ACTS Occupational and Physical Therapy

Work Hard • Play Tough • Live Right

PATIENT REGISTRATION
PLEASE READ CAREFULLY & FILL OUT COMPLETELY!

Patient Name: _____ Today's Date: _____
Last First MI

Date of Birth: _____ Age: _____ Sex: ☐ Female ☐ Male Circle One: Right Handed Left Handed

Patient's Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Preferred Method of Appointment Reminders (check one): ☐ Text Messages or ☐ Calls (circle one): Home Work or Cell

Social Security Number: _____ Primary Care Physician: _____

Email Address: _____

Employer: _____ Occupation: _____

Referring Physician: _____ Date of next visit with Referring Physician: _____

Name of person who should receive statement (if not patient's): _____

Billing address (if different from patient's address): _____

Emergency Contact: _____ Relation: _____ Phone number: _____

HOW DID YOU HEAR ABOUT US?

Please tell us how you learned of our service & whom we can thank: _____

- ☐ An Attorney Recommendation
- ☐ Beneth/Pilates
- ☐ Case Manager Recommendation
- ☐ Clinic Sign/Proximity of Location
- ☐ Doctor Recommendation
- ☐ Family/Friend Recommendation
- ☐ Former Patient of ACTS
- ☐ Former Patient of Superior Rehab
- ☐ Jason Guidry
- ☐ Patient Recommendation
- ☐ Web Page/Social Media
- ☐ Other: _____

INSURANCE INFORMATION

Primary Insurance: _____
Policy Holder's Name: _____
Policy Holder's Date of Birth: _____
Patient Relationship to Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Employee ☐ Other: _____

Secondary Insurance (If applicable): _____
Policy Holder's Name: _____
Policy Holder's Date of Birth: _____
Patient Relationship to Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Employee ☐ Other: _____

IF YOU HAD AN ACCIDENT: Please Complete This Section

Date of accident: _____

How did it happen? ☐ Auto ☐ Work ☐ Other (Location): _____

If Auto, were you the: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Cyclist ☐ Other: _____

Attorney Name, Number, & Address (if known): _____

_____

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Patient Missed Appointments Policy

Our commitment to your well-being and gain of your physical abilities is something everyone in our clinic takes seriously. It would be a disservice to you if we did not emphasize the importance of your own commitment to the care you need in order to receive the best outcome.

The recommended number of treatments by your physician is a vital component of your progress with our service.

WE EXPECT YOU TO KEEP ALL YOUR SCHEDULED APPOINTMENTS

With the exception of serious emergencies, it is expected that you keep all your appointments. If you need to re-schedule an appointment, we require a 24 hour notice. In such a case, please call our office and arrange for a make-up appointment. The make-up appointment needs to be in the same week, preferably the very next day.

***If you do not cancel within a 24 hours' notice or no-show to a scheduled appointment, after 2 instances, we reserve the right to charge you a $20.00 fee.**

***If there is continued cancellations or no-shows to your scheduled appointments, we will contact your doctor/attorney/case manager for noncompliance with the prescribed rehabilitation order and you may be removed from any further appointments you may have scheduled.**

We appreciate you greatly as our patient and strive to accomplish wonderful results and success for you.

Jason M. Guidry, owner
ACTS Physical and Occupational Therapy

I have read and understand this policy: _____

Date: _____

CONSENT FOR TREATMENT

For and in consideration of the medical treatment, which I may receive while a patient of **Acadian Comprehensive Therapy Services, Inc.**, herein after referred to as **ACTS**, I either separately or collectively consent to treatment, voluntarily and knowingly, by me if of age and competent of for me, if a minor or incompetent, by my parents, guardian or nearest relative, as the case may be, to the said member of **ACTS** separately or collectively, to carry out, or cause to be carried out such medical treatment, as prescribed or ordered by my physician.

AUTHORIZATION TO RELEASE INFORMATION & ASSIGNMENT BENEFITS

I hereby authorize **ACTS**, or any holder of medical information about me to release to the Health Care Financing Administration and its agents (Medicare) or Insurance Companies or Third Parties, any information needed to determine these benefits or the benefits payable for related services. I request that authorized Medicare or Insurance payments of medical benefits be made to **ACTS**, or to any consulting physician or entity used in connection with this service (to be used only if necessary, to file claims).

GUARANTOR RESPONSIBILITY

In consideration of the services, I agree that I am solitarily liable to **ACTS**, for and hereby guarantee the payment of all facility charges incurred for my treatment in accordance with the orders of my prescribing or consulting physician(s), **including any facility charge not paid, for any reason, by any payer or insurance company.**

I understand that I am ultimately responsible for payment of any and all charges for medical services rendered by **ACTS**, and if this assignment is rejected, modified, or not paid within a reasonable time after it has been filed, it will by my responsibility to pay any unpaid charges in full. If it is necessary to collect unpaid fees for services rendered, I agree to pay the charge assessed by the collection service, legal counsel or court.

This authorization and assignment may be revoked by me at any time by a written notice; I agree that a photocopy of this form may be used in lieu of the original.

_____

Please print your name

_____ _____

Signature Date

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Intramuscular Manual Therapy Aka Trigger Point Dry Needling (TDN) Consent Form

IMT / TDN involves placing a small needle into the muscle at the trigger point which is typically in an area which the muscle is tight and may be tender with the intent of causing the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing the symptoms.

IMT / TDN is a valuable treatment for musculoskeletal related pain such as soft tissue and joint paint, as well as to increase muscle performance. Like any treatment there are possible complications. While these complications are rare in occurrence, it is recommended you read through the possible risks prior to giving consent to treatment.

Risks of the procedure:

Though unlikely there are risks associated with this treatment. The most serious risk associated with TDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely only require a chest x-ray and no further treatment as it can resolve on its own. The symptoms of pain and shortness of breath may last for several days to weeks. A more severe lung puncture can require hospitalization and re-inflation of the lung. This is a rare complication and in skilled hands should not be a concern. If you feel any related symptoms, immediately contact your IMT / TDN provider. If a pneumo is suspected, you should seek medical attention from your physician or if necessary go to the emergency room.

Other risks may include bruising, infection and nerve injury. Please notify your provider if you have any conditions that can be transferred by blood, require blood anticoagulants or any other conditions that may have an adverse effect to needle punctures. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from IMT / TDN is unlikely.

Please consult with your practitioner if you have any questions regarding the treatment above.

Do you have any known disease or infection that can be transmitted through bodily Fluids? **Yes** **NO**

If you marked yes, please discuss with your practitioner.

_____
Please print your name

_____ _____
Signature Date

Acadian Comprehensive Therapy Services

HIPAA 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.

Your health information is private. Keeping the privacy of your health information is important to us. This notice describes how we use your personal health information, what your rights are, and what our responsibilities are.

REASONS THAT YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED

- **For Treatment:** Acadian Comprehensive Therapy Services is allowed to use and disclose your protected health information in order to treat you. For example, doctors, nurses, medical technicians and other staff may discuss your case with other health care providers in order to treat you.
- **For Payment:** Acadian Comprehensive Therapy Services is allowed to use and disclose your protected health information in order to get payment for your treatment. For example, Acadian Comprehensive Therapy Services may disclose the type of treatment provided to you in order to get payment from an insurance company. Your information may also be shared with other government programs such as Medicare and Medicaid to coordinate benefits.
- **For Health Care Operations:** Acadian Comprehensive Therapy Services is allowed to use and disclose your protected health information in order to continue its health care operations. For example, your information may be used or disclosed by a nurse to a social worker for case management purposes and care coordination with other providers of service who may be involved in your case. Your information may be used to review and evaluate our performance in providing services.
- **Appointment Reminders:** Acadian Comprehensive Therapy Services may use your protected health information to contact you to remind you about your appointments, to give you information about treatment alternatives and to provide you with information on other health related benefits and services.
- **Business Associates:** There are some services provided by Acadian Comprehensive Therapy Services through contracts with businesses. Examples include health care providers and consultants. When these services are agreed upon, we may share your health information with these businesses so that they can perform the job we have asked them to do. To protect your health information, we require the business associates to keep your information private.
- **Research:** Anyone that would like to use personal health information to conduct research studies must have approval of the institutional review board unless restricted by other federal state laws. Only after approval Acadian Comprehensive Therapy Services may disclose your information.
- **The County Administrator:** Acadian Comprehensive Therapy Services is permitted to share your personal health information with the County Administrator, who is responsible for overseeing mental health services and must receive information regarding Acadian Comprehensive Therapy Services mental health operations as required in certain circumstances as permitted by law.
- **Commitment Proceedings:** During the course of an involuntary commitment proceeding, the judge may direct that the court, or mental health review officer, as allowed under the Mental Health Procedures Act, have access to your personal health information for purposes of conduction the hearing. If you are the subject of an involuntary commitment proceeding, information will be shared with attorneys assigned to represent you.
- **Food and Drug Administration (FDA):** Acadian Comprehensive Therapy Services may disclose health information to the FDA about problems with food, supplements, product and product defects, or post marketing surveillance information so that the FDA may call for product recalls, repairs, or replacements.
- **Worker's Compensation:** Acadian Comprehensive Therapy Services may disclose health information as authorized by law to comply with laws relation to worker's compensation or other similar programs established by law.
- **Public Health:** As required by law, Acadian Comprehensive Therapy Services may disclose your health information without your consent to public health or legal authorities whose job is preventing or controlling disease, injury or disability.
- **Correctional Institutions:** Should you be an inmate of a correctional institution; Acadian Comprehensive Therapy Services may share your health information with the health care professionals at the institution so you can continue your health treatment. Acadian Comprehensive Therapy Services may disclose the protected health information of anyone we reasonably believe that is a victim of abuse, neglect, or domestic violence to the appropriate authorities when authorized by the law.
- **Health Oversight Activities:** Acadian Comprehensive Therapy Services may disclose your protected information to a health oversight agency when necessary for the oversight of the health care system, government benefit programs, and to determine compliance with civil rights laws.
- **Judicial and Administrative Proceedings:** Acadian Comprehensive Therapy Services may disclose protected health information to law enforcement officials.
- **Law Enforcement:** In certain circumstances Acadian Comprehensive Therapy Services may disclose protected health information to law enforcement officials.

- **Decedents:** Your health information may be used and disclosed to coroners, medical examiners, and funeral directors if it is needed to carry out their duties.

- **Military:** Acadian Comprehensive Therapy Services may use and disclose protected health information to the appropriate authorities for military and veterans' activities.

- **Reports:** Federal law allows your health information to the appropriate health oversight agency, public health authority or attorney, provided that an employee or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially hurting individuals, workers or the public.

- **Required by Law:** Acadian Comprehensive Therapy Services may use or disclose your protected health information for purposes required by law.

When the situation is not an emergency and you have not objected, Acadian Comprehensive Therapy Services may disclose your protected health information:

- To a relative or someone who you have agreed to be involved in your care or health care payment.
- To notify, or assist in notifying, a family member or personal representative of your location and general condition.
- To legally authorize disaster relief agencies to coordinate with such agencies.

Authorizations: Other uses and disclosures of your personal health information will be made only with your authorization. You have the right to change your mind at any time in writing before we have shared your information.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the right to:

- Receive private communications of protected health information.
- View and copy your protected health information.
- Amend your protected health information.
- Receive a paper copy of this notice upon request.
- Ask that your protected health information nor be shared in certain circumstances.

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protect health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main number.

Signature below is only acknowledgment that you have received this notice of our privacy practices.

Print Name: _____

Signature: _____

Date: _____