

PATIENT POLICIES

Sweeney Chiropractic and Wellness, PLLC offers its patients a no waiting room environment by providing on-site, on-time services via house calls. I have established these policies to streamline the process of giving you comprehensive wellness care from your chiropractor.

Standard Appointment Times and Fee Schedule

New patient appointments typically take one hour with fees set at \$100 and established patient appointments range from 15 minutes to 1 hour with fees ranging from \$50-\$100. The fees account for the scope of assessment, depth of case management, services rendered, and length of treatment. I customize my services for each patient, so I will determine the specific time and cost for each appointment. Note that Sweeney Chiropractic & Wellness, PLLC reserves the right to provide an alternative fee schedule based upon location of our services.

Payment and Billing

Patients are responsible for all charges, and payments for services are processed via the debit or credit card on the patient's file on the next business day following each appointment. For your convenience, I process payments via debit or credit card and accept VISA, MasterCard, Discover and AMEX. After each appointment, we can provide you with a superbill (i.e. medical statement) that you can submit to your private health insurance carrier or flexible spending account for reimbursement, if desired.

24-Hour Cancellation Policy

We aim to provide our patients with comprehensive, personalized care. Because of the model of Sweeney Chiropractic & Wellness, PLLC accessibility for our patients and efficient scheduling are top priorities for us. ***Missed appointments and appointments that are cancelled or rescheduled with less than 24 hours notice will be charged the approximate amount of the original fee of the visit (\$50-\$100).***

Patient Accountability

You are expected to be an active participant in your care. Any recommended exercises, stretches, ice/heat applications, life style changes, or other active processes must be followed to ensure optimum progress.

After Hours Appointments:

To cover the additional costs incurred to provide patient access to care outside of regular office hours, we charge an additional \$45. After hours is defined as after 7 PM on weekdays or any weekend visits, and at the doctors' discretion.

After Hours Contact:

Please limit using after hour communication with Sweeney Chiropractic and Wellness, PLLC for urgent health issues. In the event of an emergency, call 911.

Please note that these policies are subject to change. You will receive email notification of any such changes made to this agreement. If you have any questions regarding this agreement, please feel free to contact us at (210) 323-2163 or doc@yoursachiropractor.com. We look forward to providing you with the highest quality care.

I, as a patient of Sweeney Chiropractic and Wellness, PLLC, have read and understand this policy agreement. By signing below, I will abide by its terms.

Patient Name

Patient Signature

Date

AUTHORIZATION and CONSENT

Sweeney Chiropractic and Wellness, PLLC maintains personnel and equipment to assist your chiropractor in the performance of various diagnostic and therapeutic procedures. These procedures all may involve calculated risks or complication, or injury, from both known and unknown causes, and no warranty or guarantee has been made to the results or cure. Since any risk should be avoided if possible, we employ tests in our examination that are designed to identify if you may be susceptible to injury. Except in emergency or exceptional circumstances, these procedures are therefore not performed upon patients unless or until the patient has the right to consent to or refuse any proposed procedure or therapy (based on the description or explanation received).

Some benefits that you may experience can include a decrease in the chief complaint, better sleep, and better capability to perform activities of daily living (ADLs). There are some potential risks that may be involved, including but not limited to feeling of soreness, bruising, and a potential for stroke at the most extreme. If you have any questions concerning the benefits, risks and alternatives to chiropractic care, please call your doctor or speak with them at your appointment.

Your chiropractor has determined that the procedures listed below may be beneficial in the diagnosis or treatment of your condition. Procedures: Chiropractic Examination; Orthopedic and Neurological Evaluation; Joint Mobilization/Adjustments; Myofascial Release Therapy; Trigger Point Therapy; Functional Rehabilitation; Physiotherapy Modalities.

Upon your authorization and consent, your chiropractor and/or other chiropractor(s) or technical staff of our practice can perform such procedures. The probability that non-treatment will complicate rehabilitation is acknowledged.

Your signature below constitutes your acknowledgement that:

1. You have read and agreed to the foregoing.
2. Your chiropractor has adequately explained the procedures and possible alternative means of therapy, and you have all of the information you desire.
3. You authorize and consent to the performance of procedures and tests in unforeseen conditions, which your chiropractor or his/her associates or assistants may consider necessary or advisable in the courses of the procedures specified below.
4. No guarantee or a cure has been promised to you.

Patient Name

Patient Signature

Date

Parent/Guardian Name (if needed)

Parent/Guardian Signature (if needed)

Date

NOTICE OF PRIVACY PRACTICES

Effective date of this notice: 3/1/2017. This notice will remain effective until it is revised and/or updated. Your privacy is important to us. This notice describes how medical information about patients may be used and disclosed and how Patients can gain access to this information. Please review this carefully.

Summary

In the course of receiving services from Sweeney Chiropractic & Wellness, PLLC, patients provided personal information about their health with the understanding that this information will be kept confidential. We may obtain health information from examinations, tests, or from others who have provided care for our patients. This notice of our privacy practices is intended to inform patients of the ways we may use information and disclose it to others.

We use patient information when providing treatment, and we disclose patient information to other health care providers to assist them in providing treatment. We may disclose information to insurance companies to receive payment. We may use the information within our company to evaluate quality and improve our processes, and we may disclose patient information as required by law or as permitted by our policies.

This notice applies to personal health information, consisting of any information in our possession that would allow someone to identify a patient and learn something about his or her health.

Who Must Abide By This Notice

All chiropractors, ancillary staff and other personnel whose work is under direct control and operations of Sweeney Chiropractic & Wellness, PLLC.

Our Legal Duties

- We are required by law to maintain the privacy of health information.
- We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.
- We are required to abide by the terms of this notice until we officially adopt a new notice.

How We May Use or Disclose Your Health Information

We may use patient health information, or disclose it to others, for a number of different reasons. For each reason, we have written an explanation and provided examples. Note that the examples do not include all of the specific ways we may use or disclose patient information.

- **Treatment.** We will use patient health information to provide medical care and services. This means that our chiropractors, ancillary staff and others who work under our direct control, may read patient health information to learn about patients' medical conditions and use it to make decisions about care. For instance, we may send another chiropractor the results of radiographical procedures we have orders to assist in patient care.



- **Payment.** We will use patient health information, and disclose it to others, as necessary to obtain payment for the services we provide. For instance, we may disclose some patient health information to companies who we utilize for payment-related services, or we may give patient information to a collection company that we contract with to collect bills for us. We will not use or disclose more information for **Practice** payment purposes than is necessary.
- **Health Care Operations.** We may use patient health information for activities that are necessary to operate this practice. This includes reading health information to review the performance of our staff. We may also use patient information to plan services we need to provide, expand or reduce. We may also provide health information to student doctors who are authorized to receive training with our staff. We may disclose health information as necessary to others who we contract with to provide administrative services. This may include our lawyers, auditors, accreditation services, and consultants.
- **Legal Requirement to Disclose Information.** We will disclose patient information when we are required to do so by law. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For instance, we will disclose health information when we are required to do so by a court order or other judicial or administrative process.
- **Public Health Activities.** We will disclose patient health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain treatments.
- **To Report Abuse.** We may disclose patient health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with patient permission.
- **Law Enforcement.** We may disclose patient health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, suspected criminal activity. We must disclose private health information may be given to a federal agency investigating our compliance with federal privacy regulations.
- **Specialized Purposes.** We may disclose patient health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For example, we may disclose:
 - The health information of members of the armed forces as authorized by military command authorities.
 - Information to coroners, medical examiners, funeral directors, and to organ procurement organizations (for organ, eye, or tissue donation).
 - Information for national security, intelligence, and protection of the President.

- Health information about an inmate to a correctional institution or to law enforcement officials to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution.
 - Health information to an employer for purposes of workers' compensation and work site safety laws (OSHA, for instance).
- **To Avert a Serious Threat.** We may disclose patient health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.
 - **Family and Friends.** We may disclose a patient's health information to those involved in a patient's care when the patient approves, or, when the patient is not present or not able to approve, when such disclosure is deemed appropriate in our professional judgment. When the patient is not present, we determine whether the disclosure of the patient's health information is authorized by law, and if so, disclose the information directly relevant to the person's involvement with the patient's health care. We do not disclose health information to a suspected abuser, if, in our professional judgment, we have reason to believe that such a disclosure could cause the patient serious harm. Further, we practice use and disclose information as required by law.
 - **Transportation.** We will be required to carry any patient health information obtained at a location other than at the office, such as when a patient is treated at home and gives the New Patient Paperwork to the doctor or a Superbill is given at the end of services. This Patient Health Information will be brought via vehicle to the office to be uploaded to the computer or will be placed in the patient's file in a locked file cabinet in a room that is able to be locked when an employee is not present.
 - **Communication.** The doctors try to be as available as possible to patients so that they can openly communicate. To do this, the doctor may use email, phone calls or text messages to the email and phone numbers provided by the patient.
 - **Information to patients.** We may use patient health information to provide patients with additional information. This may include sending appointment reminder to their phone or email (whichever is indicated as preferred below). This may also include sending patient's information about treatment options or other health-related services that we provide.

Your Rights

- **Authorization.** We will not use or disclose patient health information for any purpose that is not listed in this notice without written authorization. If a patient authorizes us to use or disclose health information, he/she has the right to revoke the authorization at any time. Patients may revoke an authorization for us to use and disclose their information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of information to an insurance company, as a condition of obtaining coverage, other laws may allow the insurer to continue to use patient information to contest claims or coverage, even after revoking the authorization.
- **Request Restrictions.** Patients have the right to ask us to restrict how we use or disclose their health information. We will comply with the request unless the information is needed to provide the patient with emergency treatment. We cannot agree to restrict disclosures that are required by law.
- **Confidential Communication.** Patients have the right to ask us to communicate with them by special means, such as requesting for mail to be sent to a different address rather than to their home. Or they may ask us to speak to them personally on the telephone rather than sending health information by mail. We will not ask them to explain why they are making the request. We will agree to reasonable requests.
- **Inspect and Receive a Copy of Health Information.** Patients have the right to inspect their health information contained in our records and to receive a copy of it. This right is limited to information about them that is kept in records that are used to make decisions about them. For instance, this includes medical and billing records. If patients want to review or receive a copy of these records, they must make the request in writing. We may charge a fee for the cost of copying and mailing the records. To ask to inspect records, or to receive a copy, contact our office at (210) 323-2163 or doc@yoursachiropractor.com. We will respond to your request within 7-10 business days. We may deny access to certain information. If we do, we will give the reason, in writing. We will also explain how patients may appeal the decision.
- **Amend Health Information.** Patients have the right to ask us to amend health information about them that they believe is not correct or not complete. Patients must make this request in writing and give us the reason they believe the information is not correct or complete. We will respond to the request in writing within 7-10 business days. We may deny the request if we did not create the information, if it is not part of the records we use to make decisions about the patient, if the information is something patients would not be permitted to inspect or copy, or if it is complete and accurate.
- **Accounting of Disclosure.** Patients have a right to receive an accounting of certain disclosures of their information to others. This accounting will list the times we have given their health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. Patients must tell us the time period they want the list to cover. Patients may not request a time period longer than six years. We cannot include disclosures made before 12/1/2014. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment, or health care operations; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures that patients have authorized; and disclosures made directly to the patient.

- **Paper Copy of this Privacy Notice.** Patients have a right to receive a paper copy of this notice. If patients receive this notice electronically, they may receive a paper copy by contacting (210) 323-2163 or doc@yoursachiropractor.com.
 - **Complaints.** Patients have a right to complain about our privacy practices, if they think their privacy has been violated. Patients may file a complaint with the entity listed under "Contact Information" at the end of this notice. A complaint may also be filed directly with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave. All complaints must be in writing. We will not retaliate against anyone filing a complaint.

Our Right to Change This Notice

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information that we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. Copies of the new notice will be available for all Patients and maybe be sent electronically or via mail. The new notice will include an effective date.

Contact Information

Sweeney Chiropractic & Wellness, PLLC may be reached at (210) 323-2163 or email doc@yoursachiropractor.com- for more information about this privacy notice, or - for more information about our privacy policies, or - to exercise any of the patient rights, as listed on this notice, or - to request a copy of our current notice of privacy practices.

Please Be Advised

If you do not submit your new patient paperwork via email then it will be transported in our vehicle to be brought to be placed in a file on the computer as well as in a locked file cabinet in a room that is able to be locked when a doctor is not present. We also use email and text or phone call to communicate with you.

If you do not prefer this please check this box [] or leave it alone if you agree to these terms and conditions. **NOTE:** email or text may not be completely secure although we take as many measures as we can to keep your Patient Health Information secure.

Please provide:

A personal email address: _____@_____

A phone number we can reach you directly at: (_____) _____ - _____

Text message preferred []

Phone Call preferred []

Effective Date

This notice was published and became effective on 4/4/2017.

Signature

Date