PATIENT INFORMATION FORM
INTIMA

Name:_____Date:_____

Birth Date: _____/_____/_____ Age:_____ Email:_____

Home Phone ( )_____ Cell Phone ( )_____

Home Address:_____

City:_____ State:_____ Zip:_____

Occupation:_____ Business Phone: ( )_____

In case of an emergency, please contact:

Name:_____ Phone: ( )_____

May we share your medical information with this person? ☐ Yes ☐ No

Where did you hear about Restorative Health?

☐ Friend or Family Member: Name:_____ ☐ Magazine/Newspaper

☐ Physician Referred: Name:_____ ☐ Internet

☐ Radio ☐ Local Event

☐ TV ☐ Social Media:_____

☐ Billboard ☐ Other_____

How do you prefer to be contacted? ☐ Phone ☐ Email ☐ Text

Would you like to receive special offers and promotions from Restorative Health via e-mail? ☐ Yes ☐ No

What are your three favorite radio stations?_____
_____

What are your favorite forms of social media?_____
_____

What are your three favorite web sites?_____
_____

We do not sell any customer information to any third party. Neither do we provide any individually identifiable customer information to any third party except as follows: In response to subpoenas, court orders or legal process, in order to finalize a payment for services requested and agreed to with your personal Restorative Health consultant. This information may be shared with your financial institution or credit card issuer as indicated.

Name:_____

Skin Type:

The Fitzpatrick scale is based on the response of the skin to 30 minutes of exposure to the sun without sun block. It determines your potential to tan or burn. What best describes your skin type?

- ☐ Skin Type I — Never tans, always burns (white, extremely fair skin, blond hair, blue/green eyes)
- ☐ Skin Type II — Occasionally tans, usually burns (white, fair skin, sandy/brown hair, green/brown eyes)
- ☐ Skin Type III — Often tans, sometimes burns (white, medium skin, brown hair, dark brown/black eyes)
- ☐ Skin Type IV — Always tans, never burns (olive skin, brown/black hair, dark brown/black eyes)
- ☐ Skin Type V — Never burns (dark brown skin, black hair, black eyes)
- ☐ Skin Type VI — Never burns (black skin, black hair, black eyes)

The Lancer scale is based on typical skin tone representation of ethnicities which help to predict light-tissue interaction, depending on genetic pre-disposition of melanocyte activity. Usually hair and eye color may also help in skin classification. What best describes your ethnicity?

- ☐ Caucasian: I-III (Celtic is I, Mediterranean is III)
- ☐ Asian, Latin: olive IV
- ☐ East Indian: medium brown V
- ☐ Black: VI

Is your skin sensitive? ☐ Yes ☐ No

Gynecological History:

Date of Last PAP: _____ ☐ Normal ☐ Abnormal

History of Abnormal PAP Smears? ☐ Yes ☐ No

If Yes, Nature of diagnosis, treatment and follow-up: _____
_____
_____
_____
_____

Last Menstrual Cycle: _____ or ☐ Menopausal

Do you have a history of HSV? ☐ Yes ☐ No

Check if a condition is present:

- ☐ Vaginal or Pelvic area surgery within the last 12 months
- ☐ Implants or mesh in the treatment area
- ☐ History of genital herpes
- ☐ Active lesions in the treatment area
- ☐ Urinary tract infection
- ☐ Pelvic infection
- ☐ Active malignancy or cancer treatment within the last five years
- ☐ Melanoma History
- ☐ Dysplastic nevi in the treatment area
- ☐ Pelvic lymph node dissection or poor lower lymphatic drainage
- ☐ Significant illness such as diabetes, cardiac disease, autoimmune disease
- ☐ History of epidermal or dermal disorders involving collagen or microvasculature
- ☐ Active electrical implant in any region of the body
- ☐ Pregnancy and Nursing
- ☐ Diseases of the immune system such as HIV, AIDS or immunosuppressive med
- ☐ Diseases which may be stimulated by light at the wavelengths used

Check if a condition is present (continued):

- ☐ Use of anticoagulants or history of bleeding disorders
- ☐ Any active condition in the treatment area, such as open lacerations, abrasions or lesions, psoriasis, eczema or rashes
- ☐ History of skin disorders, keloids, abnormal wound healing
- ☐ Surgical procedure in the treatment area within the last three months
- ☐ Tattoo in the treatment area
- ☐ History of Accutane use in the previous 6 months
- ☐ History of oral corticosteroid use in the previous 6 months
- ☐ Excessively tanned skin in the treatment area from the sun, tanning beds or tanning creams

Have you ever had or do you have any of the following?

☐ Anemia	☐ Eye Disorder	☐ Lupus	☐ Respiratory Condition
☐ Bleeding Disorder	☐ GERD	☐ Methemoglobinemia	☐ Skin Condition /MRSA/ Infection
☐ Blood Pressure (high or low)	☐ Genital Herpes	☐ Oral Herpes or Cold Sores	☐ Thyroid Disorder
☐ Cancer	☐ Heart Disease	☐ Pacemaker or Palpitations	☐ Transplant
☐ Connective Tissue Disorder	☐ HIV or AIDS	☐ PCOS	☐ Ulcers
☐ Diabetes	☐ Implants (Breast/Other)	☐ Psoriasis	☐ Vasculitis w/w out Skin Involvement
☐ Eczema	☐ Keloid Scarring	☐ Psychiatric Disorder	☐ Venereal Disease
☐ Epilepsy/Seizures	☐ Liver Disease/Hepatitis (A,B or C)	☐ Sinus or Ear Trouble	☐ Currently Breast Feeding

Please describe or explain any of the above:_____
_____
_____

Other Medical Issues: _____
_____
_____

Past Surgeries:
_____
_____
_____
_____

Do you take aspirin, Motrin regularly? Yes No

List any medications you are allergic to:
_____
_____
_____

Are you allergic to Latex? Yes No
Are you allergic to lidocaine or other "caines" Yes No

Current Medications / Supplements (over the counter, topical, ingestible or injectable – please list name, dose, how often you take) – example:

Lisinopril 20 mg one time per day_____
_____
_____
_____
_____
_____
_____
_____
_____

Do you have any tattoos? Yes No
If yes, where: _____
_____

Do you use tobacco? Yes No
Do you consume more than 2 alcoholic beverages per day? Yes No

Have you ever had any of the following?

Skin Cancer or Precancer? Yes No

If yes, what type? ☐ Basal Cell
☐ Displastic Nevis
☐ Squamous Cell
☐ Melanoma

If yes, when?_____

Where on the body? _____

Was it treated? Yes No

If so, how was it treated? _____
_____
_____

Name:_____ Date:_____

Background and Validation

The Female Sexual Function Index (FSFI), a 19-item questionnaire, has been developed as a brief, multidimensional self-report instrument for assessing the key dimensions of sexual function in women.[1] It was developed on a female sample of normal controls and age-matched subjects who met DSM-IV®-TR criteria for female sexual arousal disorder (FSAD) and provides scores on six domains of sexual function (desire, arousal, lubrication, orgasm, satisfaction, and pain) as well as a total score.[2]

The FSFI has been validated on clinically diagnosed samples of women with female sexual arousal disorder (FSAD), female orgasmic disorder (FOD), and hypoactive sexual desire disorder (HSDD).[2]

Physician Instructions

Participants are to be allowed to complete the FSFI alone, in a private room.[2] Instructions for scoring appear on the last FSFI page.

A copy of the FSFI follows.

1. Rosen R, et al. *J Sex Marital Ther.* 2000;26:191-208.
2. Meston CM. *J Sex Marital Ther.* 2003;29:39-46.

Female Sexual Function Index (FSFI)

Name:_____ Date:_____

INSTRUCTIONS: These questions ask about your sexual feelings and responses **during the past 4 weeks**. Please answer the following questions as honestly and clearly as possible. Your responses will be kept completely confidential.

In answering these questions, the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation, and vaginal intercourse.

Sexual intercourse is defined as penile penetration (entry) of the vagina.

Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

Check Only One Box per Question

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

1. Over the past 4 weeks, how often did you feel sexual desire or interest?

☐ 5 = Almost always or always
☐ 4 = Most times (more than half the time)
☐ 3 = Sometimes (about half the time)
☐ 2 = A few times (less than half the time)
☐ 1 = Almost never or never

2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?

☐ 5 = Very high
☐ 4 = High
☐ 3 = Moderate
☐ 2 = Low
☐ 1 = Very low or none at all

Sexual arousal is a feeling that includes both physical and mental aspects of sexual excitement. It may include feelings of warmth or tingling in the genitals, lubrication (wetness), or muscle contractions.

3. Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?

☐ 0 = No sexual activity
☐ 5 = Almost always or always
☐ 4 = Most times (more than half the time)
☐ 3 = Sometimes (about half the time)
☐ 2 = A few times (less than half the time)
☐ 1 = Almost never or never

4. Over the past 4 weeks, how would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse?

☐ 0 = No sexual activity
☐ 5 = Very high
☐ 4 = High
☐ 3 = Moderate
☐ 2 = Low
☐ 1 = Very low or none at all

5. Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse?

☐ 0 = No sexual activity
☐ 5 = Very high confidence
☐ 4 = High confidence
☐ 3 = Moderate confidence
☐ 2 = Low confidence
☐ 1 = Very low or no confidence

6. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?

☐ 0 = No sexual activity
☐ 5 = Almost always or always
☐ 4 = Most times (more than half the time)
☐ 3 = Sometimes (about half the time)
☐ 2 = A few times (less than half the time)
☐ 1 = Almost never or never

7. Over the past 4 weeks, how often did you become lubricated ("wet") during sexual activity or intercourse?

☐ 0 = No sexual activity
☐ 5 = Almost always or always
☐ 4 = Most times (more than half the time)
☐ 3 = Sometimes (about half the time)
☐ 2 = A few times (less than half the time)
☐ 1 = Almost never or never

8. Over the past 4 weeks, how difficult was it to become lubricated ("wet") during sexual activity or intercourse?

☐ 0 = No sexual activity
☐ 1 = Extremely difficult or impossible
☐ 2 = Very difficult
☐ 3 = Difficult
☐ 4 = Slightly difficult
☐ 5 = Not difficult

9. Over the past 4 weeks, how often did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse?

☐ 0 = No sexual activity
☐ 5 = Almost always or always
☐ 4 = Most times (more than half the time)
☐ 3 = Sometimes (about half the time)
☐ 2 = A few times (less than half the time)
☐ 1 = Almost never or never

10. Over the past 4 weeks, how difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?

☐ 0 = No sexual activity
☐ 1 = Extremely difficult or impossible
☐ 2 = Very difficult
☐ 3 = Difficult
☐ 4 = Slightly difficult
☐ 5 = Not difficult

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?

☐ 0 = No sexual activity
☐ 5 = Almost always or always
☐ 4 = Most times (more than half the time)
☐ 3 = Sometimes (about half the time)
☐ 2 = A few times (less than half the time)
☐ 1 = Almost never or never

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)?

☐ 0 = No sexual activity
☐ 1 = Extremely difficult or impossible
☐ 2 = Very difficult
☐ 3 = Difficult
☐ 4 = Slightly difficult
☐ 5 = Not difficult

13. Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?

☐ 0 = No sexual activity
☐ 5 = Very satisfied
☐ 4 = Moderately satisfied
☐ 3 = About equally satisfied and dissatisfied
☐ 2 = Moderately dissatisfied
☐ 1 = Very dissatisfied

14. Over the past 4 weeks, how satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner?

☐ 0 = No sexual activity
☐ 5 = Very satisfied
☐ 4 = Moderately satisfied
☐ 3 = About equally satisfied and dissatisfied
☐ 2 = Moderately dissatisfied
☐ 1 = Very dissatisfied

15. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?

☐ 5 = Very satisfied
☐ 4 = Moderately satisfied
☐ 3 = About equally satisfied and dissatisfied
☐ 2 = Moderately dissatisfied
☐ 1 = Very dissatisfied

16. Over the past 4 weeks, how satisfied have you been with your overall sexual life?

☐ 5 = Very satisfied
☐ 4 = Moderately satisfied
☐ 3 = About equally satisfied and dissatisfied
☐ 2 = Moderately dissatisfied
☐ 1 = Very dissatisfied

17. Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?

☐ 0 = Did not attempt intercourse
☐ 1 = Almost always or always
☐ 2 = Most times (more than half the time)
☐ 3 = Sometimes (about half the time)
☐ 4 = A few times (less than half the time)
☐ 5 = Almost never or never

18. Over the past 4 weeks, how often did you experience discomfort or pain following vaginal penetration?

☐ 0 = Did not attempt intercourse
☐ 1 = Almost always or always
☐ 2 = Most times (more than half the time)
☐ 3 = Sometimes (about half the time)
☐ 4 = A few times (less than half the time)
☐ 5 = Almost never or never

The individual domain scores and full scale (overall) score of the FSFI can be derived from the computational formula outlined in the table below. For the individual domain scores, add the scores of the individual items that comprise the domain and multiply the sum by the domain factor (see below). Add the six domain scores to obtain the full scale score. It should be noted that within the individual domains, a domain score of zero indicates that the subject reported having no sexual activity during the past month. Subject scores can be entered in the right-hand column.

19. Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following vaginal penetration?

☐ 0 = Did not attempt intercourse
☐ 1 = Very high
☐ 2 = High
☐ 3 = Moderate
☐ 4 = Low
☐ 5 = Very low or none at all

Thank you for completing this questionnaire.

From Rosen R, et al. The Female Sexual Function Index (FSFI): A Multidimensional Self-Report Instrument for the Assessment of Female Sexual Function. *Journal of Sex and Marital Therapy*. 2000;26(2):191-208. Reprinted by permission of the publisher, Taylor & Francis Ltd, http://www.informaworld.com.

*Wiegel M, et al. *J Sex Marital Therapy* 2005;31:1-20

Domain	Questions	Score Range	Factor	Minimum Score	Maximum Score	Score
Desire	1,2	1 – 5	0.6	1.2	6.0	
Arousal	3, 4, 5, 6	0 – 5	0.3	0	6.0	
Lubrication	7, 8, 9, 10	0 – 5	0.3	0	6.0	
Orgasm	11, 12, 13	0 – 5	0.4	0	6.0	
Satisfaction	14, 15, 16	0 (or 1) – 5	0.4	0	6.0	
Pain	17, 18, 19	0 – 5	0.4	0	6.0	
			Full Scale Score Range	1.2	36.0	
						Total

A score ≤ 26.55 is classified as FSD.*

FEMALE SEXUAL DISTRESS SCALE (FSDS)

The Female Sexual Distress Scale-Revised (FSDS-R; revised 2005): Screening Questionnaire for Measuring Sexually Related Personal Distress in Women with Female Sexual Dysfunction (FSD)

Name:_____ Date:_____

Below is a list of feelings and problems that women sometimes have concerning their sexuality. Please read each item carefully, and circle the number that best describes HOW OFTEN THAT PROBLEM HAS BOTHERED YOU OR CAUSED YOU DISTRESS DURING THE PAST 30 DAYS INCLUDING TODAY. Circle only one number for each item, and take care not to skip any items. If you change your mind, erase your first circle carefully. Read the example before beginning, and if you have any questions please ask about them.

Never 0	Rarely 1	Occasionally 2	Frequently 3	Always 4

1. Distressed about your sex life	0	1	2	3	4
2. Unhappy about your sexual relationship	0	1	2	3	4
3. Guilty about sexual difficulties	0	1	2	3	4
4. Frustrated by your sexual problems	0	1	2	3	4
5. Stressed about sex	0	1	2	3	4
6. Inferior because of sexual problems	0	1	2	3	4
7. Worried about sex	0	1	2	3	4
8. Sexually inadequate	0	1	2	3	4
9. Regrets about your sexuality	0	1	2	3	4
10. Embarrassed about sexual problems	0	1	2	3	4
11. Dissatisfied with your sex life	0	1	2	3	4
12. Angry about your sex life	0	1	2	3	4
13. Bothered by low sexual desire	0	1	2	3	4

A score of ≥11 effectively discriminates between women with FSD and no FSD* Total:_____

The presence of personal distress is central to the diagnosis of hypoactive sexual desire disorder (HSDD). This is recognized in the DSM-IV®-TR and other recent diagnostic guidelines for female sexual dysfunction (FSD), including those emanating from the 1999 International Consensus Development Conference on FSD, which stated that women with decreased sexual desire can only be diagnosed with HSDD if they have evidence of associated personal distress.1

Accordingly, the Female Sexual Distress Scale (FSDS) was developed to provide a standardized, quantitative measure of sexually related personal distress in women.2

The FSDS-R differs from the FSDS in that it includes one additional question that asks women to rate distress related to low sexual desire, consistent with its use as part of the diagnostic algorithm for HSDD.1

* DeRogatis L, et al. J Sex Med. 2008;5:357-364.
1. DeRogatis L, et al. J Sex Med. 2008;5:357-364.
2. DeRogatis L, et al. J Sex Marital Ther. 2002;28:317-330

Restorative HEALTH

THE REVISED URINARY INCONTINENCE SCALE (RUIS)

Name:_____Date:_____

Do you experience any of the following symptoms and if so, how much are you bothered by them:

1. Urine leakage related to the feeling of urgency?

☐ Not at all	0
☐ Slightly	1
☐ Moderately	2
☐ Greatly	3

2. Urine leakage related to physical activity, coughing, or sneezing?

☐ Not at all	0
☐ Slightly	1
☐ Moderately	2
☐ Greatly	3

3. Small amounts of urine leakage (drops)?

☐ Not at all	0
☐ Slightly	1
☐ Moderately	2
☐ Greatly	3

4. How often do you experience urine leakage?

☐ Never	0
☐ Less than once per month	1
☐ A few times per month	2
☐ A few times per week	3
☐ Every day and/or night	4

5. How much urine do you lose each time?

☐ None	0
☐ Drops	1
☐ Small splashes/spurts	2
☐ More	3

Total Score: _____

A score of less than 4 indicates that the patient has no urinary incontinence or very mild incontinence symptoms.

Patients with a score of 4 in screening surveys may require further assessment by a continence practitioner. To obtain these scores one would need to endorse 'slightly' or 'rarely' on most incontinence items.

Based on the distribution of scores in the clinical sample and comparisons with other clinical indicators, a score of 4-8 is considered mild, a score of 9-12 is considered moderate and a score of 13 or above is considered severe.

2015; Adapted from the Toos for Assessing and Monitoring Urinary Incontinence (RUIS) produced by the Centre for Health Service Development and the University of Wollongong in Australia. Further information is available at www.bladderbowel.gov.au.

Tools for Assessing and Monitoring Urinary Incontinence: The Revised Urinary Incontinence Scale (RUIS)

Background

The RUIS is a short, reliable and valid five item scale that can be used to assess urinary incontinence and to monitor patient outcomes following treatment. It was originally developed by selecting the best performing urinary incontinence items (selected from standardised measures such as the Urogenital Distress Inventory 6 and the Incontinence Severity Index) which were included in a large community survey of 2,915 Australians in 2006. The RUIS has recently been validated in clinical settings (Sansoni et al., 2006; 2011) with support from the Australian Government Department of Health and Ageing. These studies have shown that the RUIS is a valid and reliable measure of urinary incontinence. Internal consistency reliability is Cronbach's alpha $\alpha = 0.73$ (urinary incontinence sample, N = 195), alpha = 0.84 (all incontinence patients N = 254) and alpha = 0.91 (community sample N = 2,915). It has high and statistically significant correlations with other measures of urinary incontinence and other clinical indicators of incontinence severity and has better measurement properties than comparable measures (Sansoni et al., 2011). With only 5 items the RUIS is short and simple to use and score. Most patients will only take a minute to complete it.

Why Use a Standardised Measure of Urinary Incontinence?

This means you are using the same yardstick to assess all patients. This combined with your clinical judgement will help to inform the best treatment for the patient. The use of such measures can also provide effective feedback to clinicians concerning the effectiveness of their treatments, can facilitate the systematic review and monitoring of patients, and can assist in identifying ways to improve practice. It is also useful information to demonstrate the effectiveness of your service.

Continence clinics treating incontinence patients or aged care assessors should find it easy to use it both as assessment measure and as an outcome evaluation measure for routine practice.

Interpreting Scores

The average score for patients receiving treatment for urinary incontinence is 10.92 (N = 195). The mean RUIS scores for female urinary incontinence patients was 10.90 and for males it was 11.07. By contrast the average RUIS score in a large community survey was 1.74 (N = 2,915); for females the mean was 2.47 and for males it was 0.70.

A score of less than 4 indicates that the patient has no urinary incontinence or very mild incontinence symptoms.

Patients with a score of 4 in screening surveys may require further assessment by a continence practitioner. To obtain these scores one would need to endorse 'slightly' or 'rarely' on most incontinence items.

Based on the distribution of scores in the clinical sample and comparisons with other clinical indicators, a score of 4-8 is considered mild, a score of 9-12 is considered moderate and a score of 13 or above is considered severe.

The cut points are supported by clinician and patient ratings of incontinence severity. The clinician pre-treatment ratings indicated that a RUIS score of 9 or below was considered 'mild', a score of 11 was considered 'moderate' and a score above 12 was classified as severe which provides some clinical confirmation for the suggested cut points. At post–treatment a score of 3 or less was classified as 'normal' by clinicians and patients.

Sensitivity to Detecting Improvement and Change in Patient Incontinence

The RUIS is sensitive to change as a result of treatment and is equally or more sensitive than comparable measures. In the clinical study (Sansoni et al., 2011) it was shown that there was a significant improvement ($p<0.01$) of an average of 4 RUIS scores following treatment across all types of treatment (continence advising, physiotherapy and surgery). You can easily demonstrate that you have made a difference to patient outcomes. You can also easily identify those patients that have not improved or are deteriorating and this can be very useful for patient review and referral.

Relevant Reports

Sansoni J, Hawthorne G, Marosszeky N, Moore K, Fleming G and Owen E. (2011), *The Technical Manual for the Revised Incontinence and Patient Satisfaction Tools.* Centre for Health Service Development, University of Wollongong Sansoni J, Hawthorne G, K Moore, Marosszeky N, Fleming G, and Owen E (2011), *Validation and Clinical Translation of the Revised Continence and Patient Satisfaction Tools: Final Report.* Centre for Health Service Development, University of Wollongong. Sansoni J, Marosszeky N, Sansoni E and Hawthorne G (2006), *Refining Continence Measurement Tools (Final Report)*. Centre for Health Service Development, University of Wollongong and the Department of Psychiatry, University of Melbourne. Hawthorne G, Sansoni J, Hayes L M, Marosszeky N and Sansoni E (2006), *Measuring Patient Satisfaction with Incontinence Treatment (Final Report).* Centre for Health Service Development, University of Wollongong and the Department of Psychiatry, University of Melbourne. *Study funded by the Australian Government Department of Health and Ageing as part of the National Continence Management Strategy*

NOTICE OF PRIVACY PRACTICES

Effective January 2011

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read carefully. This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

A. Treatment, Payment, Health Care Operations

Treatment
We are permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in this practice is a specialist. When we provide treatment we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

Payment
We are permitted to use and disclose your medical information to bill and collect payment for the services we provide to you.

Health Care Operations
We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of professional organizations to aid this practice in its compliance and certifications programs. We perform quality assessment and improvement activities, conduct, arrange for medical, legal, and audit reviews, including fraud and abuse detection. Business planning and development is ongoing. Customer service, resolution of internal grievances, sale or transfer of assets processes may apply. Persons participating in such processes will review billing and medical files to ensure we maintain our compliance with regulations and the law.

B. Disclosures That Can Be Made Without Your Authorization

There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on that authorization.

Public Health, Abuse or Neglect, and Health Oversight
We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (births/death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

Because law requires physicians to report child abuse or neglect, we may disclose medical information to a public agency authorized to receive reports of child abuse or neglect. The law also requires a person having cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation to report the information to the state, and HIPAA privacy regulations permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections, which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement
We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or administrative decision-maker) or another appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided:

- The information is released pursuant to legal process, such as a warrant or subpoena;
- The information pertains to a victim of crime and you are incapacitated;
- The information pertains to a person who has died under circumstances that may be related to criminal conduct;
- The information is about a victim of crime and we are unable to obtain the person's agreement;
- The information is released because of a crime that has occurred on these premises; or
- The information is released to locate a fugitive, missing person, or suspect.

We also may release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Worker's Compensation
We may disclose your medical information as required by workers' compensation law.

Inmates
If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health of others, or for the safety and security of the institution.

Military, National Security and Intelligence Activities, Protection of the President
We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the president of the United States, other authorized government officials, or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors
When a research project and its privacy protections have been approved by an institutional review board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased person or a cause of death. Further, we may release your medical information to a funeral director when such a disclosure is necessary for the director to carry out his duties.

Required by Law
We may release your medical information when the disclosure is required by law.

C. Your Rights Under Federal Law

The U.S. Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPAA rights.

Requested Restrictions
You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or health care operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

You also may request that we limit disclosure to family members, other relatives, or close personal friends who may or may not be involved in your care.

To request a restriction, submit the following in writing: (a) the information to be restricted, (b) what kind of restriction you are requesting, (c) to whom the limits apply. Please send the request to the address and person listed at the end of this document.

Receiving Confidential Communications by Alternative Means
You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

Inspection and Copies of Protected Health Information
You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that requests for copies be made in writing, and we ask that requests for inspection of your health information also be made in writing. Please send your request to the person listed at the end of this document.

We may ask that a narrative of that information be provided rather than copies. However, if you do not agree to our request, we will provide copies.

We can refuse to provide some of the information you ask to inspect or ask to be copied for the following reasons:

- The information is psychotherapy notes.
- The information is subject to the Clinical Laboratory Improvements Amendments of 1988.
- The information has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we arrange for a review of our decision on your request. Any such review will be made by another licensed health care provider who was not involved in the prior decision to deny access.

Kansas law requires us to be ready to provide copies or a narrative within 15 days of your request. We will inform you when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA permits us to charge a reasonable cost-based fee. That fee is $25.00.

Amendment of Medical Information
You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed at the end of this document. We will respond within 60 days of your request. We may refuse to allow an amendment for the following reasons:

- The information wasn't created by this practice or the physicians in this practice.
- The information is not part of the designated record set.
- The information is not available for inspection because of an appropriate denial.
- The information is accurate and complete.

Even if we refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment, we will inform you in writing.

If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we now have the incorrect information.

Accounting of Certain Disclosures
HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person at the end of this document. Your first accounting of disclosures (within a 12- month

period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you, and you may choose to withdraw or modify your request before any costs are incurred.

D. Appointment Reminders, Treatment Alternatives, and Other Benefits

We may contact you by (telephone, mail, or both) to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

E. Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government.

F. Our Promise to You

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to the protected health information, and to abide by the terms of the notice of privacy practices in effect.

G. Questions and Contact Persons for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Chris Lonsford
245 Peachtree Industrial Blvd #100
Sugar Hill, GA 30518
Phone: (816) 207-4119
Fax: (770) 831-0250
Email: chris@restorative-health.com

INFORMED CONSENT

I, _____, acknowledge that I have been presented with a copy of the RH Notice of Privacy Practices and am aware that all clinic personnel may have access to private information in order to serve patients.

I consent to the provider's use of protected health information as described in the notice for treatment, payment, or health care operations. I understand that I must provide a separate authorization before any other disclosures may be made.

We may call to remind you of your appointment or to notify you of test results. I agree, if I have an answering machine or voicemail, to allow the doctor or staff to identify themselves, as well as myself, to notify me of my appointment or tell me that test results are back. We will not leave test results on your answering machine or voicemail.

I request that my protected health information be disclosed to the following persons or facility as listed below:

_____

_____

_____

_____

Patient Signature:_____ Date:_____