

Uhan Performance Physiotherapy
5 E. 24th Avenue
Eugene OR 97405
(715) 222-5661
EIN# 81-2478669



Patient Information

Last name: _____ First name: _____ Middle initial: _____
Home address: _____
City: _____ State: _____ Zip code: _____
Primary phone: (____) _____ Date of birth: _____
Email address _____

[Uhan Performance uses electronic mail for all communication, including appointments, billing and other Q&A]

Marital status: single married Gender: Male Female
Emergency contact/legal guardian: _____ Phone number: (____) _____
Relationship to patient: _____

Physical Therapy Visit

Reason for visit: injury accident surgery
Injury date/onset: _____ Describe injury briefly: _____

What are your goals of physical therapy?

1. _____ 2. _____ 3. _____

Who referred you to Uhan Performance Physiotherapy? _____

Primary care physician: _____

Referring physician: _____

Medical History. Please answer the questions below to the best of your ability prior to having your initial visit with your physical therapist.

Current Symptoms. Are you currently experiencing any of the following symptoms or issues?

- Yes No general (fever or chills, poor general health, unexplained weight loss, fatigue)
- Yes No skin (rashes, new skin lesions, or a change in moles)
- Yes No eyes (blurred vision, or change in visual acuity)
- Yes No ears (ear pain, or difficulty hearing)
- Yes No nose (nasal congestion, discharge, or bleeding)
- Yes No mouth/throat (sore throat, or difficulty swallowing)
- Yes No respiratory (shortness of breath, cough, wheezing)
- Yes No cardiovascular (high/low blood pressure, palpitations)
- Yes No gastrointestinal (nausea, vomiting, diarrhea, constipation, abdominal pain, discolored stools)
- Yes No genitourinary (problems initiating or controlling bladder, problems with urinary freq)
- Yes No endocrine (heat or cold intolerance, weight loss or gain, increasing thirst)
- Yes No hemato-immunologic (bruise easily, bleeding)
- Yes No psychiatric (depression, anxiety, suicidal thoughts or attempts)
- Yes No smoking (tobacco cannabis other)

If you marked YES to any of the above, please elaborate:

Medical History

Previous surgeries (all types)

Yes No Details: _____

Falls with impact & injury

Yes No Details: _____

Motor vehicle accidents

Yes No Details: _____

History of ankle sprains

Yes No Details: _____

Previous foot, ankle, knee, hip or spine pain

Yes No Details: _____

Headaches

Yes No Details: _____

Past Medical History. Mark for any previous or ongoing medical conditions. (I = individual F = family)

- | | |
|---|--|
| <input type="checkbox"/> I <input type="checkbox"/> F Cancer | <input type="checkbox"/> I <input type="checkbox"/> F Thyroid Problems |
| <input type="checkbox"/> I <input type="checkbox"/> F Diabetes | <input type="checkbox"/> I <input type="checkbox"/> F Lung Problems |
| <input type="checkbox"/> I <input type="checkbox"/> F Arthritis | <input type="checkbox"/> I <input type="checkbox"/> F Multiple Sclerosis |
| <input type="checkbox"/> I <input type="checkbox"/> F Rheumatoid | <input type="checkbox"/> I <input type="checkbox"/> F Head Injury |
| <input type="checkbox"/> I <input type="checkbox"/> F Osteoporosis | <input type="checkbox"/> I <input type="checkbox"/> F Epilepsy/Seizures |
| <input type="checkbox"/> I <input type="checkbox"/> F Broken Bones | <input type="checkbox"/> I <input type="checkbox"/> F Parkinson's Disease |
| <input type="checkbox"/> I <input type="checkbox"/> F Heart Disease | <input type="checkbox"/> I <input type="checkbox"/> F Stomach Problems |
| <input type="checkbox"/> I <input type="checkbox"/> F High Blood Pressure | <input type="checkbox"/> I <input type="checkbox"/> F Depression |
| <input type="checkbox"/> I <input type="checkbox"/> F Vascular Problems | <input type="checkbox"/> I <input type="checkbox"/> F Infectious Diseases (i.e. tuberculosis, hepatitis, etc.) |
| <input type="checkbox"/> I <input type="checkbox"/> F Blood Disorder | <input type="checkbox"/> I <input type="checkbox"/> F Other: |
| <input type="checkbox"/> I <input type="checkbox"/> F Stroke | |
| <input type="checkbox"/> I <input type="checkbox"/> F Kidney Problems | |

Are you taking any medications? yes no

if yes, please list medications and dosage:

_____	_____
_____	_____
_____	_____

Pain & Symptoms Behavior

When did your pain start? _____

What do you think caused your pain? _____

Why? _____

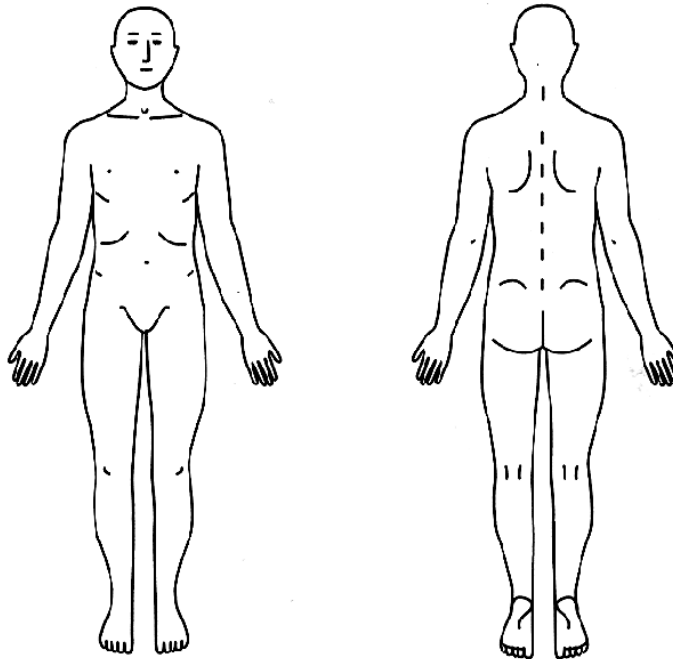
Since its onset, have your symptoms:

- become worse? become better? remained the same?

What increases or worsens your symptoms? _____

What decreased or helps your symptoms? _____

Draw on the figure below your current symptoms:



* or # -- pain
0 – tingling, numbness

Consent to Treat – Billing & Payment – Information Release

Billing & Payment

UHAN PERFORMANCE PHYSIOTHERAPY is a pay-at-time-of-service, out-of-network physical therapy provider. This means:

- Full payment is due from the client at the time of each service.
- Uhan Performance Physiotherapy *does not* bill to individual healthcare insurance companies.

As a courtesy, we provide clients a receipt of services rendered (called a Superbill) that clients can use to obtain reimbursement for out-of-network benefits from your insurance company. UHAN PERFORMANCE PHYSIOTHERAPY cannot guarantee reimbursement. UHAN PERFORMANCE PHYSIOTHERAPY is not a Medicare provider. We cannot submit to Medicare for our patients.

Physical therapy fees: Our initial evaluation fee is **\$160**. Each subsequent one-hour treatment is **\$160 per session**.

Should a problem be encountered, UHAN PERFORMANCE PHYSIOTHERAPY will assist the client by completing and providing any clinical documentation (or prior authorization – which must be obtained, then submitted, by the client) required to process patient's physical therapy claims. We do not directly submit to or communicate with any insurance provider. Because of laws governing against this, *UHAN PERFORMANCE PHYSIOTHERAPY cannot treat Medicare beneficiaries.*

Payment & Cancellation Policy

Payment is expected at the time services are rendered. Accepted forms of payment include cash, personal check, and credit/debit card (including Health Savings Account/HSA cards). Please be advised that UHAN PERFORMANCE PHYSIOTHERAPY is not a credit grantor, and therefore, failure to make timely payments may result in the placement of your account with a collection agency or attorney for collection.

UHAN PERFORMANCE PHYSIOTHERAPY *has a 24 hour cancellation policy. All appointments cancelled less than 24 hours will be charged a \$25 cancellation fee.*

Signature of Agreement and Understanding of UHAN PERFORMANCE PHYSIOTHERAPY POLICIES

- 1. My signature below indicates that I have read and understood UHAN PERFORMANCE PHYSIOTHERAPY payment and cancellation policy.**
- 2. I further indicate that I have received a copy of the HIPAA policy and procedures** regarding my confidential personal and medical information.
- 3. Additionally, my signature below authorizes UHAN PERFORMANCE PHYSIOTHERAPY to release my medical records and any relevant information to my insurance company for reimbursement.** My signature also indicates my permission to be evaluated and treated by a licensed physical therapist from UHAN PERFORMANCE PHYSIOTHERAPY.

Printed name of patient _____

Signature of patient or guardian: _____ Date: _____

Physiotherapy Services & Treatment Philosophy

Physiotherapy Services

UHAN PERFORMANCE PHYSIOTHERAPY is comprised of dedicated and compassionate manual physical therapists whose goal is to improve the lives of our patients using thorough evaluation and treatment techniques. Our treatment philosophy is one that uses a multi-dimensional approach that includes manual therapy mobilization, restorative exercises, and adjustments to posture and motor control to facilitate Living Well.

What to expect on 1st visit. Your initial evaluation will be completed in 1 hour and treatment may begin on the first visit if time permits, and treatment is warranted. You should wear comfortable clothing that can easily expose the injured joint or body part. Our therapists can perform the physical therapy evaluation and treatment without a doctor's prescription.

Mission statement:

UHAN PERFORMANCE PHYSIOTHERAPY's goal is to assist patients in their recovery from injury so they can return to a lifestyle that they can enjoy. We believe strongly in promoting overall wellness, and injury prevention. We design customized treatment programs to meet each patient's specific needs utilizing a multi-dimensional approach that includes manual therapy mobilization, restorative exercises, and adjustments to posture and motor control. Our Physical Therapists are committed to ongoing continuing education to ensure professional growth – All of our therapists have obtained additional orthopedic, manual therapy, and biomechanical training and certifications that requires years of consistent dedication to obtain. We believe in ongoing mentorship and continued education and skills development as a means to continuously improve our patient outcomes.

We also believe that treating clients in a quiet, relaxing, non-hurried atmosphere is crucial to maximize therapeutic benefit – to fully listen to the client, collaborate on a plan of care, and best facilitate physiological healing.

It is this combination of clinical expertise, robust multi-dimensional care, and a strong community reputation that sets UHAN PERFORMANCE PHYSIOTHERAPY apart.

Moreover, our therapists comply with privacy regulations set forth by HIPAA and will protect each patient's privacy without compromise.

HIPPA Privacy & Disclosure Notice

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.

Federal Law (the Health Insurance Portability and Accountability Act (HIPAA)) requires that health care providers inform patients of their rights regarding how the provider may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Privacy Notice describes our privacy practices that relate to your protected health information. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

Your health record and protected health information:

Personal information. Each time you receive medical care from our practice, a record of your visit is created. This record typically includes, but is not limited to, information such as your name, age, address, a brief medical history, symptoms, any test results, the treatment provided to you, treatment plans devised for your care, and notes on follow-up care to be performed. How your health care information may be used and what control you may exercise over the use of your healthcare information is described in this Privacy Notice.

Uses and disclosures of protected health information. Our Practice may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the practice has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your protected health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operation: your health information may be used as necessary to support the day-to-day activities and management of UHAN PERFORMANCE PHYSIOTHERAPY. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. Other examples might include: employee review activities, training

programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities. In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

Law enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures for health care operations may include:

Appointment Reminders: Your health information may be used to contact you, a family member or friend involved in your health care as authorized by you as a reminder that you have an appointment for treatment or medical care at our facility. We may also leave a message on your answering machine / voicemail system unless you tell us not to.

Treatment Alternatives: We may use or disclose your protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services: We may use or disclose your protected health information to tell you about health related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment of Your Care: We may disclose your protected health information to a friend or family member who is involved in your medical care. We may also give information to someone assisting you in the payment for your care. We may also tell your family or friends that you are in the facility at the time of your care. If you want any of this information restricted you must communicate that to us using the appropriate procedure.

Worker's Compensation: The facility may release your health information to comply with worker's compensation laws or similar programs.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

Uses and Disclosures which you authorize: Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

Individual rights. Although your health record is the physical property of the healthcare practitioner or Facility that compiled it, the information belongs to you. You have certain rights under the federal privacy standards.

These include:

- *The right to request restrictions on the use and disclosure of your protected health information*
- *The right to receive confidential communications concerning your medical condition and treatment*
- *The right to inspect and copy your protected health information*
- *The right to amend or submit corrections to your protected health information*
- *The right to receive an accounting of how and to whom your protected health information has been disclosed*
- *The right to receive a printed copy of this notice*

Please contact Joseph M. Uhan, DPT, OCS, at Uhan Performance Physiotherapy if you have questions about access to your medical record.

Uhan Performance Physiotherapy Duties. We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

In compliance with federal and state regulations, Uhan Performance Physiotherapy uses a HIPAA-compliant, encrypted 3rd-party electronic server to store all client personal and medical data. No hard-copy storage is maintained.

Right to revise privacy practices. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to inspect protected health information. You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Joseph Grant. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints. We encourage you to express any concerns you may have regarding the privacy of your information. If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

*Joseph M. Uhan, DPT, OCS - Uhan Performance Physiotherapy
5 E. 2th Avenue Ste. 5, Eugene OR, 97405
(715) 222-5661*

You also have the right to express complaints to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You will not be penalized or otherwise retaliated against for filing a complaint.