

Tamara McReynolds, D.O.
916 Walnut Street
Georgetown, TX 78626
PH: 512 863-4722 FAX: 512 948-7305
www.drmc Reynolds.com

OFFICE POLICY

Dear Patient,

Welcome. To help you get acquainted with the office, we have prepared a few words about our policies and fee schedules. Please read and sign below indicating that you understand the guidelines.

YOUR APPOINTMENT

Your appointment is time set aside for you and your physician. Without a 24-hour notice, patients who forget their appointments or cancel at the last minute will be charged in full. All appointment changes or cancellations must be made **by phone**. Please understand we allow ½ to 1.5 hours for each patient visit and a missed appointment is lost time, which could have gone to another patient.

CURRENT FEE SCHEDULE

- Please contact the office for current fee schedule.
- Initial evaluation and treatment: 75-90 minutes
- Follow up treatments: 30-40 minutes
- Payment is required at the time of visit—we accept cash, check, or credit cards.
- We will provide you with a receipt. We regret that we are unable to accept the following: Disability Insurance, Worker’s Compensation, MediCal, Medicare, Liens, Assignment from an Insurance Carrier or Tricare.
- To cover our administrative costs, if your check is returned from the bank, we will add a \$25 “returned check” fee.

SUPPLEMENTS FOR PURCHASE

Dr. McReynolds provides high quality nutraceuticals and products as a convenience, to improve compliance, and optimize clinical results. Products purchased from the office are “reasonable and customary” pricing, which entails variable differences between wholesale and retail that constitutes a source of income. There is no obligation to purchase products from Dr. McReynolds.

E-MAIL

Dr. McReynolds does not encourage e-mail communication. HIPPA regulations state that all patients must be made aware of potential threats to their private health information. E-mail is not HIPPA compliant or secure. Private health information may be revealed through e-mail to unattended parties deliberate, accidental or otherwise. For this reason, Dr. McReynolds does not routinely engage in patient care via e-mail correspondence.

Thank you for taking the time to read the policy sheet. We understand that you have come here to seek specialized treatment and we will endeavor to assist you in a speedy recovery.

X _____ X _____
Signature of Patient or Legal Representative Date

X _____
Printed Name and Relationship

Relationship to patient: _____ Parent _____ Legal Representative

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Informed Consent to Osteopathic Treatment

Thank you for selecting our office for evaluation and osteopathic treatment. We look forward to serving you.

D.O.'S AND OSTEOPATHIC MANUAL MEDICINE

An osteopathic physician is a fully licensed physician (i.e. licensed to prescribe medication and perform surgery) whose education combines the traditional methods of diagnosis and treatment as well as osteopathic manual medicine (manipulation). Osteopathic philosophy also stresses holistic and preventive care.

Osteopathic manual medicine is a form of treatment based on the concept that the structure of the human body influences the function. The goal of treatment is to improve the body's structure that in turn enables the body to function at a higher level of health. This usually reduces the amount of pain experienced by the patient as well as increases the ability of the body to fight disease (i.e. stimulate the immune system). As in most forms of medical treatment, no specific results can be guaranteed.

TREATMENT PROGRAM

The physician will ask questions and perform a physical examination which includes the musculoskeletal system in order to detect any somatic dysfunction (abnormalities such as tenderness, asymmetry, restricted range of motion and abnormal changes in the muscles, joints, bones, connective tissue, etc.). The physician's goal is to locate then reduce or resolve this somatic dysfunction. Techniques range from a very light touch to more increased pressure.

Quantum Reflex Analysis (specialized muscle kinesiography testing) is often employed as a complementary assessment to identify interference fields and specific supplement needs.

Other recommendations may be given such as exercise, stretching regimens, diet, supplements, homeopathic, cleansing/ detoxification programs, or meditation.

TREATMENT RISKS

Osteopathic manual medicine is considered one of the safest and most non-invasive forms of medical treatment. However, side effects may occur.

By signing below, I do hereby voluntarily consent to be treated with osteopathic manipulation. I am aware that certain adverse side effects may result from this treatment. The most serious complications that may occur are stroke, broken bones, spinal cord compression or paralysis; these are very rare. Other adverse effects may include, but are not limited to: muscles aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

I understand that Quantum Reflex Analysis is not intended to diagnose or treat any disease.

I understand that any supplements recommended to me are not medications and do not treat any disease.

I understand that there may be other diagnostic and treatment alternatives, including traditional laboratory testing, medication or surgery.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

X _____ X _____
Signature of patient or legal representative Date

X _____
Printed Name and relationship

Relationship to patient: _____ Parent _____ Legal Representative

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Notice of Privacy Practices

Tamara McReynolds, D.O.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operation.

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.
- The practice may also be required or permitted to disclose your PHI for law enforcement and other legitimate reasons. In all situations, we shall do our best to assure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information. We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, in addition to other fundraising communications, that may be of interest to you. You do have the right to "opt out" with respect to receiving fundraising communications from us.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization.

You may have the following rights with respect to your PHI.

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances in which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.

- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised of your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for services "out of pocket," in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective as of September 12, 2013, and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Feel free to contact the Practice Compliance Officer, Tamara McReynolds, D.O., 916 S. Walnut Street, Georgetown, TX 78626, 512 863-4722 for more information, in person or in writing.

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Tamara McReynolds, D.O.

I hereby acknowledge receipt of a copy of the Notice of Privacy Practices, Policies, and Procedures.

X _____ X _____
Signature of patient or legal representative Date

X _____
Printed Name and Relationship

Relationship to patient: _____ Parent _____ Legal Representative