



DEMOGRAPHICS

First Name: _____ Last Name: _____ M.I. _____

Date of Birth: ____/____/____ Social Security Number: _____

Referred By: _____

Billing Address: _____

City, State & Zip: _____

Shipping Address: _____

City, State & Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____

E-Mail Address: _____@_____

Occupation: _____ Employer: _____

Spouse's Name: _____ Phone Number: _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

Payment is required in full for each visit. We will gladly provide you with coding information that you may submit to your insurance company for reimbursement. If you would like to keep a credit card on file for payments and/or shipments, please provide us with your credit card information.

Visa MasterCard American Express Discover

Card #: _____ Exp.: _____

Security Code: _____ (last 3 digits on back of card)

Cardholder Name: _____ Signature: _____

I authorize BioIntelligent Wellness to keep my signature on file and charge services and/or products on an ongoing basis. I understand that this form is valid unless I cancel the authorization through written notice.

I have read the above billing information and give my consent.

Signature: _____ Date: _____

MISSED APPOINTMENT POLICY

When a patient fails to show for a scheduled appointment or cancels with short notice, we are unable to offer that time to any other patients who might need it. This unusable time results in increased overhead.

There will be a charge for missed appointments or those cancelled with less than **24 business hours' notice**. Our charge is whatever the original visit would have cost. These charges are not covered by any health insurance plan.

This policy serves to help defray the increased overhead resulting from such unusable appointment slots. It is also hoped that it helps to create a sense of personal accountability, which is critical in the development of a healthy lifestyle. We believe that being responsible for one's own health improves one's health.

We understand that at times there may be extenuating circumstances such as true family or work related emergencies that may prevent you from keeping your scheduled appointment. All we ask is that you inform us as early as possible about such changes and we are more than willing to be flexible.

We appreciate your cooperation in helping our office to schedule and accommodate as many patients during the day as possible as well as helping our office to run smoothly for the convenience of all.

By signing below I understand and agree to the terms and conditions listed above.

Signature: _____ Date: _____



124 Lomas Santa Fe Drive, Suite 206
Solana Beach, CA 92075
Phone: 858-228-3644 Fax: 760-994-1248

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize _____ to
release healthcare information of the patient named above to:

Name: BioIntelligent Wellness

Address: 124 Lomas Santa Fe Drive, Suite 206

City: Solana Beach State: CA Zip Code: 92075

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates: _____

☐ All healthcare information

☐ Other: _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

☐ Yes ☐ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

☐ Yes ☐ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.

UNDERSTANDING YOUR RIGHTS - AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

California Health & Safety Code Section 123100 et seq. establishes a patient's right to see and receive copies of his or her medical records, under specific conditions and/or requirements as shown below. The law only addresses the patient's request for copies of his or her own medical records and does not cover a patient's request to transfer records between health care providers or to provide the records to an insurance company or an attorney. The request to transfer medical records is considered a matter of "professional courtesy" and is not covered by law. No statutes cover record transfers and there is no set protocol for transferring records between providers. Generally, physicians will transfer records without charging a fee; however, some doctors do charge a fee associated with copying and mailing the paperwork. Physicians will require a patient to sign a records release form to transfer records.

If you have followed the requirements outlined in the Health & Safety Code and the physician has not complied with your request, you may file a complaint with the Medical Board ([consumer complaint form](#) — **Fill-In**). The physician will be contacted to determine the reason for failing to provide you with access to your medical records.

Section 123110 of the Health & Safety Code specifically provides that any adult patient, or any minor patient who by law can consent to medical treatment (or certain patient representatives), is entitled to inspect patient records upon written request to a physician and upon payment of reasonable clerical costs to make such records available. The physician must then permit the patient to view his or her records during business hours **within five working days** after receipt of the written request. The patient or patient's representative may be accompanied by one other person of his or her choosing. Prior to inspection or copying of records, physicians may require reasonable verification of identity, so long as this is not used oppressively or discriminatorily to frustrate or delay compliance with this law.

The patient or patient's representative is entitled to copies of all or any portion of his or her records that he or she has a right to inspect, upon written request to the physician. The physician may charge a fee to defray the cost of copying, not to exceed 25 cents per page or 50 cents per page for records that are copied from microfilm, along with reasonable clerical costs. By law, a patient's records are defined as records relating to the health history, diagnosis, or condition of a patient, or relating to treatment provided or proposed to be provided to the patient. Physicians must provide patients with copies **within 15 days** of receipt of the request.

Copies of x-rays or tracings from electrocardiography, electroencephalography, or electromyography do not have to be provided to the patient or patient's representative if the originals are transmitted to another health care provider upon written request of the patient and **within 15 days** of receipt of the request. A patient may request to purchase copies of his or her x-rays or tracings. All reasonable costs, not exceeding actual costs, may be charged to the patient or patient's representative.

A physician may choose to prepare a detailed summary of the record pursuant to Health & Safety Code section 123130 rather than allowing access to the entire record. This summary must be made available to the patient within **10 working days** from the date of the patient's request. If more time is needed, the physician must notify the patient of this fact and the date that the summary will be completed, **not to exceed 30 days between the request and the delivery of the summary**.

If the patient specifies to the physician that he or she is interested only in certain portions of the record, the physician may include in the summary only that specific information requested. The summary must contain information for each injury, illness, or episode and any information included in the record relative to: chief complaint(s), findings from consultations and referrals, diagnosis (where determined), treatment plan and regimen including medications prescribed, progress of the treatment, prognosis including significant continuing problems or conditions, pertinent reports of diagnostic procedures and tests and all discharge summaries, and objective findings from the most recent physician examination, such as blood pressure, weight, and actual values from routine laboratory tests. The summary must contain a list of all current medications prescribed, including dosage, and any sensitivities or allergies to medications recorded by the physician.

There are some exceptions to the absolute requirements shown above: a physician may refuse the request of a minor's representative to inspect or obtain copies of the minor's records if a physician determines that access to the patient records requested by the representative would have a detrimental effect on the physician's professional relationship with the minor patient or the minor's physical safety or psychological well-being.

A physician may refuse a patient's request to see or copy his or her mental health records if the physician determines there is a substantial risk of significant adverse or detrimental consequences to the patient if such access were permitted, subject to the following conditions:

- The physician must make a written record and include it in the patient's file, noting the date of the request and explaining the physician's reason for refusing to permit inspection or provide copies of the records, including a description of the specific adverse or detrimental consequences to the patient that the physician anticipates would occur if inspection or copying were permitted.
- The physician must permit inspection or copying of the mental health records by a licensed physician, psychologist, marriage and family therapist, or clinical social worker designated by the patient. These health care providers must not then permit inspection or copying by the patient.
- The physician must inform the patient of the physician's refusal to permit the patient to inspect or obtain copies of the requested records, and inform the patient of the right to require the physician to permit inspection by, or provide copies to, the health care professionals listed in the paragraph above. The physician must indicate in the mental health records of the patient whether the request was made to provide a copy of the records to another health care professional.