

If patient is a minor:

Parent/Guardian's Name Best phone number to call Email

Problem Area(s) (Please be specific – left/right/both): _____

Is your treatment here a result of an injury? Yes No If yes, date of injury _____
Mo/Day/Year

Type of Injury: Work Auto Other

Describe how your injury occurred: _____

Referring Physician/Provider: _____
(Name of Provider and Practice)

How did you hear about us? Internet Web Page Other _____

_____ *All of the above information has been reviewed and updated.* _____
Initials Date

AGREEMENT & AUTHORIZATION – Please initial each line.

_____ I hereby authorize Chain Effect Physical Therapy and Performance Enhancement to perform all necessary physical therapy treatments deemed appropriate by the evaluating physical therapist for my condition and/or recommended by my physician.

_____ I understand that if services provided by Chain Effect Physical Therapy and Performance Enhancement are not authorized by my insurance company or Worker’s Compensation I will be responsible for all charges incurred. I hereby agree to pay in full any and all charges for services rendered.

_____ I understand that Chain Effect is a fee for service facility and that I agree to pay at the time of service.

_____ I hereby authorize and request my referring physician or health care provider to release to Chain Effect Physical Therapy and Performance Enhancement pertinent medical records.

_____ Chain Effect Physical Therapy and Performance Enhancement is authorized to release to my insurance company, attorney (if applicable), or adjuster (if applicable) any and all medical information necessary to process my claim for reimbursement of charges incurred for services rendered or for the purpose of determining continued eligibility. Chain Effect Physical Therapy and Performance Enhancement is also authorized to release medical information to my referring physician or health care provider to monitor progress.

_____ I have been given an opportunity to review the Notice of Patient Information Practices, Rights and Responsibilities for Chain Effect Physical Therapy and Performance Enhancement (as required and updated by the HIPAA on November 1, 2013).

_____ I authorize Chain Effect Physical Therapy and Performance Enhancement or a designated representative to contact me or any person named on the Patient Consent Form and leave messages regarding appointments, account balances, or clinical questions by calling any telephone number provided on this form.

_____ I have been given a copy of the Patient Orientation Form for Chain Effect Physical Therapy and Performance Enhancement.

_____ I understand that there is a \$25 Missed Appointment Charge for any appointment that is missed or cancelled in less than 24 hours previous to appointment time.

Patient Name (*please print*)

Parent/Guardian (Print)

Date

Patient/Parent Signature

Witness