

**Confidential Patient Information Form**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

SEX: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

SSN#: \_\_\_\_\_ Drivers License#: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_ No of Children \_\_\_\_\_

Employed? \_\_\_\_\_ Full Time Student? \_\_\_\_\_ Retired? \_\_\_\_\_ Other? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

School Name: \_\_\_\_\_ **OR** If College Student, amount of credits per semester? \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Employer phone# \_\_\_\_\_

**Responsible Party (if other than the patient):**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IN CASE OF EMERGENCY WHO MAY WE CONTACT?:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referred by: \_\_\_\_\_ (who can we thank for the referral?)

Reason for appointment? \_\_\_\_\_

**PAYMENT IS EXPECTED AT THE TIME OF SERVICE!** Will you be paying today by:  Cash  Check  Credit Card

Are you insured?  Yes  No Company \_\_\_\_\_ (Please provide us with your card if applicable)

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that the *Gibson Chiropractic Office* will prepare any necessary reports and forms to assist in collecting from the insurance company and that any amount authorized to be paid directly to *Gibson Chiropractic* will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I understand that a \$25.00 handling fee will be charged to my account for any returned check, and that in the event that the *Gibson Chiropractic Office* should find it necessary to refer my account to a collection service, I will be charged a delinquent fee of 1.5% of the total bill, or \$25.00, whichever is more. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Patients Signature: \_\_\_\_\_ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out back side if your visit is related to an auto accident or work related injury.**



## GENERAL PAIN DISABILITY INDEX QUESTIONNAIRE

The rating scales below are designed to measure the degree to which several aspects of your life are presently disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do, or from doing it as well as you normally would. Respond to each category by indicating *overall* impact of pain in your life, not just when the pain is at its worst.

For each of the six categories of daily living listed, PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR TYPICAL LEVEL OF ACTIVITIES. A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been disrupted or prevented by your pain.

1. *Family/Home Responsibilities.* This category refers to activities related to the home or family. It includes chores and duties performed around the house (e.g. yard work) and errands or favors for other family members (e.g. driving the children to school.)

0	1	2	3	4	5	6	7	8	9	10
Completely able to function					Totally unable to function					

2. *Recreation.* This category includes hobbies, sports, and other similar leisure time activities.

0	1	2	3	4	5	6	7	8	9	10
Completely able to function					Totally unable to function					

3. *Social Activity.* This category refers to activities which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

0	1	2	3	4	5	6	7	8	9	10
Completely able to function					Totally unable to function					

4. *Occupation.* This category refers to activities that are part of or directly related to one's job. This includes nonpaying jobs as well, such as that of a homemaker or volunteer worker.

0	1	2	3	4	5	6	7	8	9	10
Completely able to function					Totally unable to function					

5. *Self Care.* This category includes activities which involve personal maintenance and independent daily living (e.g. taking a shower, driving, getting dressed, etc.).

0	1	2	3	4	5	6	7	8	9	10
Completely able to function					Totally unable to function					

6. *Life-Support Activity.* This category refers to basic life-supporting behaviors such as eating, sleeping, and breathing.

0	1	2	3	4	5	6	7	8	9	10
Completely able to function					Totally unable to function					

TOTAL SCORE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# GIBSON CHIROPRACTIC, INC

## 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.**

Gibson Chiropractic, Inc. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

### DISCLOSURE OF YOUR HEALTH CARE INFORMATION

- ◆ **TREATMENT:** We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. For instance:
  - ◆ On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Gibson Chiropractic, Inc.
  - ◆ It is our policy to provide a substitute health care provider, authorized by Gibson Chiropractic, Inc. to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation.
  - ◆ Please note that we have semi-private treatment rooms. We will make every effort to keep all your protected health information confidential.
- ◆ **Sign-in Sheets:** This office utilizes a sign-in sheet to assist us with our daily administrative duties.
- ◆ **Payment:** We may use and disclose your health information as necessary to comply with State and Federal Workers' Compensation Laws.
- ◆ **Workers' Compensation:** We may disclose your health information as necessary to comply with State and Federal Workers' Compensation Laws.
- ◆ **Emergencies:** We may disclose your health information to notify or assist in notifying a family member or another person responsible for your care about your medical condition or in the event of an emergency or of your death.
  - ◆ Public Health: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury/or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease or infection exposure.
  - ◆ Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.
  - ◆ Law Enforcement: We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, or other law enforcement purposes.
  - ◆ Deceased Persons: We may disclose your health information to coroners or medical examiners.
  - ◆ Public Safety: It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.
  - ◆ Specialized Government Agencies: We may disclose your health information for military, national security, prisoner and government benefits purposes.
  - ◆ Communication: As a courtesy to our patients, it is our policy to contact you if you have missed a scheduled appointment. If you are not at home, we will leave a message on your

answering machine or with the person who answers the phone. No protected health information will be disclosed during this call other than the date and time of your scheduled appointment. It is also the policy of this office to send correspondence for the following reasons: birthday, holiday cards/flyers, invitations to an event at Gibson Chiropractic, Inc, a recall postcard to all patients who have not been seen in 6 or more months.

**CHANGE OF OWNERSHIP:** In the event that Gibson Chiropractic, Inc is sold or merged with another organization, your health information/record will become the property of the new owner

### **YOUR HEALTH INFORMATION RIGHTS**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Gibson Chiropractic, Inc. is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Gibson Chiropractic, Inc. amend your protected health information. Please be advised, however, that Gibson Chiropractic, Inc. is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reasons and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information about Gibson Chiropractic, Inc.

### **Changes to this Notice of Privacy Practices**

Gibson Chiropractic, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Gibson Chiropractic, Inc. is required by law to comply with this notice.

Gibson Chiropractic, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy notices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Trisha Gibson or by calling this office at 916-925-2225. If Trisha is not available, you may make an appointment for personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:  
DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

This notice is effective as of April 14, 2003.

## NOTICE OF PRIVACY PRACTICE

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read them or declined the opportunity to read them and understand the Notice of Privacy Practices. I understand that this form will be placed in my patient chart and will be maintained for six years.

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Patient Name (please print)

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Date

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Parent Guardian or Patient's Legal representative

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Signature