1870 W Bitters Rd #101
San Antonio, TX 78248

At JTA Wellness, our Registered Dietitian Nutritionists are passionate about designing wellness plans that fit each individual's specific food preferences, lifestyle, and medical needs.

To schedule your one-on-one appointment:

1. **Please fill out the following paperwork**
2. **Make a copy of your insurance card**
3. **Make a copy of your ID**
4. **Return paperwork, copy of insurance card, and copy of ID by either:**
    - **Fax to 1-888-582-7143**
    - **Email to** Rhiannon@jtawellness.com *******

***You may request an encrypted HIPAA compliant link to securely email your paperwork by emailing your request to me at Rhiannon@jtawellness.com. You will be sent a secure link to respond to by attaching your documents. (This will require you to create a password with Barracuda Message Center).

A JTA coordinator will contact you by phone and/or email to schedule an appointment date/time.

Thank you!

JTA WELLNESS

Nutrition & Health History

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: _____

Race:
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Other
☐ Native Hawaiian or Pacific Islander ☐ Hispanic ☐ White or Caucasian ☐ Decline

Medical

Are you currently diagnosed with any of the following? (Please check/highlight all that apply)

- ☐ Autoimmune Condition: Specify _____
- ☐ Cancer: Specify _____
- ☐ Chronic Kidney Disease Stg ___
- ☐ Colitis
- ☐ Constipation
- ☐ Crohn's
- ☐ Diabetes (Type 1)
- ☐ Diabetes (Type 2)
- ☐ Diarrhea
- ☐ Diverticulitis
- ☐ Eating Disorder: Specify _____
- ☐ Family History of Heart Disease
- ☐ Family History of Diabetes
- ☐ Food Allergy: Specify_____
- ☐ Food Intolerance: Specify_____
- ☐ Gastro-Esophegeal Reflux (GERD)
- ☐ Heart Disease: Specify _____
- ☐ Heartburn
- ☐ History of Tobacco Use
- ☐ Hypercholesterolemia (High Cholesterol)
- ☐ Hyperlipidemia (High Blood Lipids)
- ☐ Hypertension (High Blood Pressure)
- ☐ Hypoglycemia
- ☐ Impaired Fasting Glucose (Pre-Diabetes)
- ☐ Liver Disease: Specify _____
- ☐ Metabolic Syndrome
- ☐ Nausea
- ☐ Overweight
- ☐ Polycystic Ovary Syndrome
- ☐ Pregnant
- ☐ Thyroid Condition: Specify _____
- ☐ Ulcerative Colitis
- ☐ Underweight
- ☐ Vitmn/Mineral Deficiency: Specify _____
- ☐ Vomiting
- ☐ Other: Specify _____

Current Medications & Supplements: _____

_____

Medical history: _____

_____

What is your primary goal for your nutrition counseling experience? _____

_____

Do you have a mental health diagnosis? _____

_____

JTA WELLNESS

PATIENT CONTACT INFORMATION

Name: _____ Email: _____

Home Address: _____ Zip:_____

Phone 1: _____ Phone 2: _____ SS#: _____

Employer: _____

Emergency Contact Name: _____ Phone: _____

PATIENT INSURANCE INFORMATION

Primary Insurance Provider: _____ (HMO? ☐ *Yes ☐ No)

ID#:_____ Group#:_____

Subscriber: _____ Date of Birth: _____ Relation: _____

Secondary Insurance (If applicable) _____

ID#:_____ Group#:_____

Subscriber: _____ Date of Birth: _____ Relation: _____

*HMO Policies: If your insurance plan requires a written authorization or referral from your PCP, you will need to contact JTA Wellness at least **5** business days prior to your scheduled appointment to ensure the authorization or referral has been received.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

PRACTICE NAME: _____

DOCTOR: _____ _ PHONE NUMBER: _____

Please release a copy of my medical records to JTA Wellness, including but not limited to, progress notes, operative notes, laboratory results, diagnostic tests, and a list of currently prescribed medications.

BY MY SIGNATURE I AUTHORIZE RELEASE OF MEDICAL RECORDS

Signature: _____ Date: _____

HIPAA ACKNOWLEDGEMENT: I have read and have access to the HIPAA (Health Insurance Portability and Accountability Act) policies.

Signature: _____ Date: _____

WELLNESS

1870 W Bitters Rd #101, San Antonio, TX 78248
phone: (210) 545-4422 fax: 1(888) 582-7143

PAYMENT POLICY

Payment for services is due on the date of service by cash, check, or credit card, unless the patient provides proof of current insurance coverage.

INSURANCE VERIFICATION: As a policy holder, it is your responsibility to call your insurance and verify that Medical Nutrition Therapy and JTA Wellness is covered on your plan. You must provide your insurance card (we do not accept handwritten information) at every visit to verify the insurance carrier otherwise you will be expected to pay for your visit.

1. Any benefit verification provided to you by our office is information received from YOUR insurance carrier who states "the benefits or estimation given are not a guarantee of payment" which means verification or pre-authorization is not a promise of payment. Ultimately, you are responsible for your account balance.
2. JTA Wellness will determine if the insurance policy you provided is active and in good standing prior to every appointment. This does not check whether your insurance financially covers the visit. Payment of benefits is subject to all terms, conditions, limitations and exclusions of the member's policy at the time of service. Should you have concerns regarding coverage or visit limits, we encourage you to contact your insurance company personally.

JTA will file claims with the insurance company. If insurance disallows charges for any reason or your insurance company does not remit payment within 90 days of service, the balance due will be charged to the patient. Balance will be refunded to patient if insurance pays. As the recipient of service, you are ultimately responsible to pay for all services rendered. By agreeing to accept service, you also accept responsibility to pay any remaining balance after your insurance has made payment.

Attending your appointments is particularly important to the successful outcome of your care. For this reason, all patients must notify us at least 24-hours in advance to cancel, reschedule, or if you fail to show up for your appointment will result in a $40 fee. Patient must contact us during administrative business hours Monday through Friday from 8am to 5pm.

Any questions or concerns regarding JTA Wellness payment policy should be directed to our billing office at (210)545-4422. My signature below signifies that I have read, understand, and agree to abide by the above policies.

Signature: _____ Date: _____

FOR MEDICARE AND MEDICARE ADVANTAGE PATIENTS ONLY

A. Notifier: Jan Tilley & Associates (JTA Wellness) 1870 W Bitters Rd #101, San Antonio, TX 78248

B. Patient Name: **C. Identification Number:**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D. Medical Nutrition Therapy** below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D. Medical Nutrition Therapy** below.

D. Service	E. Reason Medicare May Not Pay	F. Estimated Cost
Medical Nutrition Therapy: • Initial Visit • Follow-up Visit	• Medicare does not pay for these services without a diagnosis of diabetes or chronic kidney disease. • Medicare coverage is limited to 2-3 hours of these services per year.	• Initial Visit $190 • Follow-up Visit $95

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D. Medical Nutrition Therapy** listed above.

  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **D. Medical Nutrition Therapy** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. ~~If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.~~

☐ **OPTION 2.** I want the **D. Medical Nutrition Therapy** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed**.

☐ **OPTION 3.** I don't want the **D. Medical Nutrition Therapy** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date*: *1-1-2013

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

If you have any questions about this notice, please contact:

1870 W Bitters Rd #101, San Antonio, TX 78248 Ph: (210) 545-4422 Fax: 1(888) 582-7143

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We, Jan Tilley & Associates, understand that protected health information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all of the records of your care generated by Jan Tilley & Associates, whether made by Jan Tilley & Associates personnel or your personal doctor.

This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information. The law requires us to:

- make sure that protected health information that identifies you is kept private;
- notify you about how we protect protected health information about you;
- explain how, when and why we use and disclose protected health information;
- follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- posting the revised Notice in our office
- making copies of the revised Notice available upon request;
- posting the revised Notice on our Web site.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose protected health information without your written authorization.

For Treatment. We may use protected health information about you to provide you with, coordinate or manage your medical treatment or services. We may disclose protected health information about you to

doctors, nurses, technicians, medical students, or other Jan Tilley & Associates personnel who are involved in taking care of you.

Jan Tilley & Associates staff may also share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to people outside Jan Tilley & Associates who may be involved in your medical care, such as clergy or others we use to provide services that are part of your care.

We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at Jan Tilley & Associates. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

For Payment for Services. We may use and disclose protected health information about you so that the treatment and services you receive at Jan Tilley & Associates may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about nutrition services you received at Jan Tilley & Associates so your health plan will pay us or reimburse you for the service. We may also tell your health plan about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose protected health information about you for Jan Tilley & Associates health care operations, such as our quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities. These uses and disclosures are necessary to run the facility, reduce health care costs, and make sure that all of our patients receive quality care.

For example, we may use protected health information to review our treatment and services and to evaluate the performance of the dietitian who is providing your services. We may also combine protected health information about many Jan Tilley & Associates patients to decide what additional services Jan Tilley & Associates should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Jan Tilley & Associates personnel for review and learning purposes. We may also combine the protected health information we have with protected health information from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are. We may also contact you as part of a fundraising effort.

Subject to applicable state law, in some limited situations the law allows or requires us to use or disclose your health information for purposes beyond treatment, payment, and operations. However, some of the disclosures set forth below may never occur at our facilities.

As Required By Law. We will disclose protected health information about you when required to do so by federal, state or local law.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information

Health Risks. We may disclose protected health information about you to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or dispute, we may disclose your information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

Business Associates. We may disclose information to business associates who perform services on our behalf (such as billing companies) however, we require them to appropriately safeguard your information.

Public Health. As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

To Avert a Serious Threat to Health or Safety. We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Health Oversight Activities. We may disclose protected health information to a health oversight agency for activities authorized by law. These activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement. We may release protected health information as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. We may also disclose protected health information in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.

Organ and Tissue Donation. If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Special Government Functions. If you are a member of the armed forces, we may release protected health information about you if it relates to military and veterans activities. We may also release your protected health information for national security and intelligence purposes, protective services for the President, and medical suitability or determinations of the Department of State.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Correctional Institutions and Other Law Enforcement Custodial Situations. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety.

Worker's Compensation. We may disclose information as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Food and Drug Administration. We may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose protected health information about you in the following circumstances:

- We may share with a family member, relative; friend or other person identified by you protected health information directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition or death.

- We may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary for the emergency circumstances.

If you would like to object to use and disclosure of protected health information in these circumstances, please call or write to our contact person listed on page 1 of this Notice.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.
You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing *to* Jan Tilley & Associates. 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. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend or supplement the information.

To request an amendment, your request must be made in writing and submitted to Jan Tilley & Associates. In addition, you must provide a reason that supports your request. 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 Jan Tilley & Associates;

- Is not part of the information which you would be permitted to inspect and copy; or

- We believe is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of protected health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Jan Tilley & Associates. You may ask for disclosures made up to six years before your request (not including disclosures made before April 14, 2003). The first list you request within a 12-month period will be free.

For additional lists, we may charge you for the costs of providing the list. 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
- Occurring as a byproduct of permitted use and disclosures
- For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates
- As part of a limited data set of information that does not contain information identifying you

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described on pages 4-5.

To request restrictions, you must make your request in writing to Jan Tilley & Associates.

Right to 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 Jan Tilley & Associates. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice at any time by contacting Jan Tilley & Associates.

OTHER USES AND DISCLOSURES

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those provide for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with the Jan Tilley & Associates or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within180 days of the occurrence or action that is the subject of the complaint.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.