



Welcome to HealthWise Family Chiropractic Clinic!

We would like to thank you for visiting today. Since today is your first visit we would like to help you understand a bit about what we do here.

Our goal is to help you get well and stay well. That will require effort from the doctor, her staff, and YOU the patient. Chiropractic care utilizes the body's natural ability to heal itself by removing interference placed upon the nervous system by misalignment of bone. This means that the therapies you receive and the adjustments provided by the doctor are only one part of healing. Your body needs help from you to obtain the best results possible and by adhering to the treatment plan given; your results will be more significant and longer-lasting. The doctor may advise you on diet, activity, postural, and lifestyle changes.

When you arrive please sign in and you will be called for treatment in the order of your appointment. A chiropractic assistant will assist you with therapy and assure your comfort. After therapy, you will be directed to a treatment room where you will be seen by the doctor.

- Continued on back -

Your treatment plan has been specifically designed to promote the most expedient recovery of your injury. Therefore, if the need arises to cancel or change your treatment appointment, please try to reschedule a new appointment at a different time on the same day, or as close as possible to the date of the original appointment. Failed appointments without a 24 hour notice are subject to a \$50.00 failed appointment fee payable at your next appointment.

Office hours are as follows:

Monday and Wednesday	9:00 - 12:00	2:00 - 6:00
Tuesday	10:00 - 12:00	2:00 - 7:00
Thursday	- - -	2:00 - 7:00
Friday	9:00 - 12:00	2:00 to 5:30
Saturday	By Appointment	

The last appointment is 15 minutes before closing. After hours emergency appointments are available, additional fees apply.

A primary chiropractic care provider will perform your initial examination and develop your treatment plan. However, due to the wide range of expert resources at our clinic, you may have the opportunity to be treated by other staff specialists.

Our patient's are our number one priority. We aim to provide the best care with excellent service, if you have any comments or suggestions please tell us what you think.

Thank you,

Dr. Blomberg & The staff of HealthWise Family Chiropractic

HealthWise Family Chiropractic, P.A.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice will take effect February 2, 2007, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluation practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Person Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmates or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail message, postcards, or letters).

PATIENTS RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$1.00 per page, \$13.00 for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary of explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operation and certain other activities, for the last 6 years, but not before February 2, 2007. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may submit a written complaint to the U.S. Department of Health and Human Services upon request. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

Contact Officer: Dr. Angela Blomberg Phone: (612) 789-1700
Address: 3803 Silver Lake Road Unit 100, St Anthony MN 55421

Fax: (612) 788-9011



3803 Silver Lake Road Unit 100 St Anthony MN, 55421 Phone: 612-789-1700 Fax: 612-788-9011

Payment Options:

- **Bill insurance:** Co-payments are due at time of service. Deductibles and co-insurance amounts will be billed to the patient as claims are received. To avoid large bills, patients are encouraged to credit their accounts on a regular basis. Any leftover credits will be refunded or re-credited at the beginning of the new year.
- **Time of Service Plan:** Patients and insurance companies will receive a **discounted rate** only if bills are paid immediately upon time of service. This is especially effective if a patient does not have health insurance, HealthWise is not in-network for their plan, the patient has surpassed their maximum benefits for the year, would prefer to bill their own insurance, or are on a maintenance program as defined by their insurance company. This discount is available because it saves us the time and money of billing insurance.
- **Financial Hardship:** If you are currently **unable to afford chiropractic care**, the doctor can make specialized payment plans on an individualized basis. We want you to get the care that you need. Please do not hesitate to ask for options.
- **Personal Injury:** Personal injury cases are most commonly **auto accident cases**. Health insurance generally does not pay for care resulting from an auto accident. Your care should be covered by your auto insurance medical care benefits. This office works with attorneys with a signed lien. If you have secured an attorney please inform our staff. If you would like information regarding an attorney, we have a number of experienced referrals.
- **Worker's Compensation:** If your healthcare needs resulted from an **injury at work**, your health insurance generally will not pay for your care. Worker's compensation cases are generally paid through your employer's workman's compensation insurance. These claims need to be filed with your employer. Please provide us with your employer's workman's compensation insurance to send your claims for processing.
- **Medicaid:** Co-payments are due at time of service. You must re-verify your insurance benefits each month.
- **Medicare:** Medicare pays for adjustments only and does not pay for exams, x-rays, or any therapies. Please inform us if you have a secondary insurance that may pick up these costs for you.