



Welcome!



We want to thank you for choosing ProWellness and for giving us the chance to help you. We know you have many choices when it comes to choosing a place for your professional massage.

Today, you will have the pleasure of having one of Fisher's best massage therapists' work on you.

In order for us to provide the best service possible, we need your help. Please complete the following page and sign where appropriate. We find it takes most people around 5-minutes to complete accurately.

Please be sure to read the massage client policies after you complete the intake form and before you have your massage.

We also ask that you turn off all cell phones while in the office. This is your time. Please don't let it be interrupted by uninvited calls.

If you have any questions, please ask.

Sincerely,

Client Relations

ProWellness Chiropractic & ProWellness Massage

Our Mission

*To provide the highest quality care
to as many families as divinely possible with honesty, integrity and love.*

*We ask that you join us in this most
noble of mission by referring your family and friends*

Thank you for choosing ProWellness

Name: _____ Date of Birth: _____ Date: _____

Street Address: _____ Referred By: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Occupation: _____ Employer: _____

Name of Spouse/Significant Other: _____ Marital Status: [S] [M] [D] [W]

Emergency Contact Name & Phone: _____

Are you a chiropractic patient? [No] [Yes] – Where? _____

Have you ever had a professional massage? [No] [Yes] – Where? _____

What are your goals for your session? _____

Present Symptoms: _____

Are you under chiropractic/medical/therapeutic treatment? [No] [Yes] – What? _____

Please list medical provider's name & phone: _____

List any medications (including aspirin) and nutritional supplements you are taking: _____

Specify any allergies: _____

Please list any comments regarding your health or any emotional stresses you may be dealing with: _____

Do you have any communicable or infectious conditions? [No] [Yes] – What? _____

Are there any injured areas or conditions, such as bruises, cuts, sores, abnormal blood pressure, blood clots or cancer that may be aggravated by massage? [No] [Yes] – What? _____

Do you like aromatherapy (*i.e. scented oils*)? [No] [Yes]

Do you have any allergies to fragrances of flowers? [No] [Yes]

In undertaking a massage at ProWellness, I (print name) _____

Agree that: The purpose of the massage is to provide stress relief, pain control and relax. The therapist will not treat, prescribe or diagnose an illness, disease or any other physical or mental disorder. Nothing said in the course of a massage session should be misconstrued to be such. I understand that a massage involves having my body touched. I hereby authorize the therapist to perform massage. I understand that any relief of physical or emotional symptoms is the product of processes, which reside within me. The power to heal comes from within. I understand that I am responsible for my emotions, feelings, body and belongings and the therapist is responsible only for giving a massage. Control of the session is always mine and I can stop it at any time. In the spirit of this understanding, I agree to hold ProWellness and its employees blameless from any problem which may arise as a result of my massage.

I have read, understand, and agree to the above.

Signature: _____ Date: _____

HIPPA Notice of Privacy Practices

ProWellness

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.

ProWellness 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:

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with ProWellness.”

“It is our policy that we may provide a substitute health care provider, authorized by ProWellness 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.”

“It is possible that you will be treated in an open treatment room. In the case that another patient is present during your treatment; personal health information may be discussed between you and the provider. Should you wish to address issues that you may wish to remain confidential; a private room will be made available to you upon your request.”

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations:

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to ProWellness for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.”

Workers’ Compensation

Your health information may be disclosed as necessary to comply with State 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 a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

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.

Marketing

We may contact you for educational, marketing, or fundraising purposes, as described below:

“As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.”

“Postcards are mailed as another method for reminding our patients of their appointments.”

“As part of our responsibility to educate our patients about chiropractic and massage therapy we often send postcards, newsletters, e-mails, promotions, and personal letters by mail.”

“We post pictures of our patients on our wall of Chiropractic Stars as well as voluntarily submitted testimonial letters.”

“It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of ProWellness sponsored fund-raising events.”

Change of Ownership

In the event that The Chiropractic Wellness Center 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 ProWellness 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 ProWellness amend your protected health information. Please be advised, however, that ProWellness 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 reason(s) 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 made by ProWellness Chiropractic.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

ProWellness 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, ProWellness is required by law to comply with this Notice.

ProWellness is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

Complaints

Complaints about your Privacy rights or how ProWellness has handled your health information should be directed to Amy Grout by calling this office at 317-595-9620. If Amy is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide ProWellness with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

FULL NAME _____

Patient's Name

Patient's Signature

Date