

George J. Costanzo, D.C.

PATIENT - DOCTOR AGREEMENT

The purpose of this agreement is to allow us to more completely serve you and for you to get the best results in the shortest amount of time. It is our experience that those patients who follow through with these agreements get the best results.

SIGNING IN

When you arrive, sign in and document time. You will be called to the treatment area in the order you signed in for the Doctor. Rest and relax, the Doctor will be with you as soon as possible.

MISSING OR CHANGING APPOINTMENTS

The Doctor has set up a specific course of treatment for you. A certain number of treatments in a set amount of time are required to get the results we both desire. Thus, if you need to change the time of your appointment plan to come another time the same day or, if the same day is not possible, it is important that you make up the missed appointment within one week. If you want to be here and have your spine corrected, you will be expected to follow the Doctor's treatment recommendations. There will be no exceptions on this. If you are not ready to make your health a priority by making a commitment to your treatment, then do not waste your time and money now and plan to have your spine corrected at a later date. **SCHEDULE YOUR LIFE AROUND YOUR HEALTH, NOT YOUR HEALTH AROUND YOUR LIFE.**

APPOINTMENT TIMES

We will set a specific time for your adjustment. Try to be prompt as the Doctor has set this time aside to detect and correct vertebral subluxations and during this time that is all he will do. If you come at another time, you may have to wait a few minutes, as the Doctor also sets aside specific times to see new patients and conduct extended consultations. We value your time and do not want you to wait needlessly. If you wish to sit down with the Doctor to discuss your case, a specific Doctor/Patient conference can be arranged at no additional charge.

PAYMENT OF BILLS

We will expect you to honor the financial agreement you make with our office. In order to serve you better, please plan to make any payments at the front desk before you go to the back office for your adjustment. Upon being released from care, a three-month time period is allowed for settlement of your account. If settlement has not been reached within this time period, or if you have suspended or terminated your care without your Doctor's approval, payment for services is due immediately.

PROGRESS EVALUATIONS AND RE-EXAMINATIONS

During your treatment series, re-examinations and progress reports will be done on a regular basis.

COMMUNICATION

Please communicate directly to your Doctor any upsetting matter such as waiting too long, rudeness by any staff member, failure to understand treatment, need for extended consultation, etc. We are here to serve you. Your criticism will help us to help you as well as others.

CASH PATIENT FINANCIAL POLICY

We request that 100% of the first visit be paid at the time of the first visit. For your convenience, future payments may be arranged at the first visit of each week. We are happy to accept your check, MasterCard or Visa.

Summary of Notice of Privacy Practices
George J. Costanzo, D.C.
340 North Main Street
Southington, CT 06489
Privacy Officer: Chrissy Reynolds, Office Manager (860) 621-0131

The following is a brief summary of your rights and our responsibilities as detailed in the attached Notice of Privacy Practices (the "Notice"). This summary is for your convenience and is not a substitute for reading the entire Notice (available upon request and displayed in the waiting area) and does not modify the terms of this Notice.

1. **Uses and Disclosures of Your Health Information.** We may use the information we develop and collect for treatment by our practice or disclose the information to others to whom we refer you for treatment, for payment of these services and for certain healthcare "operations" such as improving the competence and quality of our staff and business planning and management. We may disclose your information to our business associates such as billing services and others who assist in the operation of our practice. We may call you to remind you of appointments and may leave a message on your answering machine if you have one. We may also disclose information to your family about your location, general condition or death. If you are available and able, we will ask your consent first. We may also use your information to recommend products or services related to your care but will not use or disclose your medical information for marketing purposes without your written authorization. Your medical information may be disclosed without your authorization as required by law, for public health purposes, healthcare oversight, including audits and investigations, judicial and administrative proceedings, subject to the limits imposed by state and federal law and certain other purposes.
2. **Other Uses and Disclosures.** Except as described in the Notice, we will not use or disclose your medical information without your authorization. You can revoke your authorization at any time, except to the extent that we have already taken action in reliance on the authorization.
3. **Your Health Information Rights.** You have a number of rights under state and/or federal law which are subject to the terms and conditions in the Notice.
 - a) You may request restrictions on certain uses and disclosures of your information.
 - b) You may request that you receive your information from us in a certain way.
 - c) You may inspect and copy your medical records.
 - d) You may request an amendment to any record you believe is inaccurate.
 - e) You may request an accounting of disclosures made to your records.
4. **Changes to the Notice.** We reserve the right to change the Notice. If we do so, we will post it in our office and provide a copy upon request.
5. **Complaints.** You may file a complaint to our Privacy Official whose name is above or with the federal government as detailed in the Notice. You will not be penalized for filing any complaint.

By signing below you have acknowledged receipt of the Summary of Privacy Practices.

Signature

Date
