

Date_____

Live Well Medicine, LLC

203 W. Caracas Avenue, Suite 203

Hershey, PA 17033

717-832-4111

Massage - New Patient Intake Form

Name _____

Home Phone_____

Address_____

Cell Phone _____

City, State, Zip _____

Work Phone _____

Occupation _____

Email _____

Age _____ Birth Date ____/____/____

Sex _____ Height _____ Weight _____

Family Physician _____

Physician Phone _____

In Case of emergency notify: _____

Contact's Phone _____

Relationship_____

How did you hear of us?_____

May we send you our wellness center's holistic Email Newsletter with helpful information and tips ? ☐ Yes ☐ No

I. Goals: Have you ever received a professional massage? _____

What would you like to address through treatment? _____

II. Medications / Supplements / Vitamins Please include *prescription medication, over-the-counter medications,* and any *supplements* that you take on a regular basis. Please include: **Name and Purpose.**

III. Medical History

List surgeries / dates _____

Significant accidents or traumas / dates _____

Are you currently Pregnant or Breast Feeding?_____

Do you have any Allergies?_____

Do you have Blood Clots or a History of Blood Clots?_____

Are you currently diagnosed with or in remission from Cancer?_____

Are you receiving treatment for Cancer?_____

Do you have any blood pressure problems? (Y/N) _____ Are you medicated for high blood pressure? (Y/N)_____

Do you have any heart problems?_____

Do you have any spinal problems?_____

Do you have any other medical problem I should be aware of?_____

LATE CANCEL / MISSED APPOINTMENT POLICY

Our Late Cancellation / Missed Appointments Policy has been updated as follows to be commensurate with what is the current standard of practice in the field.

Please note: Acupuncture and Massage Therapy appointments are often made weeks in advance and that time slot is held just for you. When a last-minute cancellation occurs, that slot often goes empty, which means the practitioner does not get paid. Out of respect for the practitioner's right to earn a living, a fee will be charged for late cancellations and missed appointments.

A minimum of 24-hours notice prior to any scheduled appointment must be given to cancel or reschedule an appointment. To cancel or reschedule - you may call or leave a voice message at 717-832-4111 or send an email to: info@livewellmedicine.com.

**If less than 24-hours notice is given, it will be considered a Late Cancel.
No notice of cancellation is considered a Missed Appointment.**

LATE CANCELLATION / MISSED APPOINTMENT FEES:

Acupuncture Late Cancel / Missed Appt. Fee:	\$35 follow-up / \$75 new patient
Massage Late Cancel Fee:	50% of service charged
Massage Missed Appointment Fee:	100% of service charged

- **Exceptions will NOT be made for last-minute work emergencies or personal schedule changes.**
- **Exceptions will be made ONLY for illness of the client or inclement weather.**
- **A credit card or other payment method must be kept on file to be charged should a Late Cancellation or Missed Appointment occur.**

SUBSTITUTION ALLOWANCE:

We know that things come up.... For those times when things come up and it is less than 24 hours (to avoid a late cancellation fee), you may send a friend/family member to be seen in your place during that same time slot. Please simply notify our staff of the change in advance and whether the friend/family member will be paying for the visit or if the originally scheduled client will be paying.

By signing this form, I agree to the above written policy.

By signing this form, I consent to keep a payment method on file with Live Well Medicine, LLC to be charged in the instance when a Late Cancellation or Missed Appointment occurs.

We thank you, our valued client, for respecting our policies.

Signature of Patient or Representative

Print Name

Date

HIPAA COMPLIANCE

Policy and Legal Guidelines

The Health Insurance Portability and Accountability Act (HIPAA) was first introduced in 1996, and became effective April 23, 2003. The purpose of HIPAA is to protect your Private Health Information (PHI). Advancements in technology have made PHI more accessible than ever before. It is our goal to protect your PHI while providing you with the best healthcare possible. We will use internet, fax, phone, texting, and copiers to supply and retrieve information regarding insurance and health related issues. Communication between other facilities and health care providers may be necessary in order to care for you, our patient. All outside facilities with which we communicate are also required to be HIPAA compliant. PHI may be used without patient authorization in order to provide treatment and collect reimbursement.

When is PHI used?

Education: We pride ourselves on delivering the highest standards of care and will continue to pursue educational opportunities. PHI will be used to train staff, interns, and associates using the minimal amount of information necessary. Identifying information will not be used or taken outside the office unless prior written authorization is received from the patient. Phone Communications: Basic messages will be left using a minimal amount of information with other household members, office staff, and on answering machines in accordance with the phone numbers that we have on file. Our office calls include, but are not limited to: Confirming, scheduling, and rescheduling appointments; Verifying and requesting additional information to provide treatment and/or collect reimbursement. Email Communications: patients have the ability to communicate with their provider via email, but must recognize that information passed over the internet through email may not be secure. While our email accounts are HIPAA compliant, yours may not be, so talking with your provider over email is done so at your own risk. Communication and Family/Caregivers: At our own discretion, decisions are made to give information about patient to family members and caregivers when deemed necessary for proper treatment.

Government Responsibilities and Legal Obligations

PHI may be used for licensing, certifications, audits, and credentialing. A certain amount of information must be used to qualify participation in insurance programs and maintain valid contracts with legal entities. Agencies reviewing the information must also be HIPAA compliant. Governmental requirements to report abuse, neglect, violence, crime, public health issues and needs involving national security will be honored. Our office will use ethical judgment in reports given to the legal authorities using the minimum amount of PHI required by law.

Patient's Rights

Requests to restrict guidelines for an individual must be made in writing. Reasonable restriction of PHI will be honored as long as information is not essential for patient care or financial reimbursement. We will amend incorrect PHI if deemed inaccurate and correct records created within our office. Patients have the right to review records, attain completed test results, access billing history, and validate insurance information. A fee may be assessed for copies and transfer of records. Patients may deny communication between our office and family members or request confidential information be sent through sealed communication only.

Grievance Policy

Written disputes concerning HIPAA guidelines will be handled by office personnel. Following a written dispute regarding HIPAA, we have 30 days to address the situation. After 30 days, you may contact the Secretary of Health and Human Services for further assistance.

Commitment to our Patients

We reserve the right to change our office policies without notice. Our office and its employees are happy to help with any questions or concerns you may have regarding our office policies. I have read and agree with the HIPAA Policy and Guidelines.

Signature of Patient or Representative

Print Name

Date