

**PRIVACY CONSENT FORM/REQUIRED BY FEDERAL HIPPA LAW #101-191  
FOR USE OR DISCLOSURE OF PRIVATE HEALTH INFORMATION**

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We respect our legal obligation to keep health information that identifies you private. We are obligated by the Health Insurance Portability and Accessibility Act (HIPPA) to give you notice of our privacy practices. This Notice describes how we protect your health information and the rights you have regarding your health information.

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Trust is the foundation of a doctor/patient relationship.

The information that you provide to us is kept in the strictest of confidence.

While protecting your privacy is extremely important to us, there may be certain situations in which we may have to disclose your health information:

1. It may be necessary to use or disclose your private health information to another health care provider or hospital if it is necessary to refer you to them for the diagnosis, assessment or treatment of your health information.
2. It may be necessary to use or disclose your private health information and billing records to another party if they are responsible for the payment of your services.
3. It may be necessary to use or disclose your private health information within our practice for quality control and operational purposes.
4. It may be necessary for us to contact you via phone, E-mail, regular mail or fax for reminders of scheduled appointments, to schedule routine appointments or to reschedule missed appointments.
5. It may be necessary to use internal and external marketing to highlight chiropractic services and products, in our office, on our website, through E-mail, regular mail, fax or via phone.
6. It may be necessary to raise money for certain civic and community causes in our office, on our website, through E-mail, regular mail, fax or via phone.

**PLEASE NOTE:**

We have a more detailed "Notice of Privacy for Private Health Information" and you have the right to review the detailed notice before you sign this consent form. We have the right to change our privacy practices as described in the detailed notice. If any changes occur in reference to our privacy practices you will be notified by a posting of the change in our office, on our website, or a notice will be sent to you in the mail. You may request a copy of our privacy notices at any time.

**PATIENT RIGHTS UNDER HIPPA LAW #101-191**

1. You have the right to request that we do not disclose your private health information to specific individuals, companies or organizations under the following circumstances:
  - a. All requests must be in writing
  - b. By law we are not required to agree with your restrictions **HOWEVER:**
  - c. If we agree with your restrictions, the restriction is binding on us.
2. You have the right to **REVOKE** your Authorization under certain conditions:
  - a. It must be in writing
  - b. The request will not be honored if we have already released your private health information before we received your request to revoke the authorization.
  - c. If you were required to give your authorization as a condition of obtaining insurance, the insurance may have the right to your private health information should they decide to contest any of your claims.

I have read your consent form and agree to its terms.

I also acknowledge that once I sign this consent form I can receive a copy of this completed form for my own records, if I request it.

\_\_\_\_\_  
Printed Patient Name.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Month/Day/Year



## **What to expect on your first visit! PLEASE READ CAREFULLY**

You can expect an open honest relationship with Dr. Kachele. You can expect to learn more about chiropractic care and how it can help your current complaint as well as its benefits to the overall health of anyone who utilizes it from infants to grandparents.

***Please place your initials next to each section after you have read it.***

Your 1<sup>st</sup> visit includes:

A detailed history and chiropractic examination will be performed to detect the presence of **Vertebral Subluxation Complex**. Computerized scans are utilized to further assess your spinal health and the health of your overall nervous system, followed by your chiropractic adjustment. You will receive a report of Dr. Kachele's findings from your exam & computer scans. Initial \_\_\_\_\_

A **Vertebral Subluxation** is the result of spinal bones with improper position and poor motion, negatively affecting nerve communications between your brain and your body. A vertebral subluxation is a stress response. Muscles can go into spasm. Spinal bones can lock up and adjacent nerves can be irritated. This nerve irritation interferes with the control and regulation of your body, garbling communications between the brain and other parts of your body. This can result in symptoms and other body dysfunction, like headaches, asthma or allergies to name a few. Initial \_\_\_\_\_

### **Our fees are as follows:**

|             |                                                    |
|-------------|----------------------------------------------------|
| Examination | \$90.00 - \$160.00                                 |
| Adjustment  | \$60.00 - \$80.00 (\$40 for children 12 and under) |
| Therapy     | \$20.00 - \$60.00 ( i.e. Ultrasound, Kinesiotape)  |

Initial \_\_\_\_\_

### **Payments:**

On your first visit, expect to pay for an exam and an adjustment.

Subsequent visits for an adjustment (without therapies) will be either \$80.00 for those utilizing their Insurance or \$60.00 for Maintenance adjustments, which are not covered by insurance plans. Additional services like ultrasound, muscle therapy or kinesiotape are extra fees. Initial \_\_\_\_\_

1. You may utilize your health insurance and will be responsible for payment of any deductibles, co-payments or co-insurance. **We accept cash, checks or credit/debit cards.** Initial \_\_\_\_\_
2. You will be responsible for full payment of visit or co-payment when services are rendered, unless you are on a pre-payment plan. **We also encourage you to find out for yourself, what your chiropractic insurance coverage is.** Initial \_\_\_\_\_

### **Pre-payment Plans Available for Care with Discounts:**

These can be utilized by individuals or for families to share.

- If you purchase a block of 10 maintenance adjustments you receive one free with pre-payment to our office. \$600 for adults gives you 11 visits and \$400 for children 12 and under. Initial \_\_\_\_\_

**I have read the above office and financial policies. If I am utilizing my insurance coverage, I understand that my insurance policy is between my insurance company and myself and I am ultimately responsible for any fees incurred from care rendered in this office. I authorize examinations and treatment to be rendered by Dr. Kachele for the distinct purpose of detecting and correcting Vertebral Subluxation Complex. I will be responsible for my part in my care in this office by keeping appointments and performing any at home care prescribed.**

I will be... Utilizing my Health Insurance \_\_\_\_\_

Paying cash/check/visa \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_