Life Enhancing Wellness Centers, LLC Ruckersville, Virginia Dr. Demetrios Kydonieus, Chiropractic Nutritionist (434) 481-2012 fax (888) 363-6358

Healthcare Office Agreement

Contact Information. ALL LINES MUST BE FILLED IN COMPLETELY OR WE CANNOT TREAT YOU

Name		Today's Date		
If patient is a minor Name of Legal	Guardian			
If married patient's spouse's name _		Children: `	Yes: How many	
Address	City		State	Zip
Cell Phone	Home Phone		Work Phone _	
Patient Email				
Date of Birth P	atient's Marital Status:	Single Married Se	eparated Divorce	ed Widowed
Social security #		(mandatory if no	ot paying in full o	on each visit).
Who referred you to our office?		If internet what sea	arch or website?	
Employer/School attending if studer	<mark>nt</mark>			
Employer/school town, state				
What kind of daily activities do you driving more than an hour at a time, machinery, frequent bending, landso regularly, desk work, riding lawn m time, other	loading/unloading vehicaping, farm work (whatelearne), child care ower/tractor, yard worl	icles, stockyard or at type of farm wor , housework, use la k, use computer to	warehouse work, k? uptop/tablet on th at work for more	e sofa/chair than an hour at a
Please describe your average day's	activities			
**We have PRE-PAYMENT pla	ans for cost saving	s so please ask	about them.	
How will you be paying for today?	's charges? Cash	Check	Major Cr	redit Card
Name of nearest living relative not l	iving with you		relation	1?
phone #Page 1 of 4	_ (this is for emergence	cy contact purposes)	

Life Enhancing Wellness Centers, LLC

Ruckersville, Virginia

Dr. Demetrios Kydonieus, Chiropractic Nutritionist
(434) 481-2012 fax (888) 363-6358

Financial/Healthcare Agreement

- 1. I accept the financial responsibility for the above noted patient at the office of Life Enhancing Wellness Centers, LLC and based on all statements made in this contract I understand and agree that regardless of insurance coverage I am personally and fully responsible for all charges billed by this office. I understand that my insurance may deny coverage at some point and that I have been told this in advance and agree to pay all outstanding balances in full at the regular office rates as they were billed.
- 2. I understand if I have an unpaid balance owed to Life Enhancing Wellness Centers, LLC and do not make satisfactory payment arrangements; my account may be placed with an external collection agency. I will be responsible for reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting my account and possibly including reasonable attorney's fees if so incurred during collection efforts.
- 3. In order for Life Enhancing wellness Centers, LLC or their designated external collection agency to service my account and where not prohibited by applicable law, I agree that Life Enhancing Wellness Centers, LLC and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.
- **4.** By signing below I further understand that if collection proceedings or referral to an outside collection agency are necessary to collect on any balance that remains unpaid for 90 days or longer that I have received notification of, that I agree to pay the an additional collection fee. If my collection case goes to court another court fee per court appearance and any and all collection/court costs will be added to my final bill if the judge rules in favor of such a collection action. Such fees will be considered additional "healthcare costs".
- 5. US mail service to the address I have given on page 2 shall be sufficient notice of any and all legal actions. To avoid these additional fees I can pay ALL my outstanding charges on the itemized statement I received in the mail from this office within 10 days from receipt of such a notification before any such collection action has begun. I also understand if a collection matter goes to court I may have 'other' fees such as but not limited to; investigation, travel, and legal/attorney fees of the Plaintiff that I will be responsible for **in addition** to the collection fees noted above. This contract is governed by the laws of Virginia. I knowingly accept all stated terms of financial responsibility noted in this contract and have willfully sought Dr. Kydonieus' time/advice/treatment for my complaints (or the complaints of my child).
- 6. Nutritional Informed Consent
 According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease." A vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy. Although a Vitamin, a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone. Therefore, please be advised that any suggested nutritional/dietary advice and Nutritional Response Testing are not intended as a diagnostic procedure or primary treatment or therapy for any disease or particular bodily symptom. We do not diagnose/treat any specific disease with our nutritional services. Nutritional Response Testing, dietary counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutritional supplements are provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body. No promise or guarantee of result is made regarding the results of Nutritional Response Testing and/or any laboratory work recommended by the doctor. Nutritional Response Testing is a means by which the body's natural organ responses can be used as an aid to determine the possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health. The advice and nutritional intake may also enhance the stabilization of chiropractic adjustments and treatment.

ertify that the information I have given is true and correct to the best of my knowledge.		
Signature of person responsible for the account	Print Name	Date
Page 2 of 4		

Life Enhancing Wellness Centers, LLC

Ruckersville, Virginia

Dr. Demetrios Kydonieus, Chiropractic Nutritionist
(434) 481-2012 fax (888) 363-6358

Terms of Acceptance and Informed Consent

When a patient seeks chiropractic care and we accept them as a patient for such care, it is essential for both of us 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 that goal. WE ONLY TREAT SUBLUXATIONS in this clinic, if we encounter any condition outside a chiropractic one we will advise you of our findings and may recommend that you seek care outside our clinic for such a condition but that decision is up to you. We do not advise any patient to discontinue medicines but may offer alternatives that a patient may consider and choose on their own if they so desire. We advise all patients to speak with a medical professional when discontinuing meds or any kind of medical therapy but understand that many people may make such a decision on their own without medical advice and we cannot be held responsible for any complications of such individual decisions. Chiropractic manual manipulation has a slight risk, approximately 1 in 30 million of injury based on current literature reviews. There are no known current cases of injury reported when using instruments like the Activator or ArthroStim (we use those here) to adjust.

HEALTH: A state of optimal physical, mental, and emotional (spiritual) well-being. When fully attained it keeps all living things in balance and vigorous! This is not just the absence of symptoms (pain, swelling, stiffness, cough, fever, etc.) since symptoms are the last stage of most dis-ease conditions. Problems start long before we are consciously aware of them.

DIS-EASE: A state of well-being that is less than healthy. Symptoms may or may not be present to be unhealthy. **SUBLUXATION/ FIXATION:** A misalignment of an osseous articulation of the body causing abnormal physical and one or more of the following; abnormal neurological, chemical, and/or mental dysfunction that causes the body to malfunction.

VERTEBRAL SUBLUXATION: A misalignment of one of the 24 moveable bones of the spine called, vertebrae that negatively affects your nervous system and overall degrades your wellbeing and therefor your health.

ADJUSTMENT: The specific application of an outside force to facilitate the body's correction of the subluxation or joint misalignment, relieving structural interference that is having an abnormal effect on the body. We use approved instrument adjusting and hands-on chiropractic techniques to render our adjustments. All adjustments are considered safe for individuals of all ages. The incidence of stroke from manual cervical adjustments is very slight with certain high risk individuals but if you are concerned ask the doctor to use only the adjusting instrument which at this time has no history of causing stroke in any individuals noted in the current medical literature.

CHIROPRACTIC: The science that deals with the knowledge and art of healing the body by relieving the subluxation complex thus allowing the body to heal itself and return to its optimum state of health without the aid of outside substances or invasive procedures. When the musculoskeletal system is properly aligned the body will function at its highest state of health based on its overall integrity and physical condition.

Physical Therapy(PT): PT is NOT Chiropractic but may be used in addition to chiropractic adjustments in this clinic as indicated by the doctor for speedy inflammation/pain-relief and strengthening but PT does not correct subluxations. PT is for muscles and other soft tissues only. Physical therapists are NOT licensed to perform joint manipulations in most states only chiropractors are.

Nutrition/supplements: Supplements are used to strengthen and improve general health improving structural strength to help the "adjustment" last longer. According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease." A vitamin/supplement is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy. Nutrition Response Testing and general nutritional recommendations are not intended as a diagnostic procedure or primary treatment or therapy for any disease or particular bodily symptom they are intended to be used for general health support. Supplements are not covered by

health insurance. A healthier body can better deal with poor health issues better than a weaker one.

Sincerely

Dr. Demetrios Kydonieus, Chiropractor

"Health comes from within not from a bottle..." BJ Palmer

I, (Guardian if patient is minor or patient if adult)

(Patient or Patient's Guardian's Signature)

(Date)

Life Enhancing Wellness Centers, LLC

Ruckersville, Virginia

Dr. Demetrios Kydonieus, Chiropractic Nutritionist
(434) 481-2012 fax (888) 363-6358

Combined Acknowledgement and Consent (HIPPA)

Acknowledgement or receipt of Notice and Consent to use and disclose health information

Read before signing

This acknowledgement of notice and consent authorizes Life Enhancing Wellness Centers, LLC to use and disclose health information about you for treatment, payment and healthcare operation purposes.

<u>Notice of Privacy Practices</u>: A "Notice of Privacy Practices" Brochure that describes how we may disclose your private information and use it is available upon request. It further describes how you can access your protected health information and exercise other rights concerning you and your protected information. You may ask to see and have this information at any time and review it prior to signing this acknowledgement and consent.

Amendments: We reserve the right to change our Notice of Privacy Practices and to make the terms of any changes effective for all protected health information that we maintain including information created or obtained prior to the date of the effective date of change. You may obtain a revised notice by submitting a written request to our Privacy Officer at any time.

How to Contact our Privacy Officer:

Office Manager (Robin Kydonieus) 8881 Seminole Trail Ruckersville, Virginia 22968 434-481-2012

I have received the Notice of Privacy Practices for this office and authorize them to use and disclose health information for treatment, payment and healthcare operations consistent with this Notice of Privacy about:

Friend us or become a fan of the office page. www.FaceBook.com/DrDemetri

Post cards email and text messages are used by this office for appointment reminders and other general communications like birthday cards, announcements and other non-personal information. If you do wish to us to use one or any of these technologies please let the front desk know. You must submit this request in writing so it can be dated and part of your file.

If you give us a testimonial in any form; written, photographic, recorded video or audio by signing this HIPPA statement you are also giving us your permission to use such testimonial or photo in our community outreach program which includes the internet, social media and other advertising means without compensation to you in any form. You can revoke this permission at any time but it must be written, signed and dated. It must be delivered to this office in person by you and NOT a representative or mailed via certified mail using the US Postal Service during regular business hours.

(Email, text, phone calls or private message are not acceptable to revoke this clause of this agreement,. It must be in a written, signed dated letter, verified in person by our staff that it was you who gave it to us. If using US Mail a notarized letter from you must be received by us.)

(Print patient's name)	
Patient or patient's representative signature	Date
Personal Representative Printed Name	relation to patient
Torsonal Representative Timeed Paine	relation to patient
*Revised 02/25/2019	