



Insurance Information

Patient Name: CASH/MC/MM/PI/WC
Address: SSN:
City, State, ZIP: DOB:
Home phone: Sex: Male/Female
Work phone: Marital status: M/S/W/D
Nearest relative not living with patient: Phone:
Diagnosis: 1) 2) 3) 4)

Primary insurance information

Insured's name: Relationship:
Insurance name: Insurance type:
Group number (if applicable): Policy number:
WC or Auto Accident claim number:

Secondary insurance information

Insured's name: Relationship:
Insurance name: Insurance type:
Group number (if applicable): Policy number:

For office use:

Co-pay/deductible:
Out of pocket max: Individual/Met: Family/Met:
Number of visits: Number of visits used:
Referral needed:
Spoke with: Verified by:



Patient Information Form

Name: _____ DOB: _____
 E-mail address: _____ Cell phone number: _____
 Emergency contact name and phone number: _____
 Employer: _____
 Date of Injury: _____
 Referring Physician: _____ Next Appointment with Physician: _____
 People with whom we may share your medical information: _____
 Chief Complaint: _____
 How were you injured and how does it limit you? _____ Please draw where your pain is: _____



Past Medical History: (Do you have or have you had any of the following.)

High Blood Pressure	Yes	No	Seizures	Yes	No
Heart Disease/Attack	Yes	No	Chronic Headaches	Yes	No
Dizziness	Yes	No	Cancer	Yes	No
Pregnant (currently)	Yes	No	Tooth or Jaw Pain	Yes	No
Previous Surgery	Yes	No	Diabetes	Yes	No
Knee Support/Brace	Yes	No	Back Support/Brace	Yes	No
Medications	Yes	No	Supplements	Yes	No

If you answered YES to any of these questions or have some other pertinent condition, please explain here and give approximate dates.



Medically informed consent:

I voluntarily consent to physical therapy treatment and services deemed necessary by my physical therapist and/or physician. I am aware that the practice of Physical Therapy is not an exact science and I acknowledge that no guarantees have been made to me as to the results of these services at Inspire Physical Therapy. It is the clinic's sincere intent to educate me on every process, from billing to treatment and eventually discharge from services. Therefore, if techniques are being used that I do not understand it is my responsibility to ask the therapist what his/her objectives are and how he/she is trying to achieve them.

This consent shall be ongoing for a period not to exceed one year.

Signature:

Date:

Responsible party if patient is a minor:

HIPAA Privacy Policies

I have received the Notice of Privacy Policies from Inspire Physical Therapy.

Signed:

Date:

Print Name:

If signed by someone other than patient please indicate your relationship to patient:

- a) Parent or guardian if patient is a minor
- b) Guardian or conservator of an incompetent patient

Name of Patient:

If acknowledgement is refused list reasons for refusal and efforts to obtain acceptance:

Notice of Privacy Practices

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.

Inspire Physical Therapy PLC 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. If you have questions about any part of this notice or if you want more information about the privacy practices at Inspire Physical Therapy PLC please contact: OLIVER HALL, PRIVACY OFFICER, INSPIRE PHYSICAL THERAPY PLC, (802) 876-1000

Effective Date of this Notice: April, 2, 2007

I. How Inspire Physical Therapy PLC may use or disclose your health information: Inspire Physical Therapy collects health information from you and stores it in a chart and/or on a computer. This is your medical record. The medical record is the property of Inspire Physical Therapy, but the information in the medical record belongs to you. Inspire Physical Therapy protects the privacy of your health information. The law permits Inspire Physical Therapy to use or disclose your health information for the following purposes:

1. Treatment: Treatment means the provision, coordination, or management of health care and related services by one or more healthcare providers, including the coordination or management of health care by a healthcare provider with a third party; consultation between healthcare providers relating to a patient. An example of this would be a consultation/discussion with your physician regarding your plan of care, progress, or status.

2. Payment: Payment means reimbursement for the provision of health care; determinations of eligibility or coverage; billing; claims management; collection activities, justification of charges; protected health information relating to the collection of reimbursements (only certain information may be disclosed). An example of this would be submitting your bill for health care services to your insurance company.

3. Regular Health Care Operations: Health care operations are any activity related to covered functions in which we participate in the function of our office, such as conducting quality assessment activities; protocol development; case management and care coordination; auditing functions; business management and general administrative activities, including implementation of this regulation; customer service evaluations; resolution of grievances; and marketing for which an authorization is not required. An example of this would be an evaluation of customer service given to patients.

4. Information Provided to You

5. Notification and Communication with Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

6. Required by Law/Law Enforcement: As required by law, we may use and disclose your health information, i.e.: 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.

7. 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.

8. Health Oversight Activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

9. Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

10. Workers Compensation: We may disclose your health information as necessary to comply with worker's compensation laws.

II. When Inspire Physical Therapy may not use or disclose your health information: Except as described in this Notice of Privacy Practices, Inspire Physical Therapy will not use or disclose your health information without your written authorization. If you do authorize Inspire Physical Therapy to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights:

1. You have the right to request restrictions on certain uses and disclosures of your health information. Inspire Physical Therapy is not required to agree to the restriction that you requested.

2. You have the right to receive your health information through a reasonable alternative means or at an alternative location.

3. You have the right to inspect and copy your health information.

4. You have a right to request that Inspire Physical Therapy amend your health information that is incorrect or incomplete. Inspire Physical Therapy is not required to change your health information and will provide you with information about Inspire Physical Therapy denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by Inspire Physical Therapy, except that Inspire Physical Therapy does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact: Oliver Hall, Privacy Officer, Inspire Physical Therapy (802) 876-1000

IV. Changes to this Notice of Privacy Practices: Inspire Physical Therapy reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Inspire Physical Therapy is required by law to comply with this Notice. Revised notices will be given at any time requested.

V. Complaints: Complaints about this Notice of Privacy Practices or how Inspire Physical Therapy handles your health information should be directed to: Oliver Hall, Privacy Officer. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.