

Office Guidelines and Policies

Welcome! Please take the time to review the following office guidelines and policies so that we may better serve you. This information outlines our terms for providing service and will help clarify any questions you may have before making an appointment.

Preparation Guidelines

Prior to your initial visit you need to obtain all the necessary paperwork. We ask you to read and complete this paperwork at home (in non-urgent cases) to give you time to think through your answers and to make the most out of your time in our office.

You may also want to visit our website

(www.SaratogaChiro.com) to learn more about chiropractic, what to expect on your first visit, find out more about Dr. Crochiere, and find answers to some frequently asked questions.

Medical Records

If applicable, please bring copies of your latest laboratory and imaging (x-ray, MRI, CT) reports—no film required—on the day of your initial exam. Make copies for yourself if needed beforehand, as the copies we get from you will become part of our records. If your doctor requires an 'Authorization to Release Medical Records' form please contact our office and we will provide one for you. Often your laboratory and imaging reports can be faxed to you. Please do not have these documents faxed to our office if they are more than five pages.

Fees

Our goal is to provide you with the best personalized health care at an affordable price. To this end we have a few different payment options. Our office does accept medical insurance as an out-of-network provider and we are happy to bill your insurance directly. After contacting your insurance company we can give you the specifics of what portion of your bill will be paid by your insurance company and what portion will need to be paid directly by you.

Please note that Dr. Crochiere is not a member of any HMO plans.

Another option for you is to pay for each visit at the time services are rendered. If you select this option we will provide you with a receipt and an insurance claim form that you can submit to your insurance company to seek reimbursement. By doing this we can offer you a substantially discounted rate because we do not have to handle the overhead of insurance billing. In addition discount up front, your insurance company will reimburse you for some or all of your out-of-pocket expenses (contact your insurance company for details specific to your policy).

If you choose to pay at the time of service (20% discount) our average fees for an initial evaluation (ranging from 30 to 90 minutes with the doctor) are from \$98 to \$245. Follow-up visits are billed per the fee schedule below. Outside lab and imaging fees are performed at our cost, with no added mark-up.

Corey Crochiere, D.C.
20640 Third St. Ste. #270 · Saratoga, Ca 95070
408-849-7760
www.SaratogaChiro.com

Retail Sales

Many doctors offer supplies (glasses, crutches, creams, etc.) at their offices for the convenience of their patients. Dr. Crochiere often recommends nutritional support products such as vitamins, minerals, enzymes, botanicals, antioxidants, and other natural remedies. Although he does suggest commercial products (health food stores, online, etc.), most are recommended from our office for several reasons. Years of clinical experience shows that most commercial products are poor quality, in spite of the label claims. Dr. Crochiere carefully selects 'professional grade' products not sold directly to the public, from various reputable manufacturers. The costs of these products, if needed, are not included in the evaluation or consultation fees. No patient is required to purchase products from our office, however if you choose to purchase OTC products of lesser quality, you should not be surprised if you obtain sub-optimal results.

Return Policy

Product returns must be made within thirty (30) days of purchase. Un-opened products (supplements and/or orthopedic supports/supplies) that are returned within 30 days will be given a full refund, less a 10% restocking fee. All supplement returns must be unopened and sealed inside the original packaging. Opened supplements may not be returned. No refunds are offered on services rendered.

No Show & Cancellation Policy

Dr. Crochiere is committed to offering the best service to as many people who need his services, and he commits the best resources available to your appointment. Therefore, we require a minimum 24-hour cancellation notice on all appointments. No-shows or cancellations with less than a 24-hour notice will be billed the full fee of the appointment. Our staff will make every attempt to remind you of your appointment, but it is ultimately your responsibility to remember.

Patient Name: _____

Release of Information (all patients must sign this section)

I authorize the release of any information concerning my health and health care services to my insurance companies, pre-paid health plan or Medicare.

Signed _____ Date _____

Payment Agreement (all patients must sign this section)

Payment for the initial consultation and treatment with Dr. Crochiere is required at the time of service. For your convenience, we accept cash, checks, Mastercard and Visa.

If you have no chiropractic insurance coverage, all fees are due at the time the services are rendered.

If you have chiropractic insurance, we are interested in you receiving the maximum benefits. As an added service to you, our office will process your insurance claim for you. However, please be advised:

1. Your insurance policy is a legal contract between you, your employer, and the insurance company. We, as healthcare providers, are NOT a party to that contract.
2. Dr. Crochiere is not a member of any HMO, PPO, or other provider networks. Therefore, any coverage you may have for services provided in this office will be deemed "out of network coverage" by your insurance company.
3. Many insurance companies will advise you that your coverage will be a percentage, e.g. 80% of treatment charges, usually after a yearly deductible amount has been paid by you directly to us. What is often not specified by the insurance company are plan fee schedules, annual maximums, and other limitations that will have a direct bearing on the reimbursement allowed.
4. Any insurance balance unpaid after 90 days becomes your responsibility. You remain ultimately responsible for all charges incurred in this office.
5. Appointments missed, or cancelled without providing 24 hours notice will be charged at the regular fee.

Signed _____ Date _____

Assignment of Insurance Benefits (please sign this section if you want our office to bill your insurance directly)

I authorize and direct that payment be made directly to:

Dr. Corey R. Crochiere
20640 Third St. Ste #270
Saratoga, CA 95070

for any and all insurance benefits or reimbursements for services rendered by him which amounts would otherwise be payable to me under any insurance or pre-paid health care plan.

Signed _____ Date _____

Informed Consent

I, the undersigned, have voluntarily requested that Dr. Corey Crochiere assist me in the management of my health concerns. I have understood and agree to all policies and terms provided in the Office Policies and Procedures. I understand that Dr. Crochiere is a chiropractor and that his services are not to be construed or serve as a substitute for standard medical care. Dr. Crochiere recommends that I undergo regular routine medical check-up by my medical doctor. Medical Doctors, Doctors of Chiropractic, Osteopaths, and Physical Therapists who perform manipulation are required by law to obtain your informed consent before starting treatment.

I _____, do hereby give my consent to the performance of conservative noninvasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulations/adjustment involving the movement of the joints and soft tissues. Physical therapy, home exercises, and nutritional supplements/dietary recommendations may also be used.

Routine chiropractic examination and treatment involve some of the following methods:

- Observation: General assessment/appraisal in all postures.
- Inspection: Viewing/looking at your body parts. Visualization includes general body viewing in a standing position, front, back, and side. All symptomatic (painful) body parts may be viewed. Women may continue wearing their bra in the course of examination unless it obscures visualization/viewing of injured/abnormal body parts. Women may request a female observer be present at any time during examination and/or treatment.
- Auscultation: Using a stethoscope to listen for blood pressure and other body sounds.
- Palpation: This means the doctor will touch you. The doctor will feel for tenderness, heat, swelling, nodularity, laxity/integrity of tissues, and other abnormalities.
- Percussion: Using a rubber hammer and tapping on bones or tendons
- Orthopedic/neurological testing: These are standard tests to assess your neuromusculoskeletal systems. Although spinal manipulation/adjustment is considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware that there are possible risks and complications associated with these procedures as follows:

Risks from Treatment

Soreness: I am aware that like exercise it is common to experience muscle soreness in the first few treatments.

Dizziness: Temporary symptoms like dizziness and nausea can occur but are relatively rare. Please inform Dr. Crochiere if you experience these symptoms.

Fractures/Joint Injury: I further understand that in isolated cases underlying physical defects, deformities, or pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disk, or other abnormality is detected, this office will proceed with extra caution.

Stroke: Although strokes happen with some frequency in our world, strokes from chiropractic adjustments are rare. I am aware that nerve or brain damage including stroke is reported to occur once in one million to once in ten million treatments. Once in a million is about the same chance as getting hit by lightning. Once in ten million is about the same chance as a normal dose of aspirin or Tylenol causing death.

Physical Therapy Burns: Some of the therapies used in this office generate heat and may rarely cause a burn. Despite precautions, if a burn is obtained, there will be a temporary increase of pain and possible blistering. This should be reported to the doctor.

A thorough health history and tests will be performed on me to minimize the risk of any complication from treatment and I freely assume these risks.

Treatment Results

I also understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. However, I appreciate there is no certainty that I will achieve these benefits.

I realize that the practice of medicine as well as chiropractic, is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

I agree to the performance of these procedures by my doctor and such other persons of the doctor's choosing.

Alternative Treatments Available

Reasonable alternatives to these procedures have been explained to me including rest, home applications of therapy, prescription or over-the-counter medications, exercises and possible surgery.

Medications: Medication can be used to reduce pain or inflammation. I am aware that long-term use or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate or short-term relief, undesirable side-effects, physical or psychological dependence, and may have to be continued indefinitely. Some medications may involve serious risks.

Rest/Exercise: It has been explained to me that simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice, heat, or other home therapy. Prolonged bed rest contributes to weakened bones and joint stiffness. Exercises are of limited value but are not corrective of injured nerve and joint tissues.

Surgery: Surgery may be necessary for conditions such as joint instability or serious disk rupture, among others. Surgical risks may include unsuccessful outcome, complications, pain or reaction to anesthesia, and prolonged recovery.

Non-treatment: I understand the potential risks of refusing or neglecting care may include increased pain, scar/adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology. The aforementioned may complicate treatment making future recovery and rehabilitation more difficult and lengthy. I have read or have had read to me the above explanation of chiropractic treatment. The doctor has also asked me if I want a more detailed explanation; but I am satisfied with the explanation and do not want any further information. I have made my decision voluntarily and freely. To attest to my consent to these examination and treatment procedures, I hereby affix my signature to this Informed Consent document.

Signature of patient: _____

Date and Time: _____

I explained the procedures, alternatives, and risks in conference with the patient.

Doctor's Signature Date

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.

Dr. Corey Crochiere Wellness Center & Evidence Based Nutrition is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment: We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. (Example)

"It is our policy to provide a substitute healthcare provider, authorized by Dr. Corey Crochiere to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary healthcare provider's absence due to vacation, sickness, or other emergency situation."

Please note that one of our treatment rooms is an enclosed space, does not have walls that meet the ceiling. Every effort will be made to protect your privacy. If you are at all uncomfortable, please inform any of our staff. Our answering machine is not a closed system. When messages are retrieved, there is a chance your message could be overheard. Again every effort is made to take messages off the machine with your privacy considered. Our filing area is monitored by staff at all times, as it is separate from the treatment rooms.

Worker's Compensation: We may disclose health information as necessary to comply with State Workers' Compensation Laws.

Emergencies: We may disclose health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of emergency or of your death.

Public Health: As required by law, we may disclose health 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 and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement: We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons: We may disclose your health information to coroners or medical examiners.

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Research: We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

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 to the general public.

Specialized Government Agencies: We may disclose health information for military, national security, prisoner and government benefit purposes.

Marketing: We may contact you for marketing purposes as described below: As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message via text, email, on your answering machine or with the person answering the phone. No personal health information will be disclosed during this reporting or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment. As a service to our patients, it is our policy to occasionally send a health newsletter or a flyer regarding upcoming health classes offered on our premises. It is not our policy to disclose any personal health information about your condition for the purposes of these marketing mailings. It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, postcard, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the date and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purposes of Dr. Corey Crochiere's fund-raising events. Occasionally we will send birthday or holiday greetings or health reminders to our patients. It is not our policy to disclose any personal health information about your condition in these mailings.

Change of Ownership: In the event that Dr. Corey Crochiere's office is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Dr. Corey Crochiere is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method when sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy health information.
- You have a right to request that Dr. Crochiere amend your protected health information. Please be advised, however, that Dr. Corey Crochiere is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can't disagree with the denial.

- You have a right to receive an accounting of disclosures of your protected health information made by Dr. Corey Crochiere
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Dr. Corey Crochiere reserves the right to amend this Changes to this Notice of Privacy Practice at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Dr. Corey Crochiere is required by law to comply with this Notice.

Dr. Corey Crochiere is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Dr. Corey Crochiere by calling this office at 408-849-7760. If Dr. Corey Crochiere is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy Rights, or how Dr. Corey Crochiere has handled your health information should be directed to Dr. Corey Crochiere by calling this office at 408-849-7760. If Dr. Corey Crochiere is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
 200 Independence Avenue, S.W.
 Room 509F HHH Building
 Washington, DC 20201

I have read the Privacy Notice and understand my rights contained in the notice.
 By way of my signature, I provide Dr. Corey Crochiere with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as described in the Privacy Notice.

 Patient's Name (print)

 Patient's Signature Date

 Authorized Facility Signature Date