



Patient Information

Name _____ Nickname/Preferred Name: _____

DOB _____ Age _____ Pronouns _____

Address _____ City _____ State _____

Zip _____ Sex Assigned at Birth _____ Gender _____

Phone Number (____) _____ (circle: work/cell/home)

Email _____

Responsible Party (if different from above)

Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ (work/cell/home) Email _____

Provider Information

Primary Care Doctor _____ Phone: _____

Referring Doctor (If applicable and different from above) _____

Employment Information (if applicable)

Employer _____ Phone (____) _____ Job Title _____

Hours per week _____ Job duties _____

Emergency Contact

Name _____ Relationship _____ Phone (____) _____

May we Email You Appointment Reminders? Yes/ No *(Circle yes only if you understand and accept that email communications inherently present risks for disclosure of health information. Total Body Care, PLLC ("TBC") does take precautionary measures to protect your privacy and information.)*

Past Medical History

Surgical History (please list all) -

Falls and Accidents

Number of Pregnancies and Births, Please Note if delivery was Vaginal (V) or Surgical(S)

Current Medical History

Chief Complaint _____

Secondary issues _____

Medications, Vitamins, and Supplements, Please note Dose (if known) and Route (oral, sublingual, etc.)_

Females: Are you pregnant or possibly pregnant? Yes / No Do you have an IUD? Yes / No

Medical Conditions (include skin, vision, hearing, breathing, GI issues, endocrine, psychiatric)

History of Fractures and Sprains (include date year) -

If you are currently under the care of another medical or wellness provider, please list the provider and the issues being addressed. -

The information provided is accurate, and I will alert Total Body Care, PLLC of any changes, including medication changes, while under their care.

Client name or parent/legal guardian if client under 18 _____

Signature _____ Date _____

Payment Agreement, Policies, and Consent for Treatment

- **By signing below, you are consenting to treatment by Total Body Care, PLLC, and its providers.**
- You are financially responsible for all charges incurred at the time of service, regardless of any insurance coverage you may have.
- Your insurance coverage is a contract between you and your insurance company and we are not a party to that contract. We are out-of-network with all commercial health plans. For commercial plans that provide out-of-network benefits, we will provide you with a copy of your bill for submission to your health insurance provider for potential reimbursement. You are responsible for orchestrating any and all reimbursements from your insurance company including pre-authorizations for services and specific services covered. If your insurance provider denies all or part of your claim(s), you assume full financial responsibility for the claim(s) or partial claim(s).
- If you are a Medicare beneficiary, you understand that our physical therapists are NOT Medicare providers. Claims cannot and will not be submitted to Medicare or any supplemental plans associated with Medicare. Medicare and any associated secondary plans will not be billed for any services rendered at Total Body Care, PLLC. As a Medicare beneficiary, you are electing to pay out-of-pocket for physical therapy services and agree that you will not receive any statements or billing codes that could be submitted for reimbursement purposes. Anyone associated with you that could bill on your behalf, including a spouse or lawyer(s), will be bound by this agreement.
- In order to protect the time of our medical professionals, TBC charges for missed appointments and late cancellations. No-show fees and late cancel fees are \$50 and are due at the time of the missed appointment. Cancellations are considered late if they are made within twenty-four (24) hours of the start of the appointment time.
- You have a right to privacy under the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is available to read in its full form should you wish to read it in our office. If you wish your health records to be released to a third-party, you agree that you will sign a form authorizing the disclosure. HIPAA does allow disclosure of medical records for certain purposes, as reflected in TBC's Notice of Privacy Practices. By signing below, you agree that you understand your rights under HIPAA and that you received a copy of TBC's Notice of Privacy Practices.
- You acknowledge that there are some risks of injury when exercising and receiving manual physical therapy, and although TBC makes every effort to minimize these risks, they cannot be eliminated.
- You understand that TBC will decline to provide services if a patient account is in arrears.

I have read and understood all of the information contained in this document. I agree to the outlined terms and conditions of service above.

Patient Name (print) _____ Date _____

Signature _____



NOTICE OF PRIVACY PRACTICES UNDER HIPAA

This notice describes how your medical information may be used and how you can access it. Please review it carefully.

Total Body Care PLLC is required by law to maintain your privacy and confidentiality with respect to your protected health information. We are also required to provide you notice of our legal duties and privacy practices with respect to your protected health information.

We may disclose your health care information for the following purposes:

Treatment- We may disclose your healthcare information to other healthcare professionals within our practice for the purposes of treatment, payment or healthcare operations.

Payment- We may disclose your health care information to your insurance provider for the purposes of payment or health care operations.

Workers' Compensation- We may disclose your health care information as necessary to comply with Virginia's Workers' Compensation laws.

Emergencies- We may disclose your health care information to notify or assist in notifying a family member or another person responsible for your care in the event of an emergency.

Public Health- In accordance with law, we may disclose your health care 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.

Judicial & Administrative Proceedings- We may disclose your health care information in the course of any administrative or judicial proceeding.

Public Safety- It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Change of Ownership- In the event that Total Body Care, PLLC is sold or merged with another organization, your health care information and records will become the property of the new owner, subject to these same protections.

Your Health Information Rights

You have the right to request restrictions on certain uses and disclosures of your health care information. However, Total Body Care, PLLC is not required to comply with certain requests or restrictions and will evaluate each one on a case-by-case basis.

Total Body Care, PLLC
618 Forests St. Suite B
Charlottesville, VA 22903
(434) 906-6077 (call or text)

TotalBodyCville.com

Upon request, you have the right to have your health care information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery

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

You have the right to request that Total Body Care, PLLC amend your protected health care information. However, Total Body Care, PLLC is not required to comply with certain requests or restrictions and will evaluate each one on a case-by-case basis. If your request to amend your health care information is denied, you will be provided with an explanation of the basis for the denial and information about how you can register disagreement with the denial.

You have the right to receive an accounting of disclosures of your protected health care information made by Total Body Care, PLLC.

You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to Privacy Practices

Total Body Care LLC reserves the right to amend its Privacy Practices at any time in the future and make the new provisions effective for all information that it maintains under HIPAA. Until such amendment is made, Total Body Care, PLLC is required to comply with the terms of this Notice. If you have a questions about any part of this notice or if you want more information with respect to your privacy rights, please contact this office at (434) 906-6077.

Complaints

Complaints about violations of your privacy rights or how Total Body Care, PLLC has handled your health care information should be directed to our office at (434) 906-6077. If you are not satisfied with the manner in which our office handles your complaint, you may submit a formal complaint to:

Department of Health Professions
9960 Maryland Drive, Suite 300
Henrico, Virginia 23233-1463
Phone: 804.367.4691

This Notice is effective as of June 01, 2022.

I have read this Notice and understand my rights contained in the notice. By signing this Notice, I provide Total Body Care, PLLC with my authorization and consent to use and disclose my health care information for the purposes identified in this Notice, including treatment, payment and health care operations.

Patient Name (Print)

Patient Signature
Total Body Care, PLLC
618 Forests St. Suite B
Charlottesville, VA 22903
(434) 906-6077 (call or text)

Date