

Robyn A Graber, DC, PC
Inner Sage Healing Arts Center

Dear New Patient,

My staff and I are excited to meet you and assist you with your first office visit. To help you streamline your first visit please read, sign and complete the following forms to the best of your ability:

- Confidential Health Information
- Notice of Privacy Practices
- PHI Use & Disclosure Authorization
- Financial Office Policy
- Missed Appointment & Cancellation Policy

***COMPLETE AND BRING ALL FORMS WITH YOU TO YOUR FIRST OFFICE VISIT!**

When you arrive, you will be asked for your completed forms. A Patient Advocate will greet you and bring you back to the exam room. She will go over the Personal History Questionnaire with you to gain better clarity about your history, health concerns and health needs.

You will receive three diagnostic scans: 1) an Infrared Thermography, 2) a Surface EMG, and 3) a Heart Rate Variability. These scans will not cause any discomfort and will take approximately 20 minutes.

When your scans are complete, you will receive a Network Spinal Analysis (NSA) Exam. This will include a posture evaluation, breathing pattern observation and leg checks to determine the amount of stress and tension you are carrying in your spine and nervous system.

You will then receive your First Entrainment where gentle touches will be applied along the spine to release stress from the body and create more balance. Your entrainment will take approximately 10 - 15 minutes.

A brief Report of Findings will be given at the end of your first visit. Your entire first visit will take approximately 1 hour and 45 minutes.

On your second visit you will receive a detailed Report of Findings with recommendations for care and a folder that you can take home with you containing all information discussed. We will schedule additional time for your entrainment should you decide to begin care immediately. Your second visit will take approximately 30 – 40 minutes.

Tea and water are available for you in the reception area. My staff and I welcome you to a family environment that supports wellness and personal health transformation. Thank you for choosing me as your chiropractor, I look forward to assisting you in your journey towards well being.

Sincerely,
Robyn A. Graber, D.C.

ROBYN A GRABER DC, PC NOTICE OF PRIVACY PRACTICE

This office is required to notify you in writing, that by law, we must maintain the privacy and confidentiality of your Personal Health Information. In addition we must provide you with written notice concerning your rights to gain access to your health information, and the potential circumstances under which, by law, or as **dictated by our office policy**, we are permitted to disclose information about you to a third party without your authorization. Below is a brief summary of these circumstances. If you would like a more detailed explanation, one will be provided to you. In addition, you will find we have placed several copies in report folders labeled '**HIPAA**' on tables in the reception. Once you have read this notice, please sign the last page, and return only the signature page (page 2) to our front desk receptionist. Keep this page for your records.

PERMITTED DISCLOSURES:

1. Treatment purposes - discussion with other health care providers involved in your care.
2. Inadvertent disclosures - open treating area mean open discussion. If you need to speak privately to the doctor, please let our staff know so we can place you in a private consultation room.
3. For payment purposes - to obtain payment from your insurance company or any other collateral source.
4. For workers compensation purposes - to process a claim or aid in investigation.
5. Emergency - in the event of a medical emergency we may notify a family member.
6. For Public health and safety - in order to prevent or lessen a serious or eminent threat to the health or safety of a person or general public.
7. To Government agencies or Law enforcement - to identify or locate a suspect, fugitive, material witness or missing person.
8. For military, national security, prisoner and government benefits purposes.
9. Deceased persons - discussion with coroners and medical examiners in the event of a patient's death.
10. Telephone calls or emails and appointment reminders - **we may call your home and leave messages** regarding a missed appointment or apprise you of changes in practice hours or upcoming events.
11. Change of ownership- in the event this practice is sold, the new owners would have access to your PHI.

YOUR RIGHTS:

1. To receive an accounting of disclosures.
2. To receive a paper copy of the comprehensive "Detail" Privacy Notice.
3. To request mailings to an address different than residence.
4. To request Restrictions on certain uses and disclosures and with whom we release information to, although we are not required to comply. If, however, we agree, the restriction will be in place until written notice of your intent to remove the restriction.
5. To inspect your records and receive one copy of your records at no charge, with notice in advance.
6. To request amendments to information. However, like restrictions, we are not required to agree to them.
7. To obtain **one copy** of your records at no charge, when timely notice is provided (72 hours). **X-rays** are original records and you are therefore not entitled to them. If you would like us to outsource them to an imaging center, to have copies made, we will be happy to accommodate you. However, you will be responsible for this cost.

COMPLAINTS:

If you wish to make a formal complaint about how we handle your health information, please call [Robyn Graber, DC](tel:5853838833) at (585) 383-8833 If [she](#) is unavailable, you may make an appointment with our receptionist to see [her](#) within 72 hours or 3 working days. If you are still not satisfied with the manner in which this office handles your complaint, you can submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Ave. SW
Room 509F HHH Building
Washington DC 20201

Patient initials: _____-retaining page 1 of 2

Robyn A Graber, DC, PC, NOTICE REGARDING YOUR RIGHT TO PRIVACY continued...

I have received a copy of Robyn A Graber, DC, PC Patient Privacy Notice. I understand my rights as well as the practice's duty to protect my health information, and have conveyed my understanding of these rights and duties to the doctor. I further understand that this office reserves the right to amend this "Notice of Privacy Practice" at a time in the future and will make the new provisions effective for all information that it maintains past and present.

I am aware that a more comprehensive version of this "Notice" is available to me and several copies kept in the reception area. At this time, I do not have any questions regarding my rights or any of the information I have received.

Patient's Name

DOB

HR#

Patient's Signature

Date

Witness

Date

Robyn A Graber, DC, PC
Inner Sage Healing Arts Center

PHI Use and Disclosure Authorization

If you wish to have your medical or billing information released to family members you must fill out the information and sign below. I hereby authorize **Robyn A Graber, DC, PC** disclosure of my individually identifiable health information to the individuals listed:

1. Name _____ Relationship to Patient _____

Authorization to:

- Disclose treatment plans and test results
- Billing information including statement balances
- Past and future Appointments
- Receive phone messages and/or email regarding appointments or test results
- Other _____

2. Name _____ Relationship to Patient _____

Authorization to:

- Disclose treatment plans and test results
- Billing information including statement balances
- Past and Future Appointments
- Receive Phone Messages or email regarding appointments or test results
- Other _____

We have permission to (please check all that apply):

- Leave messages on home phone or with household members
- Leave messages on work phone
- Leave messages on cell phone
- Confirm appointments by phone or text

This authorization is effective through (check one):

- ___/___/___
- NO EXPIRATION** unless revoked or terminated by the patient or the patient's personal representative

I understand that I may revoke this authorization to disclose information at any time by notifying **Robyn A Graber, DC, PC** in writing (*Termination of Disclosure Form* provided on request). If I choose to do so, I am aware that my revocation will not affect any actions taken by **Robyn A Graber, DC, PC** until the termination request is received in writing and processed.

Authorization to Disclose:

Patient Name (print)	Patient's Date of Birth
Patient Signature	Date
Signature of Personal Representative	Date
Relationship to Patient: _____ Drivers License Number: _____ State _____	

PHI Use and Disclosure Authorization

If you wish to have your medical or billing information released to family members you must fill out the information and sign below. I hereby authorize **Robyn A Graber, DC, PC** disclosure of my individually identifiable health information to the individuals listed:

3. Name _____ Relationship to Patient _____

Authorization to:

- Disclose treatment plans and test results
- Billing information including statement balances
- Past and future Appointments
- Receive phone messages and/or email regarding appointments or test results
- Other _____

4. Name _____ Relationship to Patient _____

Authorization to:

- Disclose treatment plans and test results
- Billing information including statement balances
- Past and Future Appointments
- Receive Phone Messages or email regarding appointments or test results
- Other _____

We have permission to (please check all that apply):

- Leave messages on home phone or with household members
- Leave messages on work phone
- Leave messages on cell phone
- Confirm appointments by phone or text

This authorization is effective through (check one):

- ____/____/____
- NO EXPIRATION** unless revoked or terminated by the patient or the patient's personal representative

I understand that I may revoke this authorization to disclose information at any time by notifying **Robyn A Graber, DC, PC** in writing (*Termination of Disclosure Form* provided on request). If I choose to do so, I am aware that my revocation will not affect any actions taken by **Robyn A Graber, DC, PC** until the termination request is received in writing and processed.

Authorization to Disclose:

Patient Name (print)	Patient's Date of Birth
Patient Signature	Date
Signature of Personal Representative	Date

Relationship to Patient: _____ Drivers License Number: _____ State _____

Robyn A. Graber, DC PC

1 Grove Street, Suite 103
Pittsford, NY 14534 USA

Financial Office Policy

- It is our office policy that payment for services rendered is ultimately the responsibility of the patient, whether or not you have third party assistance with your financial obligation. We are happy to extend a payment plan to you so that you can follow through with all the care you may require.
- All patient fees are expected at the time of service or according to a preset payment plan or program. Personal balances may not exceed \$110 unless on a pre-arranged payment plan. Payment plans are available to ensure you are able to receive all the care you may require.
- For your convenience, this office accepts cash, checks, and the following credit cards: Visa, MasterCard, Discover
- Should payment be refused by your bank for any check written, this office will charge a fee equal to the amount charged by the financial institution to offset the charges we will incur as a result of the returned check.
- This office does not bill third party payers on behalf of our patients. We will provide you with a receipt sufficient to submit to your own third-party payer, if necessary.
- Should you discontinue care for any reason, other than discharge by the doctor, any and all balances will become due and payable at that time. If you are on a predetermined payment plan, that plan will continue to be in effect until your balance is zero.

Signed: _____ Date: _____

Witness: _____ Date: _____

Robyn A Graber, DC, PC
Michele law, INHC
Inner Sage Healing Arts Center

Missed Appointment and Cancellation Policy

PLEASE CALL if you will be late.

Late appointments may need to be rescheduled or they will be considered a **Missed Visit** and subject to a charge.

*We request 24-hour notice for cancellations so we may offer that appointment time to someone else needing care.

Chiropractic Services

There is a **\$55 Missed Visit charge** for Cancellations, Reschedule Requests without adequate notice and Missed Visits.

Nutrition Services

There is a **\$50 Missed Visit charge** for less than 24-hour notice for Cancellations, Reschedule Requests and Missed Visits.

We appreciate your understanding

Signature: _____ Date: _____

Directions to INNER SAGE HEALING ARTS CENTER
The Pickle Factory Building
1 Grove Street, Suite 103, Pittsford, NY 14534

Look for the hanging sign that says Inner Sage Healing Arts Center.
There is a separate walkway and entrance.

Please **Do Not** enter building through the green awning.

- If you don't have a GPS we recommend using **Google Maps**.
- **Grove Street is located off of French Road** in Pittsford, NY and it is also behind the DelMonte Spa.
- **French Road** runs between Route 96 (Main Street/East Avenue in Pittsford) and Monroe Avenue (Near Pittsford Plaza) but continues all the way to Winton Road in Brighton.
- The Parking lot is in the back of The Pickle Factory near the Loading Dock.

From North or West

1. **Take 490 East to Exit 23 (Linden Avenue) (Route 441)**
2. Bear Right off the ramp and make a **Left onto East Avenue (Route 96)**
3. **Follow Route 96 into Pittsford.** You will pass Nazareth College on your right
4. **Turn Right on French Road.** It is at a light next to a cemetery
5. Make your first **Left on Grove Street**
6. You will see The Old Pickle Factory building. **Bear right to the parking lot**
7. When pulling into the parking lot, on the left of the building if you see a **loading dock** and an **American Flag** know that is the right end of the parking lot to park.
8. Look for the hanging sign that says Inner Sage Healing Arts Center. There is a separate walkway and entrance. Please **Do Not** enter building through the green awning.

From Buffalo or Syracuse

1. **Take I-90 to Exit 45 (Rochester)**
2. Take 490 West to **Exit 26** (Pittsford/Route 31)
3. **Turn Right off the ramp** (West) onto Pittsford/Palmyra Road (Route 31)
4. Follow into the village of Pittsford approximately 4 minutes.
5. **Turn Right at the light onto Main Street**
6. Go over the canal bridge and past the "Del Monte Spa"
7. At your second light turn **Left on French Road**
8. Make your first **Left on Grove Street**
9. You will see The Old Pickle Factory building. **Bear right to the parking lot.**
10. When pulling into the parking lot, on the left of the building if you see a **loading dock** and an **American Flag** know that is the right end of the parking lot to park.
11. Look for the hanging sign that says Inner Sage Healing Arts Center. There is a separate walkway and entrance. Please **Do Not** enter building through the green awning.

Pittsford Village via Washington Road (Route 153) from Fairport and Penfield

1. Take Route 153 into Pittsford

2. Turn **Right on Main Street**
3. **Left on French Road**
4. **Left on Grove Street**
5. You will see The Old Pickle Factory building. **Bear right to the parking lot.**
6. When pulling into the parking lot, on the left of the building if you see a **loading dock** and an **American Flag** know that is the right end of the parking lot to park.
7. **Look for the hanging sign that says Inner Sage Healing Arts Center. There is a separate walkway and entrance. Please Do Not enter building through the green awning.**

Pittsford Village via Pittsford/Mendon Rd (Route 64) from Mendon and South

1. Follow Route 64 into the village of Pittsford
2. Go over the canal bridge and past the “Del Monte Spa”
3. At your second light turn **Left on French Road**
4. Make your first **Left on Grove Street**
5. You will see The Old Pickle Factory building. **Bear right to the parking lot.**
6. When pulling into the parking lot, on the left of the building if you see a **loading dock** and an **American Flag** know that is the right end of the parking lot to park.
7. **Look for the hanging sign that says Inner Sage Healing Arts Center. There is a separate walkway and entrance. Please Do Not enter building through the green awning.**

From West via Monroe Avenue (Route 31)

1. Follow Route 31 into Pittsford Plaza/Pittsford Colony area.
2. At the light, turn **Left onto French Road** and take almost to the end
3. Turn **Right on Grove Street** (located close to the end of the street)
4. You will see The Old Pickle Factory building. **Bear right to the parking lot.**
5. When pulling into the parking lot, on the left of the building if you see a **loading dock** and an **American Flag** know that is the right end of the parking lot to park.
6. **Look for the hanging sign that says Inner Sage Healing Arts Center. There is a separate walkway and entrance. Please Do Not enter building through the green awning.**

From East via Pittsford/Palmyra Road (Route 31)

1. Follow Route 31 into Pittsford Village
2. **Turn Right at the light onto Main Street**
3. Go over the canal bridge and past the “Del Monte Spa”
4. At your second light turn **Left on French Road**
5. Make your first **Left on Grove Street**
6. You will see The Old Pickle Factory building. **Bear right to the parking lot.**
7. When pulling into the parking lot, on the left of the building if you see a **loading dock** and an **American Flag** know that is the right end of the parking lot to park.

Look for the hanging sign that says Inner Sage Healing Arts Center. There is a separate walkway and entrance. Please Do Not enter building through the green awning.