

HIGH POINTE REHAB, LLC

Patient Information Form

Patient Information

Last Name _____ First Name _____ MI _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ E-mail _____
Date of Birth _____ SSN _____ Gender _____ Marital Status _____

Employer

Name _____ Phone _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip Code _____

Emergency Contact

Last Name _____ First Name _____
Relationship _____ Phone _____

Problem

Problem Description _____ Date Problem Started _____
Referred By _____ Primary Care Physician _____
Last Physician Visit _____ Next Physician Visit _____
Is your problem due to a motor vehicle accident? _____ If so, in which state did it occur? _____

Primary Insurance

Insurance _____ Deductible _____ Name _____
ID _____ Max Benefit _____ Relationship _____
Group # _____ CoPay _____ Coinsurance _____ Date of Birth _____

Secondary Insurance

Insurance _____ Deductible _____ Name _____
ID _____ Max Benefit _____ Relationship _____
Group # _____ CoPay _____ Coinsurance _____ Date of Birth _____

Tertiary Insurance

Insurance _____ Deductible _____ Name _____
ID _____ Max Benefit _____ Relationship _____
Group # _____ CoPay _____ Coinsurance _____ Date of Birth _____

Informed Consent

High Pointe Rehab, LLC, has my permission to administer therapy services consistent with my condition.

Notice of Privacy Practices

I have received and reviewed the Notice of Privacy Practices adopted by High Pointe Rehab, LLC.

Signature _____ Date _____

HIGH POINTE REHAB, LLC

291-C Clear Sky Court
Clarksville, TN 37043

Missed Visit Policy

High Pointe Rehab is committed to providing hands-on, personalized care. In order to give our patients the time they deserve, we DO NOT double or triple book our appointment times. Because we reserve time for each individual, we expect our patients to keep all of their scheduled appointments. ***In the instance of a no show or cancellation without 24-hour notice, we reserve the right to charge a \$15.00 fee. After 2 missed appointments without notification, remaining appointment times will be given to other patients. The patient will be allowed to reschedule remaining appointments but will be discharged due to non-compliance and charged \$50 if an appointment is missed or cancelled from that point forward.*** We will inform the referring physician of the discontinuance of care and our inability to follow through with the prescribed treatment plan.

_____Initial

Financial Responsibility

Payment is expected at the time of service. Payment may be made by cash, check, or major credit card. **Any deductible, co-insurance or co-payment is payable at the time of service.**

PAYMENT GUARANTEE: The undersigned severally agree, whether signing as a patient or guarantor, to guarantee payment of the account in accordance with the standard rates and terms of High Pointe Rehab, LLC, in Clarksville, Tennessee. I understand that my insurance, if any, is a contract between myself and the insurance company, except in certain cases where High Pointe has a specific contract with my PPO, HMO, or other third party payer. I further understand that any balance remaining after insurance approves or denies payment is my responsibility to pay, including any amount not paid by a secondary or supplemental insurance policy.

If full payment is not received within 60 days of billing, High Pointe Rehab reserves the right to charge interest of 1.5% per month (18 percent APR) or the highest rate allowed by law.

In the event of default, **I agree to pay all costs of collection including attorney fees, collection fees, and contingent fees to collection agencies of not less than 35%, such contingency fee to be added and collected by the collection agency immediately upon my default and High Pointe's referral of my account to said collection agency.**

High Pointe reserves the right to transfer unpaid balances to outside entities for collection, such as banks or other financial institutions and who may report unpaid balances to credit bureaus.

_____Initial

Release of Information / Authorization to Pay Insurance Benefits

I hereby authorize High Pointe Rehab, LLC, to release all medical information to all my agents, or the Social Security Administration, as may be required or requested for the processing of claims for insurance, social security, disability, or Workers' Compensation or for other insurance purposes. I hereby authorize High Pointe Rehab, LLC, to receive payment of any insurance or other medical benefits directly.

_____ Initial

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ, OR HAS BEEN READ, THE FOREGOING, THAT HE/SHE UNDERSTANDS THE FOREGOING, THAT HE/SHE HAS RECEIVED A COPY THEREOF, THAT HE/SHE HAS BEEN GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS THAT HE/SHE MAY HAVE CONCERNING THE FOREGOING, AND THAT HE/SHE IS THE PATIENT OR DULY AUTHORIZED REPRESENTATIVE OF THE PATIENT. THE UNDERSIGNED, HAVING READ AND UNDERSTOOD THE AGREEMENT, ACCEPTS THIS FINANCIAL RESPONSIBILITY AGREEMENT.

Patient Name (Please Print)

Date

Patient Signature

Date

Responsible Person / Guarantor (Please Print)

Relationship to Patient

Date

Responsible Person / Guarantor Signature

Date

HIGH POINTE REHAB, LLC

Notice of Privacy Practices

Confidentiality of Your Health Care Information. This notice is required by law to tell you how High Pointe Rehab, LLC, protects the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient's healthcare history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. High Pointe Rehab receives, uses and discloses your PHI to administer physical, occupational, and/or massage therapy services or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We must follow the privacy practices that are described in this notice, but also comply with any stricter requirements under federal or state law that may apply to our administration of your benefits. However, we may change this notice and make the new notice effective for all of your PHI that we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute to you within 60 days of the change to our practices. You may also request a copy of this notice anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of initiation of therapy services and thereafter by request.

Permitted Uses and Disclosures of Your PHI. We are permitted to use or disclose your PHI without your prior authorization for the following purposes:

FOR TREATMENT: We may use or disclose your medical information when communicating with doctors, nurses, technicians, students, and/or other people participating in your care. In the case of work related injuries, we may disclose health information when authorized and necessary to comply with laws relating to worker's compensation or other similar programs. This includes but is not limited to communicating with nurse case managers and/or adjustors.

FOR PAYMENT: We may use or disclose your medical information for the payment of claims.

FOR HEALTH CARE OPERATIONS: We may use or disclose your medical information to maintain clinic operations (i.e. quality improvement, employee performance evaluation, training, and for obtaining the accreditation, certification, licensing, and credentialing we need to treat patients).

We are also permitted to use and/or disclose your PHI to notify or assist in notifying a family member, another person, or a personal representative of your condition, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Other permitted uses and/or disclosures are for purposes of health oversight by government agencies, judicial, administrative, or other law enforcement purposes, information about decedents to coroners, medical examiners and funeral directors, for research purposes, for organ donation purposes, to avert a serious threat to health or safety, for specialized government functions such as military and veterans activities, and for use in creating summary information that can no longer be traced to you. Additionally, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting. We are also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but we must attempt to keep incidental uses and/or disclosures to a minimum. We use administrative, technical, and physical safeguards to maintain the privacy of your PHI, and we must limit the use and/or disclosure of your PHI to the minimum amount necessary to accomplish the purpose of the use and/or disclosure.

Examples of Uses and Disclosures of Your PHI for Treatment, Payment or Health Care Operations. Such activities may include but are not limited to: processing your claims, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Additional examples include the following:

Uses and/or disclosures of PHI in facilitating treatment.

For example, High Pointe Rehab may use or disclose your PHI to your doctor upon follow-up visit to help determine if there needs to be a change in your plan of care.

Uses and/or disclosures of PHI for payment.

For example, High Pointe Rehab may use and disclose your PHI to bill your insurance company to receive payment for services rendered.

Uses and/or disclosures of PHI for health care operations.

For example, High Pointe Rehab may use and disclose your PHI to review the quality of care provided by our staff.

Disclosures Without an Authorization. We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with law, and when otherwise required by law. High Pointe Rehab may disclose your PHI without your prior authorization in response to the following:

- Court order; Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action; Investigative subpoena of a government board, commission, or agency; Subpoena in an arbitration;
- Law enforcement search warrant; or Coroner's request during investigations

Disclosures High Pointe Rehab Makes With Your Authorization. High Pointe Rehab will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure. The authorization will be obtained from you by High Pointe Rehab or by a person requesting your PHI from High Pointe Rehab.

Your Rights Regarding PHI

You have the right to request an inspection of and obtain a copy of your PHI. You may access your PHI by contacting High Pointe Rehab. Copies will be provided in the format you request (i.e. photocopies, CD, facsimile, etc.) unless it is not practical for us to do so. Requests for PHI must be made in writing and must include (1) your name, address, telephone number, and date of birth and (2) the PHI you are requesting. High Pointe Rehab may charge a reasonable fee for providing you copies of your PHI. High Pointe Rehab will only maintain that PHI that we obtain or utilize in providing therapy services.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact the privacy office as noted below if you have questions about access to your PHI.

You have the right to request a restriction of your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

You have the right to correct or update your PHI. This means that you may request an amendment of PHI about you for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. Please contact the privacy officer noted below if you have questions about amending your PHI.

You have the right to request or receive confidential communications from us by alternative means or at a different address. We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you. You may be required to provide us with a statement of possible danger, a different address, another method of contact or information as to how payment will be handled. Please make this request in writing to the privacy officer noted below.

You have the right to receive an account of certain disclosures we have made, if any, of your PHI. This right does not apply to disclosures for purposes of treatment, payment, or healthcare operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to December 1, 2006. Please contact the privacy officer noted below if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to get this notice electronically. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

Questions and Complaints. You may voice questions or complaints to us or to the U. S. Secretary of Health and Human Services if you believe that High Pointe Rehab has violated your privacy rights. You may file a complaint with us by notifying the privacy officer noted below. We will not retaliate against you for filing a complaint.

Contact. You may contact the Privacy Department at the address and telephone number listed below for further information about the complaint process or any of the information contained in this notice.

High Pointe Rehab, LLC
Attn: Privacy Department
P.O. Box 31177
Clarksville, TN 37040-0020
931.920.4333