

Farmington Chiropractic

Dr. Dean A. Chancey, D.C. & Dr. Joanne A. Chancey, D.C.
586 Wilton Rd * Farmington, ME 04938
207-778-0182

Thank you for contacting us for your Chiropractic needs. You have been scheduled for:

New Patient/Initial Exam appointment: _____ @ _____ am/pm.

If you'd like appointment reminders via email, please call our office and speak with our staff.

Enclosed, please find our Intake forms. We ask that you complete and bring them with you to your appointment. We may also ask for a copy of your insurance card, please have that available upon request. This initial visit should take about an hour and, in most cases, will include an adjustment.

We encourage you to call your insurance regarding coverage and benefit levels for Chiropractic. We are in-network with most insurances. It's good practice to understand your deductibles, coinsurance or copayments prior to your first appointment to avoid surprise balances with us. However, be aware that insurances only give an estimate and the coverage is only certain after a billing cycle.

COVID precautions are in place, please understand Chiropractic is done in close proximity. Our COVID policy and waiver is attached, please review and sign. *****If, for any reason, you need to cancel or reschedule your appointment, we kindly ask for 24 hour advance notice. We have set aside an hour block for your appointment. ***We reserve the right to refuse rescheduling if you fail to notify us of your absence.** If you have any questions contact us at 207-778-0182. We look forward to meeting you!

Sincerely,

Doctors & Staff
Farmington Chiropractic

Enc.

- No Referral is required
- Referral is required by your insurance - please contact your PCP
- Referral received at our office on _____

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COVID-19 Liability Release Waiver

Due to the 2019-2021 outbreak of the novel Coronavirus (COVID-19), Farmington Chiropractic is taking extra precautions with the care of our patients and staff to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include:

fever, fatigue, dry cough, headache, difficulty breathing, loss of taste or smell.

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 14 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 14 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 14-days.

I understand that Farmington Chiropractic cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each patient.

Our business is following these enhanced procedures to prevent the spread of COVID-19:

- Face coverings are optional (effective 05/24/2021)
- Only scheduled patients allowed in the office
- Physical distancing in the waiting area
- Enhanced cleaning schedule of touchable surfaces
- Front desk staff physically distanced with protective lexan glass
- Exam table disinfected and new face paper between patients
- Doctors disinfect hands and wipe down touchable surfaces between patients
- Doctors will wear additional PPE upon request (gloves, glasses)

I understand that due to the nature of chiropractic care, close proximity between doctor and patient is necessary. Farmington Chiropractic recommends patients wear face coverings while in our office, however will not refuse care to those patients with qualifying ADA medical disability resulting in the inability to cover face, nose or mouth. By signing below, I agree to each statement above, assume the risks involved and release Farmington Chiropractic from any and all liability for unintentional exposure or harm due to COVID-19. We do not discriminate between masked/unmasked or vaccinated/unvaccinated people.

Signature: _____

Patient Printed Name: _____

Date: _____

Name: _____ Birthdate: ___/___/___
 Gender: ___ Height: _____ Weight: _____ Phone: Home _____ Mobile _____
 Address/State/Zip: _____
 Email: _____ Employer/School: _____
 In case of emergency, who should we contact? _____ Phone: _____
 Parent name(s) if patient is a minor _____

INSURANCE:

Primary Insurance Co: _____
 Member ID#: _____
 Co-pay? _____ deductible? _____ co-ins? _____ %
 Secondary Ins Co: _____
 Member ID#: _____
 Primary Care Physician: _____

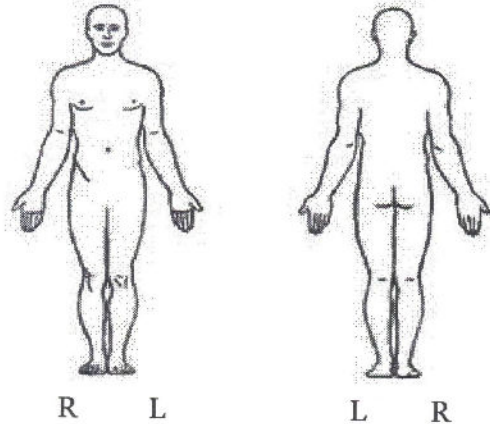
PATIENT CONDITION:

Reason for Visit: _____
 When did your symptoms appear: _____
 Date ___/___/___
 Is it getting worse? Yes No
 Please mark where your pain is on the image below: ~

Rate the severity of your pain on a scale of 0 (no pain) to 10 (severe pain): _____

How often do you have this pain? _____

What activity aggravates the pain? _____



How much do you exercise? None Light Moderate Heavy

What are your habits? Smoking? ___ pks/day Alcohol? ___ drinks/wk Caffeine? ___ cups/day

Are you on Medications? No Yes : _____

Do you take MultiVitamins or Supplements? No Yes : _____

Please check any prior significant injuries in your life and year of injury:

- Slips/Trips/Falls _____
- Broken Bones: _____
- Dislocations: ▷Shoulder ▷Elbow ▷Knee ▷Ankle
- Surgeries: Back/Spine _____ Joint replacement: _____ Other: _____
- Head Trauma: _____
- Motor Vehicle Accidents: _____
- Work or sport injury: _____

ASSIGNMENT & RELEASE : Cash Insurance

I certify that I, &/or my dependents, have insurance with the aforementioned carrier and assign directly to Farmington Chiropractic (Dr. Dean A. Chancey, D.C. & Dr. Joanne A. Chancey, D.C.) all insurance benefits, if any, otherwise payable to me for service rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I am responsible for understanding my own insurance coverage. A \$35/occurrence charge will be my responsibility if I miss appointments or fail to give advance notice of cancellation of any scheduled appointments and credit balances might be applied to missed appointments. I authorize the use of my signature on all insurance submissions. Farmington Chiropractic may use my healthcare information and may disclose such information to my insurance carrier and their agents for the purpose of obtaining payment of services, determining insurance benefits or the benefits payable for the related services. I understand that Farmington Chiropractic will not bill insurance for auto or work injury claims and I must pay the full cash rate until the auto/work injury is resolved, and I will seek my own reimbursement for auto/work claims. I consent to evaluation and treatment by the doctors of Farmington Chiropractic.

Signature of Patient

Printed Name

Date

Terms of Acceptance

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

ADJUSTMENT: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

HEALTH: A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

VERTEBRAL SUBLUXATION: A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you see the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY PRACTICE OBJECTIVE** is to eliminate a major interference to the expression of the body's innate wisdom.

I, _____ have read and fully understand the above statements. All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my satisfaction. I, therefore, accept chiropractic care on this basis.

Signature of Patient (or Guardian)

Date

Notice of Privacy Practice

Our practice of Dr. Dean A. Chancey, D.C. (a.k.a. Farmington Chiropractic, LLC, Skowhegan Chiropractic) is committed to maintaining the privacy of your protected health information known as PHI, which is information about you, including demographic information that may identify you and that relates to the past, present or future physical or mental health or condition and the care and treatment you receive from our practice. In addition, this notice describes your rights to access and control your PHI. The notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please read this notice carefully and if you should have any questions or concerns about this privacy notices, please do not hesitate to contact our privacy officer:

This office is required by law to abide by the terms of this notice of privacy practices as well as abiding by any other applicable state laws that may govern privacy practices and/or the scope of the practice of chiropractic. Our office may change and/or modify the terms of this notice at any time and the new notice will be effective for all PHI that we obtain at that time. Our office and/or doctor will provide you with a copy of our notice of policy practices and make a good faith effort to obtain your written acknowledgment of our practices and if requested by you, our office will provide you with an updated copy of the same.

USES AND DISCLOSURES OF PHI

Our office may use and disclose of your PHI for health care delivery purposes, which is known as treatment, payment and health care operations (TPO). Your PHI may be used and disclosed by your doctor, our office staff and those outside of our office that are involved in your care and treatments for the purpose of providing health care services to you. It should be noted that even though our list of uses and disclosures of your PHI may be used or disclosed, we can assure you that your doctor and his office staff will do everything possible to maintain the confidentiality of your PHI. Listed below are some of the more common types of uses and disclosures of your PHI that our office is allowed to make without your consent and/or authorization. Any other uses and/or disclosures other than those listed below will only be made with your written authorization.

TREATMENT: Your PHI may be used and disclosed for the coordination or management of your health care and related services among health care providers or by a healthcare provider with a third party, consultation between health care providers regarding you or the referral of you from one healthcare provider to another.

PAYMENT: Your PHI may be used and disclosed for payment which encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums to fulfill their coverage responsibilities and provide benefits under the plan and to obtain reimbursement for the provision of health care.

HEALTH CARE OPERATIONS: Your PHI may be used and disclosed for healthcare operations for certain administrative, financial, legal and quality improvement activities that are necessary to run its business and to support the core functions of treatment and payment.

EMERGENCY SITUATIONS: Our office and/or doctor may use or disclose your PHI in an emergency treatment situation. If an emergency situation happens to arise, we are not required to obtain a written acknowledgment for you of our notice of policy practices until after the emergency situation has ended.

MINIMUM NECESSARY SITUATIONS: Our office and/or doctor will make reasonable efforts to limit the use and disclosure of, and requests for your PHI to the minimum necessary to accomplish the intended purposes.

EMPLOYEE LIMITATION: Your doctor will also limit the use and disclosure of your PHI to members of his/her staff to those who may need access to your PHI for treatment, payment and health care options.

PUBLIC HEALTH PURPOSES & ACTIVITIES: Your PHI may be disclosed to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury or disability which would include reporting of disease or injury, reporting vital events like births or deaths and conduction public health surveillance, investigations or interventions. In addition, your PHI may be disclosed for public health activities like child abuse or neglect, quality, safety or effectiveness of a product or activity regulated by the FDA and persons at risk of contracting or spreading disease as well as workplace medical surveillance. Again, this information will be limited to the minimum amount necessary to accomplish the public health purpose.

BUSINESS ASSOCIATE CONTRACT: A business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, as a covered entity i.e: health care provider, health care plan or clearinghouse. Your PHI may be used or disclosed to a business associate provided we obtain satisfactory assurances from the business associate that the business associate will safeguard your PHI it receives or creates for the misuses and will use the information only for the purposes for which it was engaged to do and not the business associated independent use or purposes, except as needed for proper management and administration of the business associate.

RESEARCH PURPOSES: Your PHI may be used or disclosed for research purposes which has been de-identified and/or you have authorized the use and disclosure of your PHI. Workers Compensation purposes - Due to the variability among state laws the privacy rule permits disclosure of your PHI for purposes as authorized by and to the extent necessary to comply with Workers Compensation laws without your authorization and no minimum necessary determination is required.

MARKETING PURPOSES: Your PHI may be used and disclosed for marketing purposes if it is in the form of a face-to-face conversation or a communication involving a promotional gift of nominal value by the covered entity i.e: health care provider or clearinghouse. Marketing is

Review of Systems: Please check all that apply.

GENERAL

- WNL
- Lethargy / Weakness
- Recurring Fever
- Recent weight loss or gain
- Dizziness
- Fever
- Chills
- Others:

HEENT

- WNL
- Headaches or migraines
- Eye or vision problems
- Eyeglasses or contact lenses
- Nose bleeds
- Eye surgery
- Cataracts
- Glaucoma
- Sore throat
- Hoarseness
- Swollen glands
- Nose congestion or sinus trouble
- Ear or hearing problems
- Dental problems
- Gum problems
- TMJ problems
- Postnasal drip
- Others:

SKIN / HAIR

- WNL
- Skin trouble or rashes
- Flushing
- Excessive acne
- Eczema
- Psoriasis
- Skin cancer
- Skin pigmentation issues
- Change in hair or nails
- Blood in stool
- Easy bruising
- Gum bleeding
- Others:

CARDIOVASCULAR

- WNL
- Chest pain or tightness
- Heart attack
- Shortness of breath
- Palpitations
- Swelling of feet or hands

- High blood pressure
- High cholesterol or triglycerides
- Heart murmur
- Blood clots
- Pacemaker
- Mitral valve prolapse
- Congenital heart defects
- Rheumatic fever
- Leg pain upon walking
- Varicose veins
- Dizziness
- Excessive bruising
- Coronary artery disease
- Others:

RESPIRATORY

- WNL
- Persistent cough
- Spitting up blood
- Asthma or wheezing
- Shortness of breath
- Exercise intolerance
- Sleep apnea
- Emphysema
- Snoring issues
- Tuberculosis
- Pneumonia
- Breathing
- Hay fever
- Others:

GASTROINTESTINAL

- WNL
- Loss of appetite
- Nausea or vomiting
- Diarrhea
- Constipation
- Abdominal pain
- Stomach ulcer
- Bloating/Cramping
- Heartburn
- Hemorrhoids
- Hepatitis
- Cirrhosis
- Difficulty swallowing
- Jaundice
- Liver disease
- Gallbladder problems
- Pancreatitis
- Change in bowel habits
- Black or bloody stool
- Colon cancer or colon polyps
- Food sensitivities
- Irritable bowel syndrome
- Crohn's disease

- Gastric reflux
- Colitis
- Others:

NEUROLOGICAL

- WNL
- Frequent headaches
- Migraines
- Dizziness
- Fainting
- Memory loss
- Poor balance
- Numbness or tingling
- Pins and needles
- Epilepsy or seizures
- Stroke
- Tremors
- Head injury
- Anxiety and/or panic
- Depression
- Sleeping issues
- Weak muscles
- Loss of smell or taste
- Temporary loss of vision
- Difficulty concentrating
- Temporary loss of vision
- Others:

MUSCULOSKELETAL

- WNL
- Arthritis
- Joint pain or swelling
- Neck pain
- Back pain
- Trauma
- Osteoporosis
- Scoliosis
- Cramping
- Fractures
- Implants, plates, pins or screws
- Hip disorders
- Knee injuries
- Foot / ankle pain
- Shoulder problems
- Elbow / wrist pain
- Poor posture
- Gout
-

BLOOD / LYMPH

Review of Systems: Please check all that apply.

- WNL
- Anemia
- Bleeding
- Bruising
- Blood clots
- Past transfusions
- Leukemia
- Lymphoma
- HIV/AIDS
- Sickle cell
- Others:

URINARY

- WNL
- Painful or frequent urination
- Incontinence
- Hesitancy
- Urgency
- Blood in urine
- Kidney stones
- Urinary infections
- Genital or bladder or urinary complaints
- Others:

ALLERGIES

- WNL
- Seasonal
- Medication
- Food
- Others:

PSYCHIATRIC

- WNL
- Alzheimer's Disease
- Insomnia
- Difficulty concentrating
- Memory loss/confusion
- Depression
- Anxiety
- Agitation/Irritability
- Suicidal thoughts
- Chemical dependency
- Others:

ENDOCRINE

- WNL
- Diabetes
- Thyroid problems
- Sweating
- Heat intolerant
- Cold intolerant
- Weight loss
- Weight gain
- Frequent urination
- Excessive thirst
- Change in appetite
- Hair changes
- Hyperthyroidism
- Hormonal or glandular concerns
- Hyperparathyroidism
- Testosterone deficiency
- Cushing's syndrome
- Steroid treatments

FARMINGTON CHIROPRACTIC / SKOWHEGAN CHIROPRACTIC

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defined as making a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. This type of marketing has certain exceptions, which do not require authorization for the use and disclosure of your PHI and are listed as follows: (1) A communication is not marketing if it is made to describe a health related product or service that is provided by or included in a plan of benefits of the covered entity making the communication (2) a communication is not marketing if it is made for treatment of the individual (3) a communication is not marketing if it is made for case management or care coordination for the individual or to direct or recommend alternative treatments, therapies, health care providers or settings of care to the individual.

PERSONAL REPRESENTATIVE: Your PHI may be used and disclosed, under state law, to a person who is authorized to act on your behalf in making your health care related decisions.

LEGAL PROCEEDINGS: Your PHI may be disclosed if requested by any judicial or administrative proceedings, court order, a subpoena, law enforcement purposes, etc.

MISC. USES AND DISCLOSURES OF YOUR PHI: We may use a sign in sheet at our front desk so our staff can easily see who is seeking care. We are allowed to use and disclose your name in the waiting room when your doctor is ready to see you. We may use and disclose your PHI to contact you to remind you of your appointment. We are also allowed to use and disclose your name and address to send you a newsletter about our practice and services we offer. In addition, we may send you information about products or services that we feel may benefit you.

Patients Rights to Access and Control their PHI:

The privacy rule allows you certain rights with regard to your records, which are as follows:

- You have the right to review and receive copies of your records as it relates to your own care.
- Your request would have to be put in writing and the law requires that your doctor respond within 30 days of your request. In addition, your doctor is allowed to deny you access to your records, but only if it is going to cause you, or someone else, harm. If your doctor denies you access to your records, the denial has to be referred to a health care review professional, which would be the privacy officer who was designated. Your doctor is allowed to charge a copy fee, which should not exceed the state allowance.
- You have the right to request that the use and disclosure of your PHI be restricted. This means you have the right to request restrictions on how your doctor will use or disclose your PHI about treatment, payment and health care operations. Your doctor is not required to agree to your request for restriction, but would be bound by any restrictions to which you and your doctor agree upon.
- You have the right to request and receive confidential communications from your doctor by alternative means or at an alternative location.
- Your doctor must accommodate your request, provided it is reasonable, and you clearly state that not doing so could endanger you.
- You have the right to request amendments to your records.
- If changes are made to your record it does not mean that your doctor will destroy his or her records or your doctor will rewrite their records, it means that your doctor will add an addendum to your current records to reflect your changes. Your doctor has the right to deny or reject your request to change your records, but you have the right to submit a statement in the medical record that you disagree. Your doctor also has the right to add to the record a rebuttal statement.
- You have the right to receive your doctor's notice of privacy practices.
- The law requires that your doctor provide you in writing their policy on how they are protecting and using your PHI.
- You have the right to revoke an authorization
- The revocation can be done at any time provided it is in writing. There is an exception to revocation, that is, if your doctor has taken any action in reliance on the use or disclosure indicated in the doctor's authorization notice.

Patient's Right to file a Complaint:

If you believe that any of your privacy rights have been violated by us, you can file a written complaint with our privacy officer (Please see Amy at the Farmington Office for complaint form). Your complaint must be filed within 180 days of when you knew or should have known that the act had occurred. In addition, you can also file a written complaint either on paper or electronically with the office of civil rights. Please note that the privacy law prohibits our office from taking any retaliatory actions against you.

Patients Written Acknowledgments of Doctors Notice of Privacy Practices:

I _____, acknowledge that I have read and was offered a copy of Dr. Dean A. Chancey, D.C. a.k.a Farmington Chiropractic, LLC (Skowhegan Chiropractic), Notice of Privacy Practices and fully understood same and have had all my questions answered to my satisfaction.

Patient Signature: _____ Date: _____

Privacy Officer Signature: _____ Date: _____