

Allexi Chiropractic, Acupuncture & Wellness Center LLC

811 Fox Lane Ste D, Waterford, WI 53185

CONFIDENTIAL PATIENT INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____
Preferred Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Birthdate: _____ Age: _____
Gender: Male Female _____
Status: Single Married/Partner Name: _____ Divorced Widowed
Children: Ages/Names _____
Email Address: _____ *Your email will never be share with anyone else
Cell Phone: _____ Home: _____ Work: _____
Employer: _____ Position: _____
Who can we thank for your referral? _____
Other Referral Sources: Internet Our Signage NAET Website Facebook

PLEASE NO:

Essential Oils, Perfumes, Colognes, Hair Sprays / Gels, Body Gels, or Bath Scents

THANK YOU!

NOTICE OF PRIVACY PRACTICES (FEDERAL HIPPA PRIVACY ACT)

Effective Date for this Notice: October 2011

This notice describes how your protected health information may be used and disclosed, your rights as a patient, our legal duties with respect to your information, and how you can access additional information.

We may use or disclose your health information for the following purposes:

- Treatment: to all providers and staff within our clinic that are involved with your care; to other health care providers consulting with your care; and for contacting you about appointments, treatment options, and clinic-related information.
- Billing and Collection: to your insurance carrier and/or financially responsible party to assist you in obtaining reimbursement for your medical services.
- Health Care Operations: for quality control; for office administration, development, and record-keeping; and for training providers and staff within our clinic.

Your rights with respect to your health information allow you to:

- Inspect and obtain a copy of your health record
- Amend your health record and/or request a restriction on certain uses and disclosures of your information
- Receive confidential communications by alternative means or locations
- Obtain a paper copy of notice upon request
- File a complaint regarding our privacy notice or practices We are

required by law to:

- Maintain the privacy of your protected health information
- Provide you with a notice of our privacy practices, including any future revisions
- Abide by the terms of this notice

Contact for additional information:

If you have any questions, concerns, or complaints about our privacy policies, your privacy right, and/or your protected health information, please contact:

Allexi Chiropractic, Acupuncture & Wellness Center LLC 811 Fox

Lane Ste D, Waterford, WI 53185

Phone: (262) 323-2925

Patient (or Authorized Rep.) Signature: _____ Date: _____

If Authorized representative note relationship to patient _____

Allexi Chiropractic, Acupuncture & Wellness Center LLC

811 Fox Lane Ste D, Waterford, WI 53185

DISCLOSURE STATEMENT AND CONSENT FOR TREATMENT

Dr. Jasmine S. Allexi, D.C., L.Ac. Graduated with a Doctorate in Chiropractic and a Certificate in Acupuncture from Northwestern Health Sciences University in 1995. Dr. Allexi graduated from Midwest College of Oriental Medicine in 2003 with a Master's degree in Acupuncture. Dr. Allexi has a Diplomate in Acupuncture from the National Certification Commission for Acupuncture and Oriental Medicine. Dr. Allexi is licensed to practice both chiropractic and acupuncture under separate licenses in the state of Wisconsin.

Under Dr. Allexi's chiropractic license she is able to perform examinations, chiropractic adjustments, electrical stimulation, therapies, x-rays and request lab work for patients. Chiropractic focuses primarily on the musculoskeletal and nervous system. Dr. Allexi is able to advise patients on nutrition and nutritional supplementation through her nutritional counseling certificate. Under Dr. Allexi's acupuncture license, she is able to perform examinations, insert needles, apply electric current to needles, apply non-needle stimulation of meridians, use cupping, gua sha, heat, infra-red therapies and herbal medicine and supplementation to move and balance energy in the body. Acupuncture focuses on regulating and balancing energy which flows through meridians throughout the body. Dr. Allexi uses only sterile, disposable needles during acupuncture treatments. Acupuncture may cause minor bruising, minor bleeding, minor reddening of skin, some pain at the site of needle insertion and rarely, allergic responses to herbal medicine can occur. Fire cupping can cause bruising and in rare cases blistering. Acupuncture and Chinese medicine provide an energetic assessment of the body and organ systems and in no way purports to be an allopathic or Western medicine evaluation, diagnosis or treatment.

I understand that Dr. Allexi is both a Chiropractor and an Acupuncturist. I understand that these are separate and completely different professions employing different modalities. I understand that no guaranties have been made as to the use and effects of chiropractic or acupuncture or herbal medicine on my health. I have read the above information for myself (or my dependents) and I hereby authorize Dr. Allexi to perform treatment on me. I understand that in any practice of medicine there may be risk or complications associated with treatment. I do not expect Dr. Allexi to be able to anticipate and explain all possible risk with acupuncture or chiropractic treatment, but I have been given the opportunity to ask questions and discuss my concerns. Therefore, I wish to rely on the judgement of Dr. Allexi during the course of my treatment and care based on the facts then known.

AUTHORIZATIONS

Please initial by each statement and sign below to indicate your acceptance of stated terms:

- I certify that I am the patient (or authorized representative of the patient) and all information I furnish is current, valid, and complete.
- I understand that my payment is due at the time of service.
- I understand that Dr. Jasmine Allexi does not bill insurance companies for chiropractic or acupuncture services or herbal medicine. At my request I will be supplied with a receipt that I may submit for possible reimbursement except in the case of Medicaid or Medicare.
- I understand that Dr. Allexi's care is not covered by Medicaid or Medicare. I will not be reimbursed by Medicaid or Medicare for my Chiropractic or Acupuncture services.
- I accept financial responsibility for all fees and any non-covered or under-covered services by my insurance company. I am responsible for verifying all benefits with my insurance company.

I, _____, have read both the DISCLOSURE STATEMENT AND CONSENT FOR
Print your name TREATMENT AND AUTHORIZATIONS. I accept the terms of each. Patient

(or Authorized Rep.) Signature: _____ Date: _____