



Patient Information

Patient Name: _____ Nickname: _____ DOB: _____

Gender: M F Social Security #: _____ E-mail: _____

Employment Status: _____ Marital Status: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Text Messaging: Yes No

Address: _____ City: _____

State: _____ Zip: _____ Patient Employer: _____

Employer Address: _____

Responsible Party: _____ Date of Birth: _____

I understand and agree that (regardless of my insurance), I am ultimately responsible for the balance of my account for any professional services rendered.

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

May we release your Protected Health Information to this person? Yes No If yes, DOB: _____

Name: _____ Relationship: _____ Phone: _____

May we release your Protected Health Information to this person? Yes No If yes, DOB: _____

Name: _____ Relationship: _____ Phone: _____

May we release your Protected Health Information to this person? Yes No If yes, DOB: _____

Insurance

Primary Insurance: _____ Subscriber Name: _____

DOB: _____ Social Security #: _____ Employer: _____

Secondary Insurance: _____ Subscriber Name: _____

DOB: _____ Social Security #: _____ Employer: _____

Tertiary Insurance: _____ Subscriber Name: _____

DOB: _____ Social Security #: _____ Employer: _____

Physician Information

Referring Physician: _____ Date last seen: _____

Office Location: _____ Phone Number: _____

Primary Care Physician: _____ Date last seen: _____

Office Location: _____ Phone Number: _____

Are you Diabetic? Yes No Physician Treating Diabetes: _____

Patient's Full Name: _____ Date: _____

Patient Medical History

Have you received Physical Therapy in the last 6 months? Yes No Date last seen: _____

Physical Therapist: _____ Office Location: _____

Do you use tobacco? Yes Quit Never Prefer not to answer Type of Tobacco: _____

Have you fallen in the last 6 months? Yes No If yes, how many times? _____

Have you been to the Hospital, ER, or Urgent Care in the last 6 months? Yes No Date: _____

If yes, which facility? _____ Was it related to a fall? Yes No

General Health: Poor Fair Good Excellent Activity Level: Sedentary Limited Active Very Active

Condition result of: Work Related Accident Auto Accident Other Accident Since Birth Other

Date of illness, injury, or amputation: _____ Hospital/Facility: _____

Known Allergies (including contact materials): _____

Pain medications you are currently taking: _____

List major surgeries and dates: _____

Have you experienced any of the following?

_____ Alzheimer's or Dementia

_____ Anxiety

_____ Asthma

_____ Brain Injury/TBI

_____ Cancer

_____ Depression

_____ Diabetes Type I

_____ Diabetes Type II

_____ Hearing Loss

_____ Heart Problems

_____ Hepatitis

_____ High Blood Pressure

_____ HIV

_____ Infections

_____ Intestinal Problems

_____ Kidney Disease

_____ Liver Disease

_____ Migraines

_____ MRSA

_____ Neurological Problems

_____ Obesity

_____ Osteoarthritis

_____ Osteoporosis

_____ Parkinson's Disease

_____ Pulmonary Disease (TB)

_____ Rheumatoid Arthritis

_____ Seizure Disorders

_____ Skin Problem

_____ Stomach Problem

_____ Stroke/TIA/CVA

_____ Vascular Disease

_____ Vision Problems

Other conditions: _____

Do you experience numbness or swelling of the hands and/or feet? _____

If yes, how often? _____

Current Height: _____ Current Weight: _____ Shoe Size: _____

Have you received any orthotic/prosthetic items, such as braces, shoes inserts, splints, etc., within the last 5 years? Yes No What item(s) did you receive? _____

Date Received: _____ Who supplied the item(s)? _____

Why are you no longer using the device? _____

What are your goals regarding Prosthetic/Orthotic intervention? _____



PRIVACY NOTICE

PLEASE REVIEW THIS NOTICE CAREFULLY

Kenney Orthopedics is committed to maintaining the privacy of your Protected Health Information (PHI), which includes information about your health condition, and the care and treatment you receive from Kenney Orthopedics. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care. This notice details how your PHI may be used by this office and or disclosed to third parties. This notice also details your rights regarding your PHI.

CONSENT

- Kenney Orthopedics may use and/or disclose your PHI provided that it first obtains a valid Consent signed by you. The consent will allow Kenney Orthopedics to use and/or disclose your PHI for the purpose of:
 - a. **Treatment** – In order to provide you with the health care you require, Kenney Orthopedics will provide your PHI to those health care professionals, whether on Kenney Orthopedics staff or not, directly involved in your care so that they may understand your health condition and needs.
 - b. **Payment** – In order to get paid for services provided to you, Kenney Orthopedics will provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements.
 - c. **Health Care Operations** – In order for Kenney Orthopedics to operate in accordance with applicable law and insurance requirements and in order for Kenney Orthopedics to continue to provide quality and efficient care, it may be necessary for Kenney Orthopedics to compile, use and/or disclose your PHI.

NO CONSENT REQUIRED

- Kenney Orthopedics may use and/or disclose your PHI, without a written Consent from you, in the following instances:
 - a. **De-identified Information** – Information that does not identify you and even without your name, cannot be used to identify you.
 - b. **Business Associates** – To a business associate if Kenney Orthopedics obtains satisfactory written assurance in accordance with applicable law, that the business associate will appropriately safeguard your PHI.
 - c. **Personal Representatives** – Unless you object, to your family members or a person who under applicable law or authorized by you, has the authority to represent you in making decisions related to your health care or for payment. We will only disclose the PHI directly relevant to their involvement in your care or payment.
 - d. **Emergency Situations** – For the purpose of obtaining or rendering emergency treatment to you provided that Kenney Orthopedics attempts to obtain your Consent as soon as possible, or, to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating your care with such entities in an emergency situation.
 - e. **Communication Barriers** – If, due to substantial communication barriers or inability to communicate, Kenney Orthopedics has been unable to obtain your Consent and Kenney Orthopedics determines in professional judgment, that your Consent to receive treatment is clearly inferred from the circumstances.
 - f. **Public Health Activities** – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease.
 - g. **Abuse, Neglect or Domestic Violence** – To a government authority if Kenney Orthopedics is required by law to make such disclosure. If Kenney Orthopedics is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.
 - h. **Health Oversight Activities** – Such activities, which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.
 - i. **Judicial and Administrative Proceedings** – Kenney Orthopedics may be required to disclose your PHI in response to a court order or lawfully issued subpoena.
 - j. **Law Enforcement purpose** – In certain instances your PHI may have to be disclosed to a law enforcement official.
 - k. **Coroner or Medical Examiner** – Kenney Orthopedics may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.
 - l. **Organ, Eye or Tissue Donation** – If you are an organ donor, Kenney Orthopedics may disclose your PHI to the entity to whom you have agreed to donate your organs.
 - m. **Research** – If Kenney Orthopedics is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI.
 - n. **Avert a Threat to Health or Safety** – Kenney Orthopedics may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and eminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
 - o. **Specialized Government Functions** – This refers to disclosures of PHI that relate primarily to military and veteran activity.
 - p. **Worker's Compensation** – If you are involved in a Worker's Compensation claim, Kenney Orthopedics may be required to disclose your PHI to an individual or entity that is part of the Worker's Compensation system.
 - q. **Nation Security and Intelligence Activities** – Kenney Orthopedics may disclose your PHI in order to provide authorized governmental officials with necessary intelligence information for national security activities and purposes authorized by law.
 - r. **Military and Veterans** – If you are a member of the armed forces, Kenney Orthopedics may disclose your PHI as required by the Military command authorities.

APPOINTMENT REMINDER

Kenney Orthopedics may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. The following appointment reminders may be used by Kenney Orthopedics, a postcard mailed to you at the address you provided, by telephoning your home or other number you authorize, and leaving a message on your answering machine or with the individual answering the phone.

DIRECTORY/SIGN LOG

Kenney Orthopedics maintains a directory of and sign in log for individuals seeking care and treatment in the office. These are located in a position where staff can readily see who is seeking care in the office, as well as the individual's location within Kenney Orthopedics office building. This information may be seen by and is accessible to others who are seeking care or services the Kenney Orthopedics office. We will try to use a system where names are not visible after you have signed in and are receiving treatment or have left the office.

AUTHORIZATION

Uses and or disclosures other than those described above will be made only with your signed written authorization.

YOUR RIGHTS

You have the right to receive a copy of this Notice of Privacy Practices and you may:

- Revoke any authorization and or consent, in writing, at any time. To request a revocation, you must submit a written request to Kenney Orthopedics privacy officer.
- Request restrictions on certain use and or disclosure of your PHI as provided by law. However, Kenney Orthopedics is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Privacy Officer. In your written request you must inform Kenney Orthopedics of what information you want to limit, whether you want to limit Kenney Orthopedics use or disclosure or both, and to whom you want the limits to apply. If Kenney Orthopedics agrees to your request, Kenney Orthopedics will comply with your request unless the information is needed in order to provide you with emergency treatment.
- Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to the Privacy Officer. Kenney Orthopedics will accommodate all reasonable requests.
- Inspect and or obtain a copy of your PHI as provided by law. The initial copy of your PHI is free, however, Kenney Orthopedics may charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, Kenney Orthopedics may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.
- Request an amendment to your PHI as provided by law. To request an amendment, you must submit a written request to the Privacy Officer. Kenney Orthopedics may deny your request if we determine that the PHI or record that is the subject of the request: 1) was not created by Kenney Orthopedics, 2) if the information is not part of your PHI maintained by Kenney Orthopedics, 3) if the information is not part of the information you would be permitted to inspect and copy, 4) if the information is accurate and complete. If you disagree with Kenney Orthopedics denial, you will have the right to submit a written statement of disagreement. In any event, any agreed upon amendment will be included as an addition to, and not a replacement of already existing records.
- Receive an accounting of disclosures of you PHI as provided by law. To request an accounting, you must submit in a written request to the Privacy Officer. The request must state a time period which may not be longer than six years. The first list your request within a twelve month period will be free, but Kenney Orthopedics may charge you for the cost of providing additional lists. Kenney Orthopedics will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions about this notice or would like additional information, you may contact our office at the address or telephone number listed below. If you believe that your rights have been violated, you have the right to file a complaint with Kenney Orthopedics or with the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel: (202) 619-0257
Toll Free: (877) 696-6775
<http://www.hhs.gov/contacts>

KENNEY ORTHOPEDICS

Privacy Officer
208 Normandy Ct
Nicholasville, KY 40356
Tel: (859) 241-1015
Fax: (859) 241-1088
<http://www.kenneyorthopedics.com>

KENNEY ORTHOPEDICS REQUIREMENTS

1. Is required to maintain the privacy of you PHI and to provide you with this Privacy Notice detailing Kenney Orthopedics legal duties and privacy practices with respect to your PHI.
2. Is required by State law to maintain a higher level of confidentiality with respect to certain portions of your medical information that is provided for under federal law.
3. Is required to abide by the terms of this Privacy Notice.
4. Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provision effective for your entire PHI that it maintains.
5. Will distribute any revised Privacy Notice to your prior to implementation.

EFFECTIVE DATE:

This notice is in effect as of April 15, 2003. This notice will be prominently posted in the office where registration occurs. You will be given a paper copy at the time we first provide services to you. Thereafter, you may obtain a copy upon request.

Assignment of Benefits

I request that payment of authorized benefits be made to Kenney Orthopedics, LLC for any covered services furnished to me by Kenney Orthopedics, LLC. I authorize my medical information to be released to Kenney Orthopedics, LLC, my Insurance Payer, and to all entities utilized to facilitate my care. I agree to be responsible for payment of any amounts not covered by my insurance plan or any amount remaining after my insurance plan has made payment, including all deductibles, co-payments, and co-insurance.

Appointment of Authorized Representative

I appoint any authorized representative of Kenney Orthopedics, LLC to act on behalf of myself or my minor dependent in connection with any claim for coverage or benefits related to my orthotic/prosthetic care including receipt of any approval(s) or authorization(s) that are required before medical service(s) are rendered. I authorize my representative to receive any and all information related to my orthotic/prosthetic care that is provided to me, and to act for me or my minor dependent, in providing any information to the group health plan in relation to the disputed claim(s), approval(s), appeal(s), or authorization(s). The document is not intended to authorize access to any personal health information unrelated to the disputed claims, approvals, or authorizations.

Financial Policy

I acknowledge and understand that I am responsible for all Insurance Deductibles, Co-Insurance, Non-Covered items and/or Policy Caps as stated in my Insurance Plan. I accept full financial responsibility for all charges for service and items created for me, my minor dependant, or to the patient for whom I have legal responsibility. For any applicable charges listed above, I agree to the following payment schedule: 33% due before fabrication of the item begins, with any remaining balance due on or before delivery of the item or service. I also acknowledge that I will be responsible for the purchase of the item even if it is not delivered to me due to no fault of Kenney Orthopedics. I understand that filing a claim with my insurance company does not relieve me from my responsibility for payment of all charges.

We accept cash, checks, Care Credit and most major credit cards. Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges up to 5%. If you have any questions about the above information or any uncertainty regarding your insurance coverage, please do not hesitate to ask us. We value you, our patient, and will strive to provide you with our best professional care. We are here to help you.

Patient's Rights

Patients have the right to:

- Receive quality medical care regardless of race, color, sex, national origin, diagnosis, disability, political affiliation, sexual orientation or preference, veteran status, religion, gender, age, ability to pay, or conditions of reimbursement.
- Receive compassionate care that respects their personal, spiritual, cultural, and religious values and beliefs.
- Participate in resolution of ethical dilemmas about patient care decisions. Resources to facilitate resolution of ethical issues are available for patients and their families.
- Know the name and role of their attending physician and any other caregiver(s) participating in their care.
- Request that an individual of his/her choice, family member or otherwise, and/or a physician of his/her choice be notified in the event that he/she is admitted to the hospital.
- Be well-informed about his/her illness, possible treatments and likely outcomes and to discuss this information with his/her physician in a manner which the patient can understand.
- Receive information about any proposed treatment or procedure in order to make an informed decision whether to consent to or refuse a course of treatment. Except in emergencies, this information shall include the purpose and description of the procedure, probable result, significant risks, and alternate courses of treatment.
- Actively participate in decisions regarding medical care, including managing pain effectively. To the extent permitted by law, this includes the right to refuse treatment after being informed of the consequences of refusal, the right to leave the care of the entity against physician's advice, except in extraordinary circumstances, or both.
- Be free from restraints and seclusion except where necessary for medical treatment or patient safety, or where required by law. Restraints and seclusion are not to be used for coercion, discipline, convenience, or retaliation. If the patient has any question regarding the use of restraints, he/she should feel free to ask his/her care nurse or physician.
- Privacy and confidential treatment of all communications and records about his/her care. Release of medical records will only occur with the patient's consent or where permitted by law. While a patient, he/she may examine his/her medical record with a healthcare provider designated by the entity, except to the extent that such review is determined by the patient's attending physician to be potentially harmful to the health of the patient. Fulfillment of patient requests to review and/or receive a copy of his/her medical record will occur in a timely manner.
- Accept or decline participation in research. Participation is voluntary and will only occur after a full explanation has been given and written permission has been obtained. The patient's decision not to participate in research or to discontinue participation at any time will not result in any penalty, loss of benefits, or loss of access to care to which the patient is otherwise entitled.
- Be informed of entity policies that affect care and treatment.
- Be informed about charges, professional fees and payment arrangements. Kenney Orthopedics will not deny medically necessary care based on payer issues. Should any dispute occur regarding third party coverage, Kenney Orthopedics will keep the patient and/or guardian informed.
- Know if the entity has relationships with outside parties that may influence the patient's treatment or care. These relationships may be with education institutions, other healthcare providers, or insurers.
- Access protective services that are independent of Kenney Orthopedics, if the patient and/or family have a concern about patient abuse, neglect, or misuse of a patient's property while in the care of an Kenney Orthopedics entity.
- Be informed of realistic care alternatives and continuing care requirement when the current level of care is no longer appropriate. Alternatives include ambulatory, home care, inpatient, or outpatient care of transfers to another setting. If transfer is recommended or requested, the patient will be informed of the risks, benefits, and alternatives. The patient will not be transferred until another institution and/or provider agrees to accept the patient.
- Receive information concerning advance directives such as a living will and healthcare power of attorney. These documents express the patient's choices for treatment or designate someone to represent the patient in the event the patient is unable to communicate his or her wishes. The advance directive will be respected to the extent permitted by law.
- Receive information describing the patient's rights and responsibilities and the complaint resolution process for the entity.



Protocol for Resolving Complaints from Medicare Beneficiaries

The patient has the right to freely voice grievances and recommend changes in care or services without fear or reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Medicare Beneficiaries Complaint Log, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company.

The patient will be informed of this complaint resolution protocol at the time of the set-up of service.

Kentucky Locations

520 South Third Street
Danville, KY 40422
Phone (859) 209-4156

449 Lewis Hargett Circle • Ste 110
Lexington, KY 40503
Phone (859) 373-0208

100 London Mtn. View Dr. • Ste 300
London, KY 40741
Phone (606) 862-9000

2809 N. Hurstbourne Pkwy. • Ste 111
Louisville, KY 40223
Phone (502) 882-9300

220 Morehead Plaza
Morehead, KY 40351
Phone (606) 784-4255

250 Foxglove Drive • Ste 7
Mt. Sterling, KY 40353
Phone (859) 498-1888

224 Berger Rd
Paducah, KY 42003
Phone (270) 366-0003

Indiana Locations

474 S Landmark Ave
Bloomington, IN 47403
Phone (812) 727-3651

755 West Carmel Dr • Ste 105
Carmel, IN 46032
Phone (317) 993-3664

2525 California St • Ste B
Columbus, IN 47201
Phone (812) 214-4623

33 E. County Line Rd. • Ste E
Greenwood, IN 46143
Phone (317) 300-0814

635 East Tipton Street
Seymour, IN 47274
Phone (812) 271-1627

North Carolina Locations

1420 Ellen St
Monroe, NC 28112
Phone (704) 635-7029

Support Center

208 Normandy Ct
Nicholasville, KY 40356
Phone (859) 241-1015

www.kenneyorthopedics.com

After Hours Care Line

Phone (866) 853-1492