

Dr. Brian McGuckin Laboratory Nutrition, PLLC
Confidential New Patient Case History

Please Print _____ Date: _____

First Name _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Phone _____

E-mail to contact and send newsletter _____
(we will send an e-mail with a "Click To Subscribe" function)

Sex M / F (circle one) Children _____ Emergency Contact _____ Phone _____

Your Occupation _____ Employer _____ Name of Spouse _____

Referred by _____ Yelp _____ Google _____ Website _____

Is any other member of your family being treated in this office? _____

Have you ever been to a chiropractor before? (Y / N) Were you happy with the results? (Y / N).

Please list your major complaint(s) and symptoms. Please be as specific as you can.

Please list any surgeries you have had. _____

Please list any medications you are taking. _____

Please read the following pages. All payments are due when services are rendered.

NO SURPRISES LAW
FINANCIAL POLICY AND INSURANCE ARRANGEMENT

Because of the individualized and comprehensive care offered by **Dr. Brian McGuckin Laboratory Nutrition, PLLC** we need your cooperation with certain matters to make sure every patient has his or her needs met.

Dr. Brian McGuckin Laboratory Nutrition, PLLC, and Brian McGuckin, D.C., DABCI are not affiliated with any network nor any preferred provider organization. All billings are considered OUT OF NETWORK and may carry a separate deductible based on your policy provisions.

Payment for services is due at the time of service. We accept cash, checks, American Express, Discover, Master Card, and Visa. For your convenience we can electronically file the insurance claim for you. When we send in the claim, there is a tendency for the insurance companies to send the reimbursement to the office. When this happens, we will call you and mail the reimbursement within two weeks.

Insurance coverage and your care. We will discuss your proposed diagnostic testing, treatment, and answer any questions relating to the fees for recommended services. Please be aware that we do not guarantee what coverage your health insurance policy provides. We are an out of network office. This means you would be told in advance what the fee would be, you would pay for it, and then we will electronically send a claim to your insurance with the understanding that there would be minimal to no reimbursement back to you.

Medicare reimbursement is limited to spinal manipulations only. Medicare requires that the office submits all claims. We are happy to do this for you. Medicare limits reimbursement for services performed by a chiropractor to spinal manipulation only.

Thank you,

Brian McGuckin, D.C., DABCI
Dr. Brian McGuckin Laboratory Nutrition, PLLC
114 Kansas St. Unit 2
Frankfort, IL 60423
779 - 324 - 5741

**RELEASE OF INFORMATION FOR THE PURPOSE OF FILING INSURANCE
and
NO SURPRISES LAW**

Dr. Brian McGuckin Laboratory Nutrition, PLLC. will electronically send insurance billing and information out to your insurance company.

Insurance is sent out weekly. We do not have control of how the insurance company processes a claim. Even though you have paid for services in advance, and the claim is filed for reimbursement to go directly to you, certain insurance companies will send the check to the office.

If we receive reimbursement from your insurance company we will call you and mail the reimbursement within two weeks.

Dr. Brian McGuckin Laboratory Nutrition, PLLC, and Brian McGuckin, D.C., DABCI are not affiliated with any network, nor a preferred provider status with any insurance company. This limits reimbursement as many network or PPO groups will either not pay or have a separate deductible. You may not get any reimbursement for services provided at this office.

Anthem Blue Cross Blue Shield will not reimburse for laboratory work performed or ordered at this office.

Medicare will not reimburse for laboratory work performed by a chiropractor.

PPO Groups will not reimburse for any service performed at this office. Chiropractic and lab.

Orthotics, pillows, exercise equipment, and supplements are not reimbursable by insurance.

Signature

Date

Thank you,

Brian McGuckin, D.C., DABCI
Dr. Brian McGuckin Laboratory Nutrition, PLLC
114 Kansas St. Unit 2
Frankfort, IL 60423
779 - 324 - 5741

HIPPA Acknowledgement o Receipt of Notice of Privacy Practices
Dr. Brian McGuckin Laboratory Nutrition, PLLC
114 Kansas St. Unit 2
Frankfort, IL 60423
779 - 324 - 5741

Patient Name: _____

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq. and regulations there under, as amended from time to time (collectively referred to as "HIPAA"). This authorization affects your rights in the privacy of your personal healthcare information.

By signing this authorization, you acknowledge and agree that **Dr. Brian McGuckin Laboratory Nutrition, PLLC** may use or disclose your Protective Health Information (PHI) for the purpose of providing treatment, for purposes of relating to the payment of services rendered, and for the Practice's healthcare operations purposes.

Further, by signing this authorization, you acknowledge that you have been provided a copy of and have read and understand **Dr. Brian McGuckin Laboratory Nutrition, PLLC** Privacy Notice containing a complete description of your rights, and the permitted uses and disclosures, under HIPAA. While this office has reserved the right to change the terms of its Privacy Notice, copies of the Privacy Notice as amended are available and can be received by sending a written request with return address to this office.

By signing below, you are acknowledging that you have received, reviewed, understand and agree to the Notice of Privacy Practices of **Dr. Brian McGuckin Laboratory Nutrition, PLLC**, which describes the Practice's policies and procedures regarding the use and disclosure of any of your Personal Health Information created, received, or maintained by the Practice.

Patient

Signature: _____ **Date:** _____

Print Name _____

OR, ON BEHALF OF PATIENT

Signature: _____ **Date:** _____

Print Name _____

Dr. Brian McGuckin Laboratory Nutrition, PLLC
114 Kansas St. Unit 2
Frankfort, IL 60423
779 - 324 - 5741

Informed Consent To Treat

PATIENT NAME: _____

Please read this entire document prior to signing. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

DO NOT SIGN THIS CONSENT TO BE TREATED UNTIL YOU HAVE READ, UNDERSTAND AND ASKED ANY QUESTIONS YOU MAY HAVE:

The nature of the chiropractic spinal manipulation:

The primary treatment used by doctors of chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible "pop" or "click," much as you have experienced when you "crack" your knuckles. You may feel a sense of movement.

The risks inherent in chiropractic spinal manipulation:

As with any health care procedure, there are certain complications which may arise during chiropractic manipulation of the spine and or/ extremities and with the use of physical therapy treatments. These complications include but are not limited to:

- | | | | |
|--------------------|----------------------|--------------------|---------------------------------|
| Fractures of bones | Spinal disc injuries | Joint dislocations | Muscle injury |
| Nerve injury | Worsening symptoms | Rib injuries | Stiffness or soreness afterward |

These complications are generally described as rare.

Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. The incidences of stroke are exceedingly rare and are estimated to occur between one in a million or more neck adjustments.

Having been informed of these risk factors, I hereby attest that I understand the terms used in the above paragraphs and give my consent for chiropractic treatment.

Patient/Guardian Signature

Date

Relationship to Patient

I have addressed any questions regarding consent to treat: _____
Brian McGuckin, D.C., DABCI

HIPPA PRIVACY POLICY

NOTICE OF PRIVACY PRACTICES

Dr. Brian McGuckin Laboratory Nutrition, PLLC

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION

PLEASE REVIEW THIS NOTICE CAREFULLY.

Dr. Brian McGuckin Laboratory Nutrition, PLLC is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your health condition and the care and treatment you receive from this Practice. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This Notice details how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI. The privacy of PHI in patient files will be protected when the files are taken to and from the Practice by placing the files in a box or brief case and kept within the custody of a doctor or employee of the Practice authorized to remove the files from the Practice's office. It may be necessary to take patient files to a facility where a patient is confined or to a patient's home where the patient is to be examined or treated. If you have further questions, please contact Brian McGuckin, D.C., DABCI

NO CONSENT REQUIRED

The Practice may use and/or disclose your PHI for the purposes of:

- (a) Treatment - In order to provide you with the health care you require, the Practice will provide your PHI to those health care professionals, whether on the Practice's staff or not, directly involved in your care so that they may understand your health condition and needs. For example, a physician treating you for a condition or disease may need to know the results of your latest physician examination by this office.
- (b) Payment - In order to get paid for services provided to you, the Practice will provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, the Practice may need to provide the Medicare program with information about health care services that you received from the Practice so that the Practice can be properly reimbursed. The Practice may also need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.
- (c) Health Care Operations - In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to continue to provide quality and efficient care, it may be necessary for the Practice to compile, use and/or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of the Practice's personnel in providing care to you.

1. The Practice may use and/or disclose your PHI, without a written Consent from you, in the following additional instances:

- (a) De-identified Information - Information that does not identify you and, even without your name, cannot be used to identify you.
- (b) Business Associate - To a business associate if the Practice obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists the Practice in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.
- (c) Personal Representative - To a person who, under applicable law, has the authority to represent you in making decisions related to your health care

(d) Emergency Situations -

(i) for the purpose of obtaining or rendering emergency treatment to you provided that the Practice attempts to obtain your Consent as soon as possible; or

(ii) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.

(e) Communication Barriers - If, due to substantial communication barriers or inability to communicate, the Practice has been unable to obtain your Consent and the Practice determines, in the exercise of its professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.

(f) Public Health Activities - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease and that does not identify you and, even without your name, cannot be used to identify you.

(g) Abuse, Neglect or Domestic Violence - To a government authority if the Practice is required by law to make such disclosure; if the Practice is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm

(h) Health Oversight Activities - Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.

(i) Judicial and Administrative Proceeding - For example, the Practice may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

(j) Law Enforcement Purposes - In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or, the Practice may disclose your PHI if the Practice believes that your death was the result of criminal conduct.

(k) Coroner or Medical Examiner - The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

(l) Organ, Eye or Tissue Donation - If you are an organ donor, the Practice may disclose your PHI to the entity to whom you have agreed to donate your organs.

(m) Research - If the Practice is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI and that does not identify you and, even without your name, cannot be used to identify you.

(n) Avert a Threat to Health or Safety - The Practice may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

(o) Workers' Compensation - If you are involved in a Workers' Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.