

M E D I C A T I O N S

Name _____ **Date** _____

Please list all medications you are currently taking:

Medication	Dosage	Reason/Condition
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Please list all supplements (vitamins, minerals, herbs) you are taking:

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Please list the amount and frequency you consume:

Substance	Amount	Frequency
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Alcohol _____

Tobacco _____

Coffee _____

Recreational Drugs-Type _____

HISTORY QUESTIONNAIRE

Please answer the following questions as completely and as detailed as possible. Even minor symptoms help to form an accurate Chinese medical diagnosis. All information is kept private and confidential. Information contained here and in your file cannot be released or shared with anyone without your prior written consent.

Name: _____ Date: _____

What is your chief complaint, illness or injury? _____

When did it begin? _____

What caused it? _____

What makes it better? _____

What makes it worse? _____

What other treatments or healing modalities have you tried? _____

Please list any secondary complaints _____

Please list what you hope to gain from acupuncture and/or herbs _____

Please list any surgeries or hospitalizations, including ailment and date: _____

Personal History: Please circle any illness you have had or currently have.

Jaundice	Mental Illness	Sexually Transmitted Disease	Anemia			
Gallbladder Disease	Stroke	Epilepsy	Bladder Disease	Kidney Disease		
Diabetes	Polio/Meningitis	Cancer	Allergies	Depression		
Anxiety	Heart Disease	Asthma	Emphysema	Hepatitis	A.I.D.S.	H.I.V.
Alcoholism	Drug Dependency	High Blood Pressure	Ulcers			
Pacemaker	Hemophilia	Bruise Easily	Bleed Easily	Other: _____		

Family History: Please circle any illness your father, mother or siblings have had.

Cancer	Stroke	Kidney Disease	Glaucoma	Epilepsy	Diabetes
Mental Illness	Heart Disease	Asthma/Emphysema	Allergies	Arthritis	
Ulcers	Alcoholism	High Blood Pressure	Other: _____		

DISCLOSURE STATEMENT

In compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statute Title 12 Article 29.5, Leslie J. Kancir is an active licensed acupuncturist in the state of Colorado (#949). Ms. Kancir is also a Diplomate in Oriental Medicine, which includes acupuncture and Chinese herbology, certificate #022870, as designated by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Ms. Kancir has not had any license, certificate or registration in acupuncture or any other health care profession revoked or suspended.

Leslie J. Kancir strictly adheres to all rules and regulations set forth by the Department of Health, including proper cleaning, sanitation and sterilization of all equipment and office.

The practice of acupuncture is regulated by the Department of Regulatory Agencies and can be contacted at: Director of the Division of Registrations, Department of Regulatory Agencies, 1560 Broadway, Suite 1310, Denver, CO 80202, phone 303-894-7758.

Patients are entitled to receive information about therapy methods, techniques used and the duration of therapy, if known. Patients may seek a second opinion and may terminate therapy at any time, as may Leslie J. Kancir, in accordance with state laws. In a professional relationship, sexual intimacy is strictly prohibited and should be reported (in addition to any other complaints) to the Director of the Division of Registrations, Department of Regulatory Agencies (address above).

In addition to acupuncture, Leslie J. Kancir has received training and experience in the application of moxibustion, Gua Sha, Tuina, herbal medicinal plasters, poultices, and herbal therapy, which are adjunctive therapies as defined by traditional Oriental medical concepts. She is fully competent in recommending and applying these therapies to patients when appropriate. The following written consent form covers acupuncture and all adjunctive therapies performed by Leslie J. Kancir.

Leslie J. Kancir, L. Ac.

Certifications, Licenses and Registrations:

National Commission for the Certification of Acupuncture and Oriental Medicine
Diplomate in Oriental Medicine (including acupuncture and Chinese herbology), 2006

Colorado Department of Regulatory Agencies
Registered Acupuncturist #949, 2003

Council of Colleges of Acupuncture and Oriental Medicine
Clean Needle Technique Certificate, 2001

Education:

Southwest Acupuncture College, Boulder, Colorado
Master of Science in Oriental Medicine (M.S.O.M.), 2003
Three year program, 2823 hours

University of Colorado, Denver, Colorado
Master of Science in Finance, 1996

University of Colorado, Denver, Colorado
Bachelor of Science in Finance, 1987

I have read and understand this Disclosure form (signature) _____

HIPAA NOTICE OF PRIVACY PRACTICES

General Rule

Phoenix Rising Acupuncture and Leslie J. Kancir, L.Ac. are required by law to comply with certain privacy obligations with respect to your health information under federal and state law. Additionally, under federal law I am required to give you this notice about my privacy practices, legal duties, and your rights concerning your health care information.

Uses and Disclosure of Health Information Without Your Consent

I may use and disclose your health information for your treatment, payment for services rendered, the operations of this clinic and in certain limited instances. For example:

Treatment

I use information for treatment purposes when: a) I set an appointment for you; B) I discuss treatment plans or information with a family member, close friend or other person that you identify; c) if I recommend herbs or write a prescription for herbs or supplements to be filled elsewhere; d) I am out of the office and my appointments are being covered by another practitioner; e) I call to confirm, change or remind you of an appointment or with information regarding your herbs or prescriptions; f) I refer you to an outside practitioner for follow up care; g) in sending reminder cards, birthday cards or holiday greetings.

Payment

I may use and disclose your health information to obtain payment for services rendered. I may use your health information for payment purposes when, for example, I prepare a bill, when communicating with your insurance company, when using a third party to process payment by credit card or check, or when I am attempting to collect unpaid amounts due.

Healthcare Operations

I may use and disclose your health information for the operations of this clinic. Healthcare operations include administrative and managerial functions that I have to do in order to run and improve the clinic. I may use or disclose your health information, for example, for financial and billing audits, internal quality assurance, obtaining or maintaining professional liability insurance, defense of legal matters, development of business plans, and storage of records.

Business Associates

There are some services provided me through contracts with unrelated companies known as business associates. Examples include my accountant, consultant, vendor and attorney. When these services are contracted, I may disclose your health information to these business associates so that they can perform the job they have been hired to do. To protect your health information, however, I ask business associates to enter into an agreement where they agree to appropriately safeguard your information.

As Allowed or Required by Law

In some limited situations, the law allows or requires me to use or disclose your health information without your permission. Such uses and disclosures include: a) as mandated by state or federal law; b) public health purposes, such as notices to and from the Food and Drug Administration regarding drugs or medical devices; C) judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies; e) law enforcement purposes, such as to provide information about a crime at this clinic, or to report a crime that happened elsewhere; or f) to prevent a serious threat to public health or safety.

Marketing Health Products and Services

I will not use your health information for marketing communication without your prior written consent. I will provide you with information regarding products or services that I offer related to your health care needs. I will never sell your health information without your prior written consent.

To You, Your Family and Friends

I must disclose your health information to you. I may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that I may do so, or, if you are not able to agree, if it is necessary in my professional judgment.

Persons Involved in Care

I will also use my professional judgment and my experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled herb orders, products or other similar items related to your health care, on your behalf.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You may:

Access: Ask to see or get photocopies of your client record. By law, there are few limited situations in which I can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your record. If you want to review or get photocopies made, I will give you a written request form to fill out.

Restrictions: Ask me to restrict my uses and disclosures for purposes of treatment, payment or healthcare operations. I do not have to agree to this, but if I do agree, I must honor your restrictions. To request a restriction, I will give you a written restriction form to fill out.

Alternative communication: Ask me to communicate with you in an alternative method, such as by phoning you at work rather than home, by mailing health information to a different address, or by using e-mail to your personal e-mail address. I will accommodate these requests to the best of my ability, with the understanding that you will pay for any difference in cost. If you desire confidential communications, please ask and I will provide you with an alternative communication form.

Amendment: you have the right to request that I amend your health information. Basic information such as name, address and phone number can be done anytime. Any other requests may require written explanation as to why the amendment should be made, and I may deny your request under certain circumstances.

Disclosure Accounting: you have the right to receive a list of instances in which I disclosed your health information (other than to you, your legal representative, or any other individual involved in your health care or law enforcement) for purposes other than treatment, within the past six years, but not for disclosures made prior to November 1, 2003. If you request this accounting more than once in a 12-month period, I may charge you a reasonable, cost-based fee for responding to these additional requests.

Additional notices: get additional paper copies of the Notice of Privacy Practices upon request, no matter whether you received one in electronic or paper form already.

Notice of Privacy Practices

By law, I must abide by the terms of this Notice of Privacy Practices until I choose to change it. I reserve the right to change this policy at any time in compliance with and allowed by law. If I change this Notice, the new privacy practices will apply to your health information that I already have as well as to such information that I may generate in the future. I will post the new notice in the office and have copies available for your review.

Complaints

If you think I have not properly respected the privacy of your health information, you are free to complain to me or to the U.S. Department of Health and Human Services, Office for Civil Rights. I will not retaliate against you if you make a complaint.

Effective date: November 1, 2003

Leslie J. Kancir, L.Ac. Phoenix Rising Acupuncture

C:\My Documents\Practice Mgmt Forms\HIPAA Privacy Practices.doc