WELCOME TO VITALITY CHIROPRACTIC

You are about to be empowered to a life of optimal health & vitality. Our office is on the cutting edge of health care. At Vitality Chiropractic you will be provided excellent health care and your experience of getting healthy will be awesome. Before you begin this experience, sit back, relax and begin learning exactly why Vitality Chiropractic sets itself above the others.

We specialize in assisting our practice members to achieve their highest level of health through our spinal, neurological and postural wellness programs. Our approach is very unique and advanced compared to other health care offices. This allows our practice members to achieve far superior results compared to most other health care systems. This office is not like your typical Chiropractic, medical or other health care office. It was designed that way for a reason, a very important reason, **YOU**. In the day of the Internet, computerized secretaries, and HMO/PPO monopolies, it is difficult to find someone who really cares and will give you a **Service Oriented Experience**.

How many times have you spent good hard-earned money for something and just felt like saying, "Why did I bother?" The value of the product was drastically diminished when the service getting that product was terrible.

I want you to know that at Vitality Chiropractic it is my personal goal to give you the best Chiropractic care, while providing excellent service, and an experience that makes you say, "**WOW!**"

- From the state of the art computerized nerve testing to the soothing fountain
- From the ball chairs right out of The Jetson's cartoon to the state of the art wobble chairs to rejuvenate spinal discs
- Finally, from the highly energetic open adjusting room to the most energizing chiropractic technique, EVERYTHING in this office has a purpose.

The purpose of the office setup is to teach you how to find the health you have lost and how to keep it once you have found it, all while giving you the "WOW" experience.

You will not find an institutionalized, stuffy, cold, or quiet white-coated doctor's office with staff that seems to only focus on their paycheck. You will find an office entirely the opposite whose dedication is to you, where children are highly visible, the energy is tremendous, where my team is comfortable and really loves what they do. You can call me Coach, Dr. Rob or Dr. Anderson (just as long as you remember my name so you can tell all your friends.)

I do want you to know that I take Chiropractic very seriously, so much so in fact, Chiropractic is not what I do, but what I am.

If this is what you are looking for, continue taking the next few steps toward Optimal Health and fill out the paperwork following this letter. Thank you in advance for your commitment to your health. I will visit with you soon.

Yours In Health,

Dr. Rob Anderson

Pediatric Health Profile

It is a pleasure to welcome you to our family of happy and healthy chiropractic practice members. Please complete the following information. We look forward to working with you to build better health for your family.

Date_____ Childs Name:_____ Home Phone_____

Age:_____ DOB:_____ M□ F□ Weight:_____ Height:_____

Address:_____City:_____Zip Code:_____

Mom:_____ Dad:_____

Phone:_____ Phone:_____

Employer:_____ Employer:_____

Occupation:_____ Occupation:_____

Email:_____ Email:_____

How did you or your child hear about our office?_____

Has your child ever received chiropractic care? □ Yes □ No

What have you heard about Chiropractic?_____

About Your Child's Health

The human body is designed to be healthy. The child's spine is his or her mainframe and it protects the most important part of the body, the Nerve System. Throughout life, events occur which can damage a child's expression of health. This case history will uncover the layers of damage, especially to your child's nerve system, that resulted in less than optimal health.

	Yes	No			
Did mom have any health issues during pregnancy?	□	□	_____		
Did your child have a traumatic birth?	□	□	Forceps Vacuum C-Section		
Birth Weight:_____ Full Term?	□	□	Was Labor Induced?_____Breast Fed?___		
Has your child had any major illnesses?	□	□	_____		
… any surgeries?	□	□		Yes	No
… any car accidents?	□	□	… ear infections?	□	□
… sore throat?	□	□	… seizures?	□	□
… pneumonia?	□	□	… allergies?	□	□
… ADD/ADHD?	□	□	… asthma?	□	□
… bed wetting?	□	□	… croup?	□	□
… heart conditions?	□	□	… digestive problems?	□	□
… lung problems?	□	□	… kidney problems?	□	□
… emotional problems?	□	□	… other?_____	□	□

According to the National Safety Council, approximately 50% of children fall from a high place during their first year of life (ie. Bed, changing table, down stairs, etc.) Was this the case with your child?_____

Is your child involved in any high impact or contact type sports (ie. Soccer, football, gymnastics, baseball, cheerleading, martial arts, etc.)? _____

On a scale of Poor, Good, Excellent describe your child's:

Diet_____ Exercise_____Sleep_____General Health_____

Number of doses of Antibiotics your child has taken in the past 6 months:_____, total in lifetime:_____

Number of prescription medications your child has taken in the past 6 months:_____, in lifetime:_____

List any medications your child is taking and the doses:_____

Has your child been immunized?_____ If yes, when and for what?_____

If your child has no complaints but are here for wellness services, please check this box ☐ and skip to part B.

Addressing The Issues That Brought You To The Office

Please describe your child's complaint **on the two lines below**:

_____

_____

Was there a specific incident, accident, or condition that you think could have caused this problem? ☐ Yes ☐ No

If yes, what happened?_____

Has he/she had this problem more than 2 times? ☐ Yes ☐ No If yes, how often?_____

It interferes with: ☐ Hobbies or Sports ☐ Work (responsibilities, tasks, duties) ☐ Social Time (family or friends)

What have you tried to rid your child of this problem? ☐ Ice ☐ Heat ☐ Stretching ☐ Exercise ☐ Vitamins ☐ Medications ☐ Mineral Ice ☐ Changed Diet ☐ Aspirin/Tylenol etc. ☐ Stress Reduction

Other doctors seen for this problem including name and diagnosis:

☐ Child_____

☐ Medical Doctor_____

☐ Other_____

B Family Health Profile

Does anyone else in your family have the same problem as your child? ☐ Yes ☐ No Who?_____

Please mention any health conditions or concerns you may have about your family in the space below.

Such as: heart disease, cancer, diabetes, stroke, asthma, ear infections, colic, ADHD, headaches, or allergies.

Children_____ Spouse_____

Mother_____ Father_____

Brothers_____ Sisters_____

The statements made on this form are accurate to the best of my recollection and I agree to allow this office to examine me for further evaluation.

I hereby give permission to the doctor to release any information requested by my insurance company acquired in the course of my examination and treatment.

I understand that I am ultimately responsible for all fees for services rendered and that fees are payable when the services are rendered unless special arrangements are made.

_____

Signature **Date**

Your Family is now one step closer to Optimal Health. Welcome to Vitality Chiropractic!

Please Do Not Write Below This Line

⇑ in_____ G,H, E_____

Corrected?_____ Final?_____

Vitality Chiropractic, PC
Rob Anderson, D.C.
303-346-7095

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 to the spine.

Health: A state of optimal physical, mental and social well being, not merely the absence of infirmity.

Vertebral Subluxation: A misalignment or restriction of one or more of the 24 vertebra 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 seek the services of another health care provider.

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. Our only method is specific adjusting to correct vertebral subluxations. As with anything that can have so many benefits there is some risk in receiving chiropractic adjustments. Many people report some mild soreness following their first adjustment. This is the body's natural reaction to a change; similar to lifting weights for the first time. More severe risks occur between 1/1,000,000 to 1,15,000,000 depending on the source utilized. Any valuable testing that can be performed in your case will be utilized to evaluate you as a complete person.

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 complete satisfaction.

I therefore accept chiropractic care on this basis.

_____ _____
(signature) (date)

Consent to evaluate and adjust a minor child

I, _____ being the parent or legal guardian of

_____ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

Pregnancy Release

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associates have my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child. Date of last menstrual period: _____

_____ _____
(signature) *(date)*

Vitality Chiropractic, P.C. Rob Anderson, D.C.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4-15-2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time; such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using you our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up chiropractic supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services. We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials heath information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information). You may obtain a form to request access by using the contact information listed at the end of the Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, there will be a charge per item.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations (you must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information (Your request must be in writing, and it must explain why the information should be amended). We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS:

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with the decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Service.

Contact: Rob Anderson, D.C. Phone: 303-346-7095 Fax: 303-346-7097 Address: 541 W. Highlands Ranch Parkway, Suite 104, Highlands Ranch, CO 80129

I hereby certify that I have received a copy of this Notice of Privacy Practices.

_____ _____

Signature Date