

Allexi Chiropractic, Acupuncture & Wellness Center LLC

811 Fox Lane Ste D, Waterford, WI 53185

CONFIDENTIAL PATIENT INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____
Preferred Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Birthdate: _____ Age: _____
Gender: Male Female Other _____
Status: Single Married/Partner Name: _____ Divorced Widowed
Children: Ages/Names _____
Email Address: _____ *Your email will never be share with anyone else
Cell Phone: _____ Home: _____ Work: _____
Employer: _____ Position: _____
Who can we thank for your referral? _____
Other Referral Sources: Internet Our Signage NAET Website Facebook

NOTICE OF PRIVACY PRACTICES (FEDERAL HIPPA PRIVACY ACT)

Effective Date for this Notice: October 2011

This notice describes how your protected health information may be used and disclosed, your rights as a patient, our legal duties with respect to your information, and how you can access additional information.

We may use or disclose your health information for the following purposes:

- Treatment: to all providers and staff within our clinic that are involved with your care; to other health care providers consulting with your care; and for contacting you about appointments, treatment options, and clinic-related information.
- Billing and Collection: to your insurance carrier and/or financially responsible party to assist you in obtaining reimbursement for your medical services.
- Health Care Operations: for quality control; for office administration, development, and record-keeping; and for training providers and staff within our clinic.

Your rights with respect to your health information allow you to:

- Inspect and obtain a copy of your health record
- Amend your health record and/or request a restriction on certain uses and disclosures of your information
- Receive confidential communications by alternative means or locations
- Obtain a paper copy of notice upon request
- File a complaint regarding our privacy notice or practices

We are required by law to:

- Maintain the privacy of your protected health information
- Provide you with a notice of our privacy practices, including any future revisions
- Abide by the terms of this notice

Contact for additional information:

If you have any questions, concerns, or complaints about our privacy policies, your privacy right, and/or your protected health information, please contact:

Allexi Chiropractic, Acupuncture & Wellness Center LLC
811 Fox Lane Ste D, Waterford, WI 53185
Phone: (262) 323-2925

Patient (or Authorized Rep.) Signature: _____ Date: _____
If Authorized representative note relationship to patient _____

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DISCLOSURE STATEMENT AND CONSENT FOR TREATMENT

Dr. Jasmine S. Allexi, D.C., L.Ac. Graduated with a Doctorate in Chiropractic and a Certificate in Acupuncture from Northwestern Health Sciences University in 1995. Dr. Allexi graduated from Midwest College of Oriental Medicine in 2003 with a Master's degree in Acupuncture. Dr. Allexi has a Diplomate in Acupuncture from the National Certification Commission for Acupuncture and Oriental Medicine. Dr. Allexi is licensed to practice both chiropractic and acupuncture under separate licenses in the state of Wisconsin.

Under Dr. Allexi's chiropractic license she is able to perform examinations, chiropractic adjustments, electrical stimulation, therapies, x-rays and request lab work for patients. Chiropractic focuses primarily on the musculoskeletal and nervous system. Dr. Allexi is able to advise patients on nutrition and nutritional supplementation through her nutritional counseling certificate. Under Dr. Allexi's acupuncture license, she is able to perform examinations, insert needles, apply electric current to needles, apply non-needle stimulation of meridians, use cupping, gua sha, heat, infrared therapies and herbal medicine and supplementation to move and balance energy in the body. Acupuncture focuses on regulating and balancing energy which flows through meridians throughout the body. Dr. Allexi uses only sterile, disposable needles during acupuncture treatments.

Acupuncture may cause minor bruising, minor bleeding, minor reddening of skin, some pain at the site of needle insertion and rarely, allergic responses to herbal medicine can occur. Fire cupping can cause bruising and in rare cases blistering. Acupuncture and Chinese medicine provide an energetic assessment of the body and organ systems and in no way purports to be an allopathic or Western medicine evaluation, diagnosis or treatment.

I understand that Dr. Allexi is both a Chiropractor and an Acupuncturist. I understand that these are separate and completely different professions employing different modalities. I understand that no guarantees have been made as to the use and effects of chiropractic or acupuncture or herbal medicine on my health. I have read the above information for myself (or my dependents) and I hereby authorize Dr. Allexi to perform treatment on me. I understand that in any practice of medicine there may be risk or complications associated with treatment. I do not expect Dr. Allexi to be able to anticipate and explain all possible risk with acupuncture or chiropractic treatment, but I have been given the opportunity to ask questions and discuss my concerns. Therefore, I wish to rely on the judgement of Dr. Allexi during the course of my treatment and care based on the facts then known.

AUTHORIZATIONS

Please initial by each statement and sign below to indicate your acceptance of stated terms:

- I certify that I am the patient (or authorized representative of the patient) and all information I furnish is current, valid, and complete.
- I understand that my payment is due at the time of service.
- I understand that Dr. Jasmine Allexi does not bill insurance companies for chiropractic or acupuncture services or herbal medicine. At my request I will be supplied with a receipt that I may submit for possible reimbursement except in the case of Medicaid or Medicare.
- I understand that Dr. Allexi's care is not covered by Medicaid or Medicare. I will not be reimbursed by Medicaid or Medicare for my Chiropractic or Acupuncture services.
- I accept financial responsibility for all fees and any non-covered or under-covered services by my insurance company. I am responsible for verifying all benefits with my insurance company.

I, _____, have read both the DISCLOSURE STATEMENT AND CONSENT FOR
Print your name TREATMENT AND AUTHORIZATIONS. I accept the terms of each.

Patient (or Authorized Rep.) Signature: _____ Date: _____

ACUPUNCTURE INFORMED CONSENT TO TREAT

I understand that I am the decision maker for my health care. Part of this office's role is to provide me with information to assist me in making informed choices. This process is often referred to as "informed consent" and involves my understanding and agreement regarding the care recommended, the benefits and risks associated with the care, alternatives, and the potential effect on my health if I choose not to receive the care. Acupuncture is not intended to substitute for diagnosis or treatment by medical doctors or to be used as an alternative to necessary medical care. It is expected that you are under the care of a primary care physician or medical specialist, that pregnant patients are being managed by an appropriate healthcare professional, and that patients seeking adjunctive cancer support are under the care of an oncologist.

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist indicated below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with, or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I appreciate that it is not possible to consider every possible complication to care. I have been informed that acupuncture is a generally safe method of treatment, but, as with all types of healthcare interventions, there are some risks to care, including, but not limited to: bruising; numbness or tingling near the needling sites that may last a few days; and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. I will notify a clinical staff member who is caring for me if I am, or become, pregnant or if I am nursing. Should I become pregnant, I will discontinue all herbs and supplements until I have consulted and received advice from my acupuncturist and/or obstetrician. Some possible side effects of taking herbs are: nausea; gas; stomachache; vomiting; liver or kidney damage; headache; diarrhea; rashes; hives; and tingling of the tongue.

While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that, as with all healthcare approaches, results are not guaranteed, and there is no promise to cure.

I understand that I must inform, and continue to fully inform, this office of any medical history, family history, medications, and/or supplements being taken currently (prescription and over-the-counter). I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I understand that there are treatment options available for my condition other than acupuncture procedures. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, I understand that I have the right to a second opinion and to secure other options about my circumstances and healthcare as I see fit.

By voluntarily signing below, I confirm that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I agree with the current or future recommendations for care. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Both parties agree that this agreement may be electronically signed, and that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

PATIENT NAME:

ACUPUNCTURIST NAME:

PATIENT SIGNATURE: **X** (Date)
(Or Patient Representative) (Indicate relationship if signing for patient)

ALSO SIGN THE ARBITRATION AGREEMENT ON REVERSE SIDE

PATIENT NAME:

ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process, except as state and federal law provides for judicial review of arbitration proceedings.

Article 2: All Claims Must be Arbitrated: It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, as to whether this agreement is unconscionable, and any procedural disputes, will also be determined by submission to binding arbitration.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the healthcare provider, and/or the healthcare provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) and provide National Arbitration and Mediation ("NAM") with the party arbitrator's contact information within thirty days of the date Respondent files its initial responsive pleading.

The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder, any existing court action against such additional person or entity shall be stayed pending arbitration.

Article 4: General Provision: All claims based upon the same incident, transaction, or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the healthcare provider within 30 days of signature and, if not revoked, will govern all professional services received by the patient and all other disputes between the parties.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment), patient should initial here. Effective as of the date of first professional services.

If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision. I understand that I have the right to receive a copy of this Arbitration Agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

Both parties agree that this agreement may be electronically signed, and that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Patient Name (print): _____ Signature: _____ Date: _____

Parent or Guardian (print): _____ Signature: _____ Date: _____

Office Name: Alexi Chiropractic Acupuncture & Wellness Center LLC Dr. Jasmine Alexi Signature: _____ Date: _____

ALSO SIGN THE INFORMED CONSENT ON REVERSE SIDE

Informed Consent to Care

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures, if indicated. Any examinations or tests conducted will be carefully performed, but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including, but not limited to, hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an arterial dissection that involves an abnormal change in the wall of an artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. This occurs in 3-4 of every 100,000 people, whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately, a percentage of these patients will experience a stroke. As chiropractic can involve manually and/or mechanically adjusting the cervical spine, it has been reported that chiropractic care may be a risk for developing this type of stroke. The association with stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Both parties agree that this agreement may be electronically signed, and that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Patient Name: _____ Signature: _____ Date: _____

Parent or Guardian: _____ Signature: _____ Date: _____

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PATIENT NAME: _____

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Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process, except as state and federal law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. Further, the parties will not have the right to participate as a member of any class of claimants, and there shall be no authority for any dispute to be decided on a class action basis. An arbitration can only decide a dispute between the parties and may not consolidate or join the claims of other persons who have similar claims.

Article 2: All Claims Must be Arbitrated: It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, as to whether this agreement is unconscionable, and any procedural disputes, will also be determined by submission to binding arbitration. It is the intention of the parties that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the healthcare provider, including any heirs or past, present or future spouse(s) of the patient in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the healthcare provider and/or other licensed healthcare providers, preceptors, or interns who now or in the future treat the patient while employed by, working or associated with or serving as a back-up for the healthcare provider, including those working at **the healthcare provider's clinic or office** or any other clinic or office whether signatories to this form or not.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the healthcare provider, and/or the **healthcare provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including**, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages. This agreement is intended to create an open book account unless and until revoked.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) and provide National Arbitration and Mediation ("NAM") **with the party arbitrator's contact information** within thirty days of the date Respondent files its initial responsive pleading. A third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties from a list of arbitrators supplied by National Arbitration and Mediation ("NAM") within thirty days thereafter. The list supplied by NAM shall be a list of between 5 and 10 arbitrators, depending upon availability. The neutral arbitrator shall then be the sole **arbitrator and shall decide the arbitration. Each party to the arbitration shall pay such party's** equal share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, **witness fees, or other expenses incurred by a party for such party's own benefit.** Either party shall have the absolute right to bifurcate the issues of liability and damages upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder, any existing court action against such additional person or entity shall be stayed pending arbitration. The parties agree that provisions of state and federal law, where applicable, establishing the right to introduce evidence of any amount payable as a benefit to the patient to the maximum extent permitted by law, limiting the right to recover non-economic losses, and the right to have a judgment for future damages conformed to periodic payments, shall apply to disputes within this Arbitration Agreement. The parties further agree that, where not in conflict with this agreement, the Healthcare Malpractice Dispute Resolution Rules and Procedures of NAM shall govern any arbitration conducted pursuant to this Arbitration Agreement. A copy of NAM rules are available on its website at <https://www.namadr.com> or by calling 1-800-358-2550 to request a copy of the rules.

Article 4: General Provision: All claims based upon the same incident, transaction, or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence.

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Patient Name (print): _____ Signature: _____ Date: _____

Parent or Guardian (print): _____ Signature: _____ Date: _____

Allexi Chiropractic Acupuncture &

Office Name: Wellness Center LLC Dr. Jasmine Allexi Signature: _____ Date: _____

ALSO SIGN THE INFORMED CONSENT ON REVERSE SIDE