Cousineau Chiropractic
14550 King Rd
Riverview Mi 48193

# Cousineau Chiropractic Life Center, P.C.

734-479-1880

**WELCOME TO OUR OFFICE!**

It is an honor to be of service to you.

Please complete the following confidential patient health record.

## Patient Information

Date: _____ Patient ID Number _____

Name: _____ Date of Birth: ____/____/____ ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

Work Phone _____ Your Employer _____

Email Address: _____ Your Soc. Sec. # _____

Have you ever been to a chiropractor? ☐ Yes ☐ No If yes, when was your last visit? _____

Your Status:
- ☐ Employed
- ☐ Unemployed
- ☐ Retired
- ☐ Full Time Student

Your Status:
- ☐ Married
- ☐ Single
- ☐ Widowed

Referral:
- ☐ Mail
- ☐ Newspaper/TV
- ☐ Phone Book
- ☐ Speaking Engagement
- ☐ Expo
- ☐ Former Patient
- ☐ Walk In
- ☐ Patient/Friend

Whom may we thank for referring you to us?

_____

I am here to see Dr.:
- ☐ Henry J. Cousineau, D.C.
- ☐ Nicole R. Cousineau, D.C.
- ☐ Kristin J. Cousineau, D.C
- ☐ Joseph A. Shusteric, D.C.

Race _____

Ethnicity:
- ☐ Caucasion
- ☐ Hispanic
- ☐ Latino
- ☐ African American
- ☐ Other _____

Language preference

_____

## Insurance Information

Name of Primary Insurance Carrier _____

Insured's Name & Address (if other than self): _____

Patient Relationship to the Insured: ☐ Self ☐ Spouse ☐ Dependent ☐ Other

Insured's Birthdate (if other than self): _____ Insured's Soc. Sec. # _____

Insured's Employer _____ Retired? Y N

**DO YOU HAVE A HEALTH SAVINGS ACCOUNT? Yes___ No___**

**☐ Flex Spend Account ☐ Health Savings Account (HSA) ☐ HRA ☐ EHIM ☐ MEBS (Messa)**

**Please provide us with any additional information we may need.**

Name of Secondary Insurance Carrier _____

Insured's Name & Address (if other than self): _____

Patient Relationship to the Insured: ☐ Self ☐ Spouse ☐ Dependent ☐ Other

Insured's Birthdate (if other than self): _____ Insured's Soc. Sec. # _____

Insured's Employer _____ Retired? Y N

# Patient Introduction

COUSINEAU CHIROPRACTIC
14550 KING RD
RIVERVIEW, MI. 48193
734-479-1880

Date_____ Name_____ Age___ SS#_____ Pt.#_____

CURRENT Health Complaints (Symptoms) _____

What Day Did Symptoms Start (Date) _____ Duration_____

How Did It Happen?_____

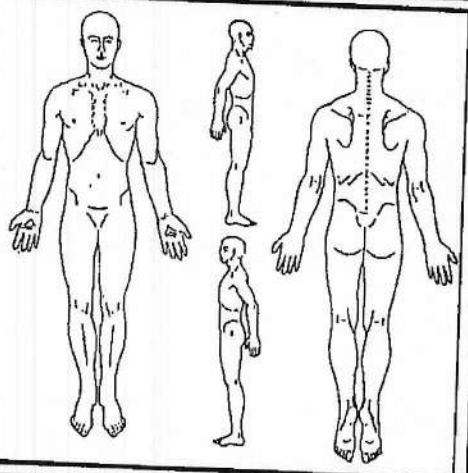
Are you claiming a ☐ Auto Accident ☐ Work Comp ☐ 3rd Party Liability (PI)

What makes it better? ☐Nothing ☐Bending ☐Lifting ☐Sitting ☐Standing ☐Moving ☐Resting

What makes it worse? ☐Nothing ☐Bending ☐Lifting ☐Sitting ☐Standing ☐Moving ☐Resting

Please Mark The Problem Areas With The Following Letter:

A - Ache
P - Pain
N - Numbness
T - Tingling
B - Burning
S - Stabbing
R - Radiating



List Surgeries_____

Medications _____

## CHECK CURRENT AND PAST PROBLEMS

- ☐ Neck Complaints
- ☐ Headaches
- ☐ Shooting Head Pain
- ☐ Sinus Trouble
- ☐ Loss of Smell
- ☐ Loss of Taste
- ☐ Throat Inflammation
- ☐ Thyroid Trouble
- ☐ Face Flushed
- ☐ Twitching of Face
- ☐ Loss of Memory
- ☐ Head Feels Heavy
- ☐ Dizziness
- ☐ Fainting
- ☐ Loss of Balance
- ☐ Ringing in Ears
- ☐ Wear Glasses
- ☐ Light Bothers Eyes
- ☐ Grating In Neck
- ☐ Tight Shoulders
- ☐ Pins & Needles in Arms and Hands
- ☐ Cold Hands
- ☐ Mid Back Complaints
- ☐ Chest Pains
- ☐ Shortness of Breath
- ☐ T.B. (Tuberculosis)
- ☐ Heart Problems
- ☐ Heart Attacks
- ☐ Stomach Troubles
- ☐ Ulcers
- ☐ Indigestion
- ☐ Liver Trouble
- ☐ Gall Bladder Trouble
- ☐ Diabetes
- ☐ Low Back Complaints
- ☐ Pinched Nerves in Back
- ☐ Pins & Needles in legs
- ☐ Pain in Legs & Feet
- ☐ Cold Feet
- ☐ Painful joints
- ☐ Swollen Joints
- ☐ Disc Problems
- ☐ Intestinal Gas
- ☐ Constipation/Diarrhea
- ☐ Kidney Trouble
- ☐ Sexual Dysfunction
- ☐ Menstrual Cramps & Pain
- ☐ Menstrual Irregularity
- ☐ Bladder Trouble
- ☐ Allergies
- ☐ Asthma
- ☐ Fatigue
- ☐ Strokes
- ☐ Low Blood Pressure
- ☐ High Blood Pressure
- ☐ Anemia
- ☐ Rheumatic Fever
- ☐ Nerves/Nervousness
- ☐ Inner Tension
- ☐ Cold Sweats
- ☐ Cancer
- ☐ Sleeping Problems
- ☐ Arthritis

Women:
Are you pregnant? _____ If yes, (congratulations!) when are you due? _____
Are you nursing? _____

# PAIN RATING, MEDICATION, AND SURGERIES

Patient Name_____ Date_____ Patient #_____

COUSINEAU CHIROPRACTIC
14550 KING RD
RIVERVIEW, MI. 48193
734-479-1880

**List all Drug Allergies**

☐ No known drug allergies

**Circle and list all medications that apply**

☐ No prescription medication taken

Anti-inflammatories_____
Sleeping aides_____
Narcotic pain relievers_____
Acetaminophen_____
Anti-anxiety medication_____
Anti-depressants_____
Muscle relaxants_____
Medicated patches_____
Anticonvulsants (ex. Neurontin)_____

**List all other medications/supplements below**

☐ No supplements taken

**Indicate the types of surgery** ☐ No surgeries performed

**Circle all surgeries below and date performed**

Lumbar fusion_____
Lumbar laminectomy/decompression_____
Posterior cervical surgery_____
Anterior cervical surgery_____
Left hip surgery_____
Right hip surgery_____
Left shoulder surgery_____
Right shoulder surgery_____

**List additional surgeries below and dates**

## SOCIAL HISTORY

Are you working? ☐Yes ☐No

What best describes your type of work?

☐ Retired ☐ Not employed

☐ Sedentary duty - Occasional lifting/carrying small items (10 lbs. max.) Walking and standing required occasionally

☐ Light duty - Frequent lifting (20 lbs. max) and carrying objects (10 lbs. max.). Significant walking/standing with sitting, pushing, pulling.

☐ Medium duty - Lifting (50 lbs. max) with frequent lifting/carrying of objects (25 lbs. max).

☐ Heavy duty - Lifting (100 lbs. max) with frequent lifting/carrying of objects (50 lbs. max).

☐ Very heavy duty- Lifting objects (heavier than 100 lbs.) with frequent lifting/carrying of objects (heavier than 50 lbs.)

**Race:** _____

**Ethnicity:** (i.e. Hispanic, Latino, Mexican, Italian, English, Jewish, French, Japanese, Chinese, Arabic, Latino) Other _____

**Preferred Language:** _____

Do you drink alcohol? ☐ Never ☐ Occasionally ☐Socially ☐ Frequently (more than 3 days per week)

Do you smoke? ☐ Never ☐ Occasionally ☐ Frequently

Do you chew tobacco? ☐ Never ☐ Occasionally ☐ Frequently

Have you had substance abuse treatment? ☐ Yes ☐ No

Have you ever used illegal drugs? (Marijuana, crack, cocaine, etc.) ☐ Yes ☐ No

What is your educational level? (Select the highest level you have achieved)

☐ Not completed high school ☐ High school graduate ☐ GED diploma or equivalent
☐ Completed trade school ☐ An associates degree ☐ Completed business school
☐ A bachelor's degree ☐ A masters degree
☐ Completed law school ☐ A PH.D. ☐ Completed medical school

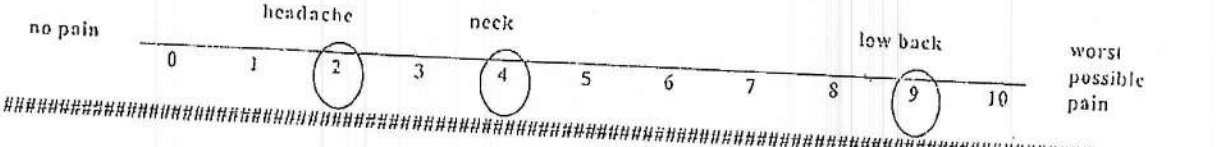
Height_____
Weight_____
Blood Pressure ____/____

COUSINEAU CHIROPRACTIC
14550 KING RD
RIVERVIEW, MI. 48193
734-479-1880

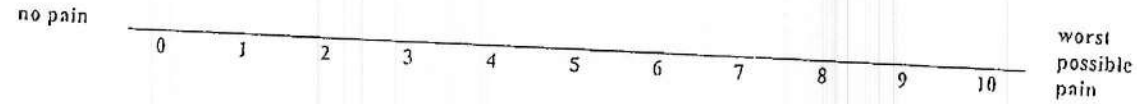
# QUADRUPLE VISUAL ANALOGUE SCALE

INSTRUCTIONS: Please circle the number that best describes the question being asked.
NOTE: If you have more than one complaint, please answer each question for each individual complaint and indicate the score for each complaint. Please indicate your average pain levels and pain at minimum / maximum using the last 3 months as your reference. If you have completed this form before, indicate you average pain level since the last time you completed this form.

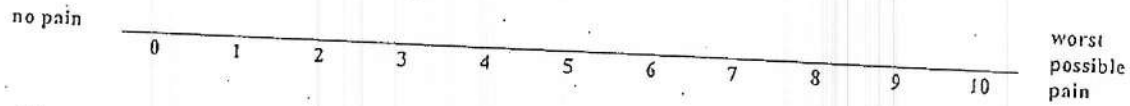
EXAMPLE:



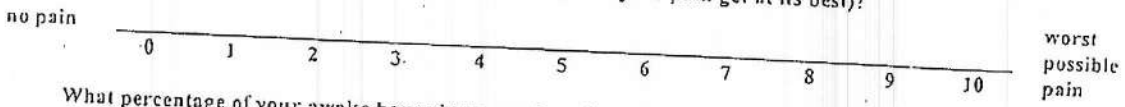

1. What is your pain RIGHT NOW?




2. What is your TYPICAL or AVERAGE pain?

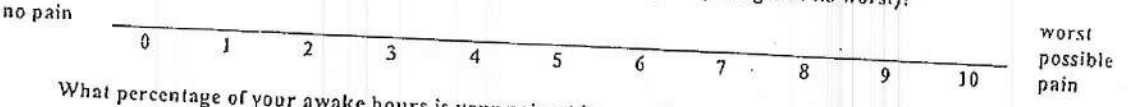



3. What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)?




What percentage of your awake hours is your pain at its best? _____%

4. What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)?




What percentage of your awake hours is your pain at its worst? _____%

NAME _____ AGE_____ DATE_____ SCORE_____

SCORE: #1 _____ + #2 _____ + #4 _____ = _____ / 3 x 10 = _____ (Low intensity = <50; High intensity = >50)

COUSINEAU CHIROPRAC
14550 KING RD
RIVERVIEW, MI. 4819
734-479-1880

# SF36 Health Survey

INSTRUCTIONS: This set of questions asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question please give the best answer you can.

1. In general, would you say your health is: (Please tick one box.)
   - Excellent ☐
   - Very Good ☐
   - Good ☐
   - Fair ☐
   - Poor ☐

2. Compared to one year ago, how would you rate your health in general now? (Please tick one box.)
   - Much better than one year ago ☐
   - Somewhat better now than one year ago ☐
   - About the same as one year ago ☐
   - Somewhat worse now than one year ago ☐
   - Much worse now than one year ago ☐

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Please circle one number on each line.)

| | Activities | Yes, Limited A Lot | Yes, Limited A Little | Not Limited At All |
|---|---|---|---|---|
| 3(a) | Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | 1 | 2 | 3 |
| 3(b) | Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1 | 2 | 3 |
| 3(c) | Lifting or carrying groceries | 1 | 2 | 3 |
| 3(d) | Climbing several flights of stairs | 1 | 2 | 3 |
| 3(e) | Climbing one flight of stairs | 1 | 2 | 3 |
| 3(f) | Bending, kneeling, or stooping | 1 | 2 | 3 |
| 3(g) | Waling more than a mile | 1 | 2 | 3 |
| 3(h) | Walking several blocks | 1 | 2 | 3 |
| 3(i) | Walking one block | 1 | 2 | 3 |
| 3(j) | Bathing or dressing yourself | 1 | 2 | 3 |

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Please circle one number on each line.)

| | | Yes | No |
|---|---|---|---|
| 4(a) | Cut down on the amount of time you spent on work or other activities | 1 | 2 |
| 4(b) | Accomplished less than you would like | 1 | 2 |
| 4(c) | Were limited in the kind of work or other activities | 1 | 2 |
| 4(d) | Had difficulty performing the work or other activities (for example, it took extra effort) | 1 | 2 |

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (e.g. feeling depressed or anxious)? (Please circle one number on each line.)

| | | Yes | No |
|---|---|---|---|
| 5(a) | Cut down on the amount of time you spent on work or other activities | 1 | 2 |
| 5(b) | Accomplished less than you would like | 1 | 2 |
| 5(c) | Didn't do work or other activities as carefully as usual | 1 | 2 |

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups? (Please tick one box.)

- Not at all ☐
- Slightly ☐
- Moderately ☐
- Quite a bit ☐
- Extremely ☐

7. How much physical pain have you had during the past 4 weeks? (Please tick one box.)

- None ☐
- Very mild ☐
- Mild ☐
- Moderate ☐
- Severe ☐
- Very Severe ☐

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Please tick one box.)

- Not at all ☐
- A little bit ☐
- Moderately ☐
- Quite a bit ☐
- Extremely ☐

9. These questions are about how you feel and how things have been with you during the past 4 weeks. Please give the one answer that is closest to the way you have been feeling for each item.

| (Please circle one number on each line.) | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
|---|---|---|---|---|---|---|
| 9(a) Did you feel full of life? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(b) Have you been a very nervous person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(c) Have you felt so down in the dumps that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(d) Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(e) Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(f) Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(g) Did you feel worn out? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(h) Have you been a happy person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(i) Did you feel tired? | 1 | 2 | 3 | 4 | 5 | 6 |

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives etc.) (Please tick one box.)

- All of the time ☐
- Most of the time ☐
- Some of the time ☐
- A little of the time ☐
- None of the time ☐

11. How TRUE or FALSE is each of the following statements for you?

| (Please circle one number on each line.) | Definitely True | Mostly True | Don't Know | Mostly False | Definitely False |
|---|---|---|---|---|---|
| 11(a) I seem to get sick a little easier than other people | 1 | 2 | 3 | 4 | 5 |
| 11(b) I am as healthy as anybody I know | 1 | 2 | 3 | 4 | 5 |
| 11(c) I expect my health to get worse | 1 | 2 | 3 | 4 | 5 |
| 11(d) My health is excellent | 1 | 2 | 3 | 4 | 5 |

Thank You!

# Cousineau Chiropractic Life Center

14550 KING ROAD, RIVERVIEW, MICHIGAN 48193

## AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize Cousineau Chiropractic Life Center to disclose to my Insurance Company or lawyer and all necessary information, which has been acquired by examination or other means of my physical or mental condition, and I release Cousineau Chiropractic Life Center of any consequences thereof.

## X-RAYS

Under the laws of the State of Michigan, x-rays are the property of this office. The amount paid by you or the Insurance Company are for interpretation. However, if needed, a copy can be made available.

---

## ASSIGNMENT OF PAYMENT

My attorney and or insurance Company are hereby requested and authorized to pay direct to Cousineau Chiropractic Life Center any monies due on account, the same to be deducted from any settlement made on my behalf. Further, I agree to pay Cousineau Chiropractic Life Center the difference between the total amount of the charges and the amount paid by the attorney and or the Insurance Company. It is further understood that I, the undersigned, agree to pay Cousineau Chiropractic Life Center the full amount of the charges, should my condition be such that is not covered by my policy or if for any reason the Insurance Company refuses to pay the full amount of my claim.

Signature of Applicant (or Agent) _____

Relation to Patient if signed by Agent _____

Date _____

over →

# Informed Consent to Care

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately a percentage of these patients will experience a stroke.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Patient Name: _____ Signature: _____ Date:

Parent or Guardian: _____ Signature: _____ Date:

Witness Name: _____ Signature: _____ Date:

You can reach the Privacy Official at: Cousineau Chiropractic Life Center P.C. 14550 King Road, Riverview, Mi. 48193: 734-479-1880 business days

. Section 8: Notice of Privacy Practices Acknowledgement Initial Uses Authorization Form Cousineau Chiropractic Life Center P.C. Effective: 4-15-2003

By signing this form, you acknowledge that you were presented with a copy of the Notice of Privacy Practices of Cousineau Chiropractic Life Center P.C. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. The most current Notice of Privacy Practices will be placed on display in the office at all times. You may obtain additional copies of our most current notice by requesting it from our privacy official, Jennifer Totten

Cousineau Chiropractic Life Center P.C. also uses protected health information for the following reasons: (you may opt out of this authorization). Marketing; internal referral board, testimonials, pictures on bulletin board, or information unrelated to healthcare and other marketing materials. _____ (please initial to give us authorization)

If you have any questions regarding this notice or our health information privacy policies, please contact: Jennifer Totten You can reach the Privacy Official at: Cousineau Chiropractic Life Center P.C., 14550 King Road, Riverview, Mi. 48193, 734-479-1880 Hours Available: A message may be left for our privacy official any time the clinic is open and your call will be returned within 7 business days.

Your Email address: _____ (you may receive PHI through email)

Print Patient Name: _____

Signature Patient/Personal Representative: _____

Relationship of Personal Representative: _____

Date of Signature: _____

==========

Staff complete only if NO signature is obtained, If it is not possible to obtain the patient's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

□ Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices

□ Other:

_____

Staff Signature: _____ date: _____

Notice of Privacy Practices: Cousineau Chiropractic Life Center P.C.

Effective April 24, 2003 Updated: HITECH September 1, 2013

To our patients: This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy: Our practice is dedicated to maintaining the privacy of your health information. Cousineau Chiropractic Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our Privacy Official: Jennifer Totten.

Right to file a complaint: If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Regional Office for Civil Rights, US Department of Health and Human Services. Regional Office information

1. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our Privacy Official: Jennifer Totten.
2. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Regional Office for Civil Rights, US Department of Health and Human Services. Regional Office information may be found online at http://www.hhs.gov/ocr/office/about/rgn- hqaddresses.html or ask the Privacy Official for the information. To file a complaint with our practice, contact our Privacy Official: Jennifer Totten. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
3. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

In accordance with the standards of implementation specifications of 45 C.F.R. § 164.524, Provider may grant an individual access to inspect and obtain a copy of protected health information about the individual in a designated record set.

Cousineau Chiropractic Life Center P.C. s policy:

1. The designated record set that is subject to access by an individual is as follows:
    1. Medical Records
    2. Billing Records
    3. List of all those requesting copies of designated record set
2. The titles of the persons or offices responsible for receiving and processing requests for access by individuals are as follows:
   Privacy Official: Jennifer Totten

Cousineau Chiropractic Life Center P.C. also uses protected health information for the following reasons: (you may opt out of this authorization). Special initial authorization is required and attached.

Marketing; internal referral board, testimonials, pictures on bulletin board, sending newsletters or information unrelated to healthcare and other marketing materials.

If you have any questions regarding this notice or our health information privacy policies, please contact:

Jennifer Totten You can reach the Privacy Official at:

Cousineau Chiropractic Life Center P.C. 14550 King Road, Riverview, Mi. 48193: 734-479-1880

Hours Available: A message may be left for our privacy official any time the clinic is open and your call will be returned within 7 business days. May be found online at http://www.hhs.gov/ocr/office/about/rgn or ask the Privacy Official for the information. To file a complaint with our practice, contact our Privacy Official: Jennifer Totten. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

1. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

In accordance with the standards of implementation specifications of 45 C.F.R. § 164.524, Provider may grant an individual access to inspect and obtain a copy of protected health information about the individual in a designated record set.

Cousineau Chiropractic Life Center P.C. s policy:

Life Center P.C. is required by law to maintain the confidentiality of your health information. Cousineau Chiropractic Life Center P.C. realizes that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances:

Your Authorization – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Cousineau Chiropractic Life Center P.C. must obtain your authorization to disclose psychotherapy notes, marketing disclosures and sale of PHI. Cousineau Chiropractic Life Center P.C. must notify you in case of a breach of unsecured PHI.

Uses and Disclosures for Payment We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

Uses and Disclosures for Health Care Operations We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your health insurance coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance.

Family and Friends Involved in Your Care – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a

limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

Business Associates – At times we use outside persons or organizations to help us provide you with the best service available. Examples of these outside persons and organizations might include vendors that help us process your claims. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

Other Products and Services – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about your health and health-related products we have available to you.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.

We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard.

Your rights regarding your health information:

1. Right to Request Restrictions: Right to Request Restrictions: You have the right to request disclosure restrictions of PHI to a health plan with respect to healthcare for which you have paid out of pocket in full where not elsewhere restricted by law.
2. Cousineau Chiropractic Life Center P.C. is required by law to provide to you a notification of all demonstrated breaches of your PHI.
3. Communications. You can request that Cousineau Chiropractic Life Center P.C. communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that Cousineau Chiropractic Life Center P.C. contact you at home, rather than work. Cousineau Chiropractic Life Center P.C. will accommodate reasonable requests.
4. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that Cousineau Chiropractic Life Center P.C. restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. Cousineau Chiropractic Life Center P.C. is not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
5. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Official: Jennifer Totten.
6. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Official: Jennifer Totten. You must provide us with a reason that supports your request for the amendment
7. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our Privacy Official: Jennifer Totten.
8. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Regional Office for Civil Rights, US Department of Health and Human Services. Regional Office information may be found online at http://www.hhs.gov/ocr/office/about/rgn- or ask the Privacy Official for the information. To file a complaint with our practice, contact our Privacy Official: Jennifer Totten. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
9. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

In accordance with the standards of implementation specifications of 45 C.F.R. § 164.524, Provider may grant an individual access to inspect and obtain a copy of protected health information about the individual in a designated record set.

Cousineau Chiropractic Life Center P.C. s policy:

1. The designated record set that is subject to access by an individual is as follows:
    1. Medical Records
    2. Billing Records
    3. List of all those requesting copies of designated record set
2. The titles of the persons or offices responsible for receiving and processing requests for access by individuals are as follows:
   Privacy Official: Jennifer Totten

Cousineau Chiropractic Life Center P.C. also uses protected health information for the following reasons: (you may opt out of this authorization). Special initial authorization is required and attached.

Marketing; internal referral board, testimonials, pictures on bulletin board, sending newsletters or information unrelated to healthcare and other marketing materials.

If you have any questions regarding this notice or our health information privacy policies, please contact: Jennifer Totten