



Dr. Rob Bodner LMT D.C. - Phone: 503-914-6521 Fax: 503-488-5584 - 3735 SE Division St. Portland, OR 97202

Consent for Purposes of Treatment, Payment, and Healthcare Operations

I hereby consent to Ridgeline Clinic (RLC) the use and disclosure of my Protected Health Information for the purpose of providing treatment to me, for purposes relating to the payment of services rendered to me, and for RLC general healthcare operations purposes. Healthcare operations purposes shall include, but not be limited to, quality assessment activities, credentialing, business management and other general operation activities. I understand that RLC's diagnosis or treatment of me may be conditioned upon my consent as evidenced by my signature on this document.

For purposes of this Consent, "Protected Health Information" means any information, including my demographic information, created or received by RLC, that relates to my past, present, or future physical or mental health or condition; the provision of health care to me; or the past, present, or future payment for the provision of health care services to me; and that either identifies me or from which there is a reasonable basis to believe the information can be used to identify me.

I understand I have the right to request a restriction on the use and disclosure of my Protected Health Information for the purposes of treatment, payment or healthcare operations of RLC, but RLC is not required to agree to these restrictions. However, if RLC agrees to a restriction that I request, the restriction is binding on RLC.

I have been given the opportunity to review RLC Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes my rights and the Practice's duties regarding the types of uses and disclosures of my Protected Health Information. If I have not been able to view the Notice of Privacy Practices and I wish to do so, I will do so at this time. I can request them from the front desk or the physician at anytime.

I have the right to revoke this consent, in writing, at any time, except to the extent that Physician or RLC has acted in reliance on this consent.

Clinic Financial Policy

- 1) We accept cash, Visa , MasterCard, Discover, and checks.
- 2) All payments are due at the time of service, unless special arrangements have been agreed upon prior to visit.
- 3) All co-pays will be due at the time of service, once your insurance coverage has been verified and we have established what your responsibility is.
- 4) As a courtesy to our patients, we will bill your insurance company for you. Please keep in mind that if there is a discrepancy, we will let you know as soon as possible; however, we will not get involved with any dispute between you and your insurance carrier.
- 5) If you have a credit balance, we will reimburse you after payment has been received.
- 6) All supplements/vitamins, lab work, supports and other supplies must be paid for at the time they are received.
- 7) You are responsible for timely payment of your account.
- 8) All workers compensation cases will be billed directly to the insurance company, providing the appropriate paper work has been filled out and a claim is filed. If the claim is denied, we will bill your private insurance carrier, if you have coverage. Please keep in mind that if your claim is denied, then you are responsible for prompt payment of your account.

Personal Injury/Motor Vehicle Accidents

- 9) Personal injury and auto accident cases will be billed to your auto insurance company, providing that a claim has been filed and the appropriate paper work has been done.
- 10) Keep in mind we do not do third party billings to other insurance companies.
- 11) If you choose not to file a claim with your auto insurance company, or are uninsured, your account will be treated as a cash account, and all fees will be due at the time of service.

- 12) Supplements/vitamins, lab work, supports and other supplies may not be covered by insurance companies, and must be paid for at the time they are received. Should the insurance company pay, we will reimburse you for the amount paid.

Consent to Treatment

Health care providers are required to advise patients of the nature of the treatment to be provided, the risks and benefits of the treatment, and any alternatives to the treatment. There are some risks that may be associated with treatment, in particular you should note:

a. 'While rare, some patients have experienced rib fractures or muscle and ligament sprains or strains following treatment; b. There have been rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has ever demonstrated such injuries are caused, or may be caused, by spinal or soft tissue manipulation or treatment. c. There have been reported cases of injury to a vertebral artery following osseous spinal manipulation. Vertebral artery injuries have been known to cause a stroke, sometimes with serious neurological impairment, and may, on rare occasion, result in paralysis or death. The possibility of such injuries resulting from cervical spine manipulation is extremely remote; Osseous and soft tissue manipulation has been the subject of government reports and multi-disciplinary studies conducted over many years and have demonstrated it to be highly effective treatment of spinal conditions including general pain and loss of mobility, headaches and other related symptoms.

Musculoskeletal care contributes to your overall well being. The risk of injuries or complications from treatment is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

I have fully read, understand, and agree with the above financial policy, privacy policy, and use of my protected health information. I have also been/or will be informed of the risks associated with treatment and consent to the treatments offered or recommended to me by my health care provider, including osseous and soft tissue manipulation. I intend this consent to apply to all my present and future care with Ridgeline Clinic and Dr. Rob Bodner, LMT, DC.

Date: _____

Print Name: _____

Signature: _____