



Client Name & Date Of Birth (DOB): _____

Client Registration Form
Erin Bushman Nutrition

Client Name		Today's Date
Date of Birth		Age
Home Address		
Phone Numbers	1 st : <input type="checkbox"/> Cell <input type="checkbox"/> Home	
	<input type="checkbox"/> Work	
	2 nd : <input type="checkbox"/> Cell <input type="checkbox"/> Home	
	<input type="checkbox"/> Work	
Email Address		May I email you?
Do you agree with the email policy attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:
Occupation & Employer		

How did you find out about Erin Bushman Nutrition?	
Emergency Contact Name and Phone Number:	
Name of Primary Physician Date of your last visit	
Name of Therapist/Counselor Date of your last visit	
Insurance*	

*Superbill/paid invoice for insurance purposes can be provided to you upon request.



Client Name & DOB: _____

Policies for Nutrition Counseling

About Nutrition Counseling

Erin Bushman is a Registered Dietitian (RD), Licensed Dietitian (LD) in the state of Georgia, and owner of *Erin Bushman Nutrition, LLC*. Nutrition counseling provided by Erin Bushman (“your dietitian”) begins with an assessment of your nutritional status, habits, and needs. After completing the assessment, you and your dietitian will discuss how to proceed and she may develop a nutritional plan/goal(s). In order for nutrition counseling to be most successful, you will have to attend regular sessions, work on making changes in between sessions and be honest with your dietitian about your behaviors. It is often recommended that clients with disordered eating habits regularly participate in mental health counseling with a therapist as well as medical monitoring by a physician; referrals are available if needed. You are free to stop nutrition counseling at anytime—please discuss this with your dietitian if you decide to terminate services.

Payment

Fees are due at the time of the service in the form of either:

- Cash - please provide the exact amount as change is not kept on hand
- Check - payable to *Erin Bushman Nutrition*; please note a charge of \$20 for any returned checks.
- Credit card

Current rates are as follows, and are subject to change:

- 5-15 minute initial phone consultation: Free
- 60-minute assessment/initial appointment: \$140
- 30-minute follow-up session: \$70

Insurance

Insurance is not billed directly, but you may receive a coded paid invoice upon request. You can submit this paid invoice (otherwise known as a superbill) to your insurance company for possible reimbursement. For more tips on insurance reimbursement, visit ErinBushman.com.

Arriving Late

If you arrive to your appointment late, the session will end at the scheduled time regardless of when it started and full payment is expected. For example, if you arrive to your follow-up session 15 minutes late, you will receive 15 minutes of nutrition counseling and be charged for the full 30 minutes.

No Show and Late Cancellation Fee

Please notify your dietitian ASAP if you need to cancel or reschedule your appointment – either by phone or e-mail. If you do not attend your appointment or have not provided a **48 hour cancellation notice, you will be charged for the full session fee**. Exceptions include dangerous weather or medical emergency. No-show and late cancellation fees are expected before the next appointment.

Privacy Policy:

Erin Bushman Nutrition's Notice of Privacy Practices can be accessed on www.ErinBushman.com. It describes your rights and your dietitian's uses and disclosures related to your protected health information.

My signature below indicates:

- ❖ *I have read and understand the information outlined in this document pertaining to nutrition counseling, payment, insurance, late arrival, no show/cancellation fees, and privacy policy.*
- ❖ *I have been given a copy *Erin Bushman Nutrition's* Notice of Privacy Practices and can also access the notice on www.ErinBushman.com.*
- ❖ *I consent to receiving treatment at *Erin Bushman Nutrition*.*

Client's Printed Name	Client's Date of Birth
Client's Signature	Date
Guardian Signature (for clients under 18 years old)	Date

Client Name & DOB: _____



Authorization for Release and Exchange of Information

This form provides Erin Bushman with written permission to communicate with other professionals or support people for the purpose of coordinating treatment and providing the best care possible.

	Therapist/Counselor	Primary Care Physician	Psychiatrist	Other (previous dietitian, spouse, personal trainer)
Name				
Facility				
Phone Number				
Email and/or Fax Number				
Frequency of Visits				

Please check which information you authorize to be exchanged:

- | | | |
|---|---|--|
| <input type="checkbox"/> Intake and History | <input type="checkbox"/> Treatment Progress | <input type="checkbox"/> Nutrition Plan or Goals |
| <input type="checkbox"/> Diagnosis, Labs, Medications | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Billing & Payment |

Unless I request in writing otherwise, this authorization will expire in exactly one year. Today's date is _____. Expiration date is _____. I understand that I have a right to revoke this authorization at any time and it must be done so in writing. I understand that the revocation will not apply to any information that has already been released in response to this authorization.

<i>Client's Printed Name</i>	<i>Client's Date of Birth</i>
<i>Client's Signature</i>	<i>Date</i>
<i>Guardian Signature (for clients under 18 years old)</i>	<i>Date</i>

Please send records to Erin Bushman Nutrition at 770-212-2343 (fax) or Erin@ErinBushman.com



Email Communication Preferences Erin Bushman Nutrition

Erin Bushman Nutrition ("my dietitian") will use appropriate safeguards designed to prevent against unauthorized use or disclosure of protected health information. My dietitian uses email that is compliant with the *Health Insurance Portability and Accountability Act (HIPAA)*. However, I understand that the privacy and security of email communication to and from my dietitian cannot always be guaranteed secure and confidential. I agree that *Erin Bushman Nutrition* shall not be liable for any breach of confidentiality that may result from the use of e-mail.

I understand that e-mail should not be used for urgent matters since technical or other factors may prevent a timely answer. I understand that I should contact 911 or visit the nearest emergency room if I am feeling unsafe or experiencing a life-threatening emergency. I understand that if I use email to request scheduling changes, it is my responsibility to confirm that my dietitian has received my communication more than 48 hours before the appointment time being changed.

I understand that my dietitian has advised me not to send identifying information such as social security numbers or insurance identification information via email.

I hereby give permission for my dietitian to reply to my messages via e-mail, including any information that she deems appropriate, that would otherwise be considered confidential. I understand that my dietitian may at times e-mail me information about resources that I can use as part of my treatment. I hereby consent to receive such information via e-mail.

I understand that I am free to email my dietitian brief messages or questions, but that frequent and more detailed email communication is an additional service that requires payment. I will ask about this service if I am interested in participating.

I understand that all e-mail communications may be made part of my permanent medical record and would be accessible to anyone given access to those records. I also understand that I may withdraw permission for my dietitian to communicate with me via e-mail by notifying my dietitian in writing.

Please sign the "Client Registration Form" to acknowledge and agree to these terms of email communication.

Please keep for your records.



HIPAA NOTICE OF PRIVACY PRACTICES

Erin Bushman Nutrition

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you have any questions or want to know more about anything in this Notice, please contact:

Erin Bushman, RD, LD

Phone: 330-760-9702

Address: 1640 Powers Ferry Road, Building 9, Suite 300, Marietta, GA 30067

Email: Erin@ErinBushman.com

I. What is Protected Health Information?

Each time you visit this office or any other healthcare provider, information is collected about you and listed in your medical record. This information may include information about your past, present, or future health or conditions, or the treatment or other services you received from me or from others, or about payment for healthcare. The information is likely to include: your name, address, date of birth, history, reasons you came for treatment, diagnosis, height and weights, meal plans, progress notes, medications, records from others who have treated or evaluated you, and billing and insurance information. This list is just to give you an idea of what is included. We use this information for the purpose of planning your care and treatment, deciding how well the treatment is working, and talking with other healthcare professionals who are also treating you, such as your family doctor.

II. How we may use and disclose protected health information about you:

A) We typically use or share your information as we treat you, run our organization, and bill for services.

1. For Treatment

We may use protected health information about you to provide, coordinate or manage your medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, mental health therapists or other personnel who are (or will be) involved in taking care of you to ensure that the team has the necessary information to diagnose or treat you.

2. For Health Care Operations

We may use or disclose, as-needed, your protected health information in order to run our practice, improve our care, and contact you when necessary. These activities include, but are not limited to, quality assessment activities, training of nutrition students, and conducting or arranging for other business activities. For example, we may disclose your protected health information to nutrition students who may work with patients at our office. We may call you by name in the waiting room when your dietitian is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter, a reminder card, or an email about our practice and the services we offer.

3. For Payment

We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party.

B. In some limited situations the law allows or requires us to use or disclose your health information for purposes beyond treatment, operations, and payment in order to contribute to the public good. However, some of the incidents set forth below may never occur at our practice.

1. Help with public health and safety issues
2. Do research
3. Comply with the law
4. Respond to organ and tissue donation requests
5. Work with a medical examiner or funeral director
6. Address workers compensation, law enforcement, and other government requests
7. Respond to lawsuits and legal action

III. Your rights and choices when it comes to your health information:

A. When it comes to health information, you have certain rights:

1. Get a copy of your medical record

You have the right to inspect and copy protected health information by submitting your request in writing to Erin Bushman. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it.

Please keep this for your records.

2. Ask us to correct your medical records

If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to correct the information. To request an amendment, your request and the reason for the request must be made in writing and submitted to Erin Bushman. We will act on your request for an amendment no later than 60 days after receiving the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, and will provide a written denial to you. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by us
- Is not part of the information which you would be permitted to inspect and copy; or
- We believe is accurate and complete

3. Get a list of those with whom we've shared information

By law, your health information can be used and shared for specific reasons not directly related to your care, such as those listed in section II.B. of this document. These disclosures rarely occur at Erin Bushman Nutrition. To request a list of these occurrences (aka "accounting of disclosures"), you must submit your request in writing to Erin Bushman. You may ask for disclosures made up to six years before your request. We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or request by you, or that you authorized
- As part of a limited data set of information that does not contain information identifying you

4. Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. To request restrictions, you must make your request in writing to Erin Bushman.

5. Request confidential communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Erin Bushman. We will accommodate all reasonable requests.

6. Get a copy of this privacy notice

You have the right to a paper copy of this Notice at any time by contacting Erin Bushman.

7. Right to choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and made choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

8. File a Complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting Erin Bushman. If you believe your privacy rights have been violated, you may file a written complaint with the US Department of Health and Human Services by calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaint/. A complaint should be filed within 180 days of the occurrence or action that is the subject of the complaint. We will not retaliate against you for filing a complaint.

B. For certain health information, you can tell us your choice about what we share.

1. In these cases, you have both the right and choice to tell us to
 - a. Share information with your family, close friends, or others involved in your care
 - b. Share information in a disaster relief situation
 - c. If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
2. In these cases we never share your information unless you give us written permission
 - a. Marketing purposes
 - b. Sale of your information
 - c. Most sharing of psychotherapy notes
3. In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

Please sign the "Policies for Nutrition Counseling" form in order to indicate that you have received a copy of this Notice of Privacy Practices.

Please keep this for your records.