

New Client Intake Form

Name (First, MI, Last)	Date
Address	Gender Male Female
City/State/Zip	Age Date of Birth
Please circle preferred contact method:	Emergency Contact
Phone: Home Work	Phone Number
Phone: Cell	PCP or Preferred Physician
E-mail	Phone number

Notice of Information and Privacy Practices

Any information you provide to Release! Manual Therapy will become part of your medical record. This includes your demographic information, medical information provided by yourself, as well as any information provided by another health care provider, a health plan, employer, or a health care clearing house. It will be used for the purpose of providing treatment to you, obtaining payment for treatment, and to carry out the health care operations of the practice. Your protected health information will not be shared with anyone unless you provide written authorization, with the exception of the following: in case of emergency, for public health purposes, for auditing purposes, and when required by law.

You have the right to view and copy your medical record, as well as request a correction for any inaccurate or incomplete information within this record. You also have the right to ask questions and voice concerns regarding the use of your medical record, which will be addressed respectfully and as completely as possible.

Client's Signature: _____

Date: _____

Cancellation Policy

All services are provided by appointment only and this time is reserved for your exclusive use. It is your responsibility to attend all scheduled appointments. Please call to cancel an appointment as soon as you become aware of an inability to keep it. **All missed appointments and cancellations made less than 24 hours prior to a scheduled appointment will be charged at full price** and will be due before your next scheduled appointment. We realize that emergency situations do occur in which 24 hour notice is not possible. These will be evaluated on a case by case basis. Reminder notifications will be made 24 - 48 hours prior to your scheduled appointment time (in the case of Monday appointments, on the previous Friday), should you choose to receive these. However, you are ultimately responsible for your attendance, and a missed reminder will not excuse your responsibility to cancel an appointment at least 24 hours ahead of time.

Yes, please notify me of my upcoming appointments. I prefer phone E-mail notifications.

No, please do not contact me regarding my upcoming appointments.

Client's Signature: _____

Date: _____

Fee for Service

The current rate for manual therapy is \$160 per hour. Additional time beyond the first hour of treatment is not included in the initial \$160 charge. If additional time is used, you will be charged an additional amount in proportion to the extra time. For example, 1 hour 15 minutes = \$200, 1 hour 30 minutes = \$240, etc. The rate remains \$160 per hour.

Payment is due at the time of service. **Cash, checks and major credit cards are accepted.** Trades or discounted rates must be agreed upon prior to the appointment. Release! Manual Therapy does not bill health insurance, however, should you choose to submit to your insurance company for reimbursement, a detailed receipt will be provided.

Client's Signature: _____

Date: _____