



# Acknowledgement of Receipt Of Notice of Privacy Practices

5225 Cleveland Rd., Suite A Wooster, OH 44691  
(330) 345-3336

In the course of your care as a patient at Complete Chiropractic Life Center and/or Living Well, we may use or disclose personal and health related information about you in the following ways: your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment, your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of your services. Your name, address, phone number and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

If you are not at home to receive an appointment reminder, a message may be left on your answering machine. Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

We normally provide information about your health to you in person at the time you receive comprehensive care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a different form please advise us in writing as to your preferences.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances: If we are providing health care services to you based on the orders of another health care provider, if we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so, if there are substantial barriers communicating with you, but in our professional judgment we believe you intend for us to provide care, if we are ordered by the courts or another appropriate agency. Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

We are required by state and federal law to maintain the privacy of your patient file and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of activities you should direct your complaint to the Privacy Officer, Dale C. Capela, D.C. at 5225 Cleveland Rd. Ste. A., Wooster, OH 44691 (330)345-3336. If you would like further information about our privacy policies and practices please contact: Dale C. Capela, D.C.

Our office utilizes an "open treatment" environment for ongoing patient care. "Open treatment" involves the possibility of other patients being seen in the same "treatment environment" at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within hearing of other patients and staff. A private, closed and confidential setting is provided for history taking, examinations, report of findings, etc. as determined by the doctor or staff. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. Our office also requests the presence of your spouse or significant other at your Report of Findings appointment for purposes of health education.

This notice is effective as of \_\_\_\_\_. This notice, and any alterations or amendments made herein will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## CONSENT TO CARE

Complete Chiropractic and Living Well is NOT a substitute for physician consultation, evaluation or treatment. You are advised to seek the advice of a physician before beginning this weight loss program and should not use information provided to you by *New Wave Weight Loss Program* to replace consultations or advice received by a qualified health professional regarding your own specific medical situation. If you are on any medications you agree to be monitored regularly by your physician during your program. Any information provided by *New Wave*, our doctors or staff should NEVER be construed as medical advice.

*New Wave* and/or *Complete Chiropractic and Living Well* works with medical screening services providers that offer medical screenings for wellness monitoring and does not guarantee a state of health. Results provided to you are for informational purposes only and are not intended to replace the care of your primary care physician. The health tests provided by *New Wave*, *Biogenetix* or *Living Well* are very accurate, however, depending on the nature of your results, you may be required to seek further confirmatory testing and you will be encouraged to seek medical attention for additional follow-up.

The dietary supplements provided with our lifestyle programs are manufactured in a current Good Manufacturing Procedure (GMP) FDA registered facility. Our products are all manufactured in the United States of America. These products are intended to support general well-being and are not intended to treat, diagnose, mitigate, prevent, or cure any condition of disease. If conditions persist, please contact your primary care physician.

I understand the risks and possible complications that may occur from non-compliance with recommended program references and agree to follow the program as directed.

You agree to not hold *New Wave* and/or *Complete Chiropractic and Living Well* and our doctors liable for any health related issues that occur during your program or any issues that occur as a result of your failure to consult with your physician.

I, \_\_\_\_\_, have read or have had read to me, the above consent. I have also had the opportunity to ask questions about this consent, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions(s) for which I seek treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (If under age 18) Parent/Guardian Signature