



# TENPENNY HEALTH RESTORATION CENTER

7372 ENGLE ROAD, MIDDLEBURG HEIGHTS, OHIO 44130

PHONE (440)766-3327

FAX (216) 763-1241

TENPENNYECP.COM

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Welcome! And thank you for choosing Tenpenny Health Restoration Center as part of your journey to optimal health.

## **Financial information:**

Payment in full is due at the time of service. We accept cash, check, and most major credit cards.

While we do not participate with any insurance companies, we do participate with United Credit financing. **Under our office policies, you may not submit any receipts or HCFA forms to insurance for reimbursement purposes, including Medicaid and Medicare.**

**PLEASE ARRIVE AT LEAST 15 MINUTES PRIOR TO YOUR SCHEDULED APPOINTMENT TIME TO FILL OUT NEW PATIENT FORMS.**

**If you do not arrive on time for your scheduled appointment THRC reserves the right to reschedule your appointment to another date and time.**

## **About ECP (External Counter Pulsation):**

External Counter Pulsation (ECP) is administered using a technology that inflates (with air) and deflates three pairs of cuffs (similar to large blood pressure cuffs). The cuffs are wrapped around the legs and buttocks and are timed with your heartbeat. The cuffs inflate when the heart is resting and deflate when the heart is pumping. The special pumping cycle sends blood back to your heart at the time when it normally gets its blood, increasing the supply and decreasing the amount of work the heart must do to send blood through the body.

**Consent: I hereby give consent to Tenpenny Health Restoration Center to perform ECP Therapy.**

I understand and acknowledge no warranties, assurances or guarantees of successful therapeutic outcome have been made to me. I desire to undergo ECP after having considered the information in this document. Information has been given to me from this document and other educational materials provided by THRC and its staff.

To the fullest extent permitted by applicable law, signees and participants will hold harmless and indemnify THRC against any and all claims and actions arising out of participation in ECP therapy and the participants waives any/all rights, claims, and causes of action against THRC and its staff, administration and executives from claims, suits, or actions of liability or damages, that may occur from my participation in this activity and from any further or future health related issues I may experience. I voluntarily accept all risk associated with ECP therapy and I enter this agreement to receive therapy of my own free will and at my request. THRC has no responsibility nor burden of liability in the event of loss or harm.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by someone other than client, please indicate relationship: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Patient information (Confidential)

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male:  Female:

Address (Street, City, State, Zip Code): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Race: \_\_\_\_\_

Marital Status: Single:  Married:  Separated:  Divorced:  Widowed:

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

How did you hear about us? Radio:  Podcast:  Friend:  Dr. T Speaking:  Tenpenny IMC:  Other:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

Witness Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Client Agreement and Understanding

I will be 100% responsible for total payment of any services performed at or by THRC

Initial: \_\_\_\_\_

Due to the layout of the clinic, I understand that during ECP Therapy my conversations with THRC staff may be overheard by other THRC employees and/or other clients who may be receiving ECP Therapy at the same time.

Initial: \_\_\_\_\_

ECP may lower blood pressure, improve ability of the heart to pump and lower the risk of sudden cardiac death. During my ECP sessions, I give the staff permission to monitor my blood pressure and perform non-invasive cardiac testing.

Initial: \_\_\_\_\_

## Consent Promotional Activities

THRC may take photographs and use the outcome of my results as a testimonial for promotional and educational activities. This may include wall photos, printed or electronic publications, websites, and/or Dr. Tenpenny's power point presentations. All negatives, prints, digital reproductions shall be the property of THRC.

**I AGREE and give permission** for my name, picture and personal results to be used as a testimonial in descriptive text or in commentary in connection with my image. I authorize the use of these images without compensation to me.

initial: \_\_\_\_\_

**I AGREE and give permission** for my personal results as a testimonial to be used but **I DO NOT** give permission for my image or my name to be used in descriptive text or commentary in connection with the testimonial. I authorize the use of testimonial without compensation to me.

initial: \_\_\_\_\_

**I DO NOT** grant permission to THRC to take pictures or use my personal results as Personal results as a testimonial for any promotional activities and/or educational materials.

initial: \_\_\_\_\_



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## Client Agreement and Understanding (continued)

Information on my health is being collected in forms by THRC staff. This includes Blood Pressure, weight, Heart Rate Variability Score, Nitric Oxide strip test results and blood tests that I bring in from additional physicians. I understand this information may be used for research purposes and future publication. I understand that if this information is used, I understand my name and demographic information will be fully blinded and will be HIPAA compliant.

**I AGREE and GIVE PERMISSION** for my personal health data to be used in future publication regarding results of ECP sessions.

initial: \_\_\_\_\_

**I DO NOT agree and DO NOT GIVE PERMISSION** for my personal health data to be used in future publication regarding results of ECP sessions.

initial: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by someone other than client, please indicate relationship: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Safety

- ECP can be used after a stent, after by-pass surgery and with a pacemaker.
- ECP is painless; many people sleep through the treatment.
- It requires no pre-treatment prep and no post-treatment recovery time.

## Contraindications

- Active clots: deep vein thrombosis, Pulmonary emboli
- Active thrombophlebitis - red, swollen lower legs with superficial blood clots
- Aortic aneurysm: documented to be greater than 3.5cm in size
- Arrhythmias: uncontrolled atrial fibrillation, that interfere with the machine 'reading' the heartbeat
- Bleeding diathesis: increased susceptibility to bleeding or bruising. It can be caused by a wide variety of underlying disorders
- Medication: Coumadin
- Pregnant, or possibly pregnant
- Severe poor circulation of lower legs, with skin ulcers
- Valvular heart disease: Moderate to severe aortic valve insufficiency

## Additional Precautions for treatments

- Advanced congestive heart failure (CHF) - patient needs to be able to lay on the bed
- Heart rate: greater than 120 beats per minute
- Heart rate: less than 40 beats per minute
- Other valvular heart disease: severe mitral valve or aortic valve stenosis
- Uncontrolled hypertension - blood pressure greater than 180/120

**I acknowledge I have been notified of the contraindications and understand.**

**I understand that an active contraindication prohibits me from participating or continuing ECP therapy. It is my responsibility to notify staff if anything in my medical condition changes during the course of my ECP sessions.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by someone other than client, please indicate relationship: \_\_\_\_\_

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## CANCELLATION POLICY

You have made an important step to restore your health. We appreciate your business. Scheduling multiple appointments for packages purchased at Tenpenny Health Restoration Center (THRC) ECP treatments can be challenging. To be fair to our business, to our staff, and to other patients, our cancellation policy will be strictly enforced.

The consistency of your appointments is very important to the success of ECP therapy. Your appointment time is reserved specifically for you. Appointment times are limited and when cancellations occur without notice, we miss the opportunity to fill that appointment with clients on our waitlist.

We understand that sometimes adjustments are necessary. Therefore, we maintain a strictly enforced, minimum of 24-hours notice for cancellations or rescheduling appointments. Therefore, effective November 11, 2022, the following cancellation/missed appointment policy is in effect:

1. A non-refundable \$100 deposit will be taken at the time your package is purchased.
2. This establishes you as a client and all of your appointments will be reserved for you.
3. The \$100 will be applied to your account upon completion of your first session.
4. Clients must call the ECP center and talk to or leave a message for the staff regarding all cancellations or changes. This must occur a minimum of 24 hours before your scheduled appointment, excluding Saturdays and Sundays. Emails and texting are not acceptable.
  - a. The staff will make every effort to reschedule based on ECP bed availability.
  - b. Understand the rescheduled appointment may be weeks to months in the future.
  - c. If a client fails to give a 24 hours notice, this will be considered a "no show" visit.
  - d. The appointment will be forfeited without refund and the missed appointment will not be rescheduled.
5. Refunds requested for an unused portion of a purchased package will be considered on a case-by-case basis.
  - a. Generally, the refund will be 50% of remaining balance on your account.
  - b. If appointments need to be cancelled but the client wishes to maintain a credit balance for future appointments, the credit will be held for up to six months (180 days) from the date the cancellations were made.
  - c. At that time, the credit balance will be forfeited unless requested in writing and approved by THRC Administration. The refund will be 50% of the remaining balance on your account.
  - d. All refunds are made by check and mail within 10 business days of approval.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by someone other than client, please indicate relationship: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PRIVACY POLICY

Tenpenny Health Restoration Center, an Ohio privately held company, is committed to promoting and protecting the privacy rights of individuals.

It is the policy of THRC to limit the collection and safeguard the privacy of personal information collected or maintained by THRC. THRC's information practices conform to the requirements of applicable laws pertaining to information privacy.

THRC follows these principles in collection and managing personal information:

We collect personal information on individuals only as allowed by law. We limit the collection of personal information to what is relevant and necessary to accomplish lawful purpose. For example, we may need to know someone's address, telephone number and social security number, among other things, to properly identify the person. Social security numbers are not collected electronically or shared. Personal information, as identified in the Information Practices Act, is information that identifies or describes an individual including, but not limited to, name, social security number, physical description, home address, home telephone number, financial matters or employment history.

We collect e-mail addresses to fulfill subscription requests. We use an individual's e-mail address to send them subscription materials, e.g., newsletters; they have elected to receive via MailChimp. They may subscribe or unsubscribe at any time. We will not give or sell e-mail addresses to third parties.

We do not collect home, business, or account information from anyone simply browsing our website. THRC only collects personal information about individuals through our website if an individual provides such information to THRC voluntarily.

We collect such information automatically when you visit our website such as the domain name or the internet protocol address that relates to the machine used to access the THRC website, the type of browser and operating system used, the date and time when the website is visited and web pages displayed. We use Google Analytics to help improve our website and help understand how visitors interact with our website so that the site can be improved.

We strive in each instance to tell people who provide personal information to THRC the purpose for which the information is collected. At the time of collection, we also strive to tell persons who are asked to provide personal information about general uses that we may make of that information.

We only use or disclose personal information for the specified purposes, or purposes consistent with those purposes, unless we get the consent of the subject of the information, or unless required by law or regulation or through a valid request from law enforcement.

We use information security safeguards. We take reasonable precautions to protect the personal information collected or maintained by THRC against loss, unauthorized access, and illegal use or disclosure. THRC uses encryption to protect the security of individuals' personal information during transmission of such information through the THRC website. Such personal information is stored by THRC in secure locations. THRC staff is trained on procedures for the management of personal information, including limitations on the release of information. Access to personal information is limited to those members of the THRC staff whose



work requires such access. Confidential information is destroyed according to our records retention schedule. THRC conducts training sessions to ensure that proper information management policies and procedures are understood and followed. THRC requires all individuals to use appropriate safeguards and to follow secure computing practices.

## **PROTECTING YOUR PRIVACY**

You can help protect your personal information. Be sure to update your browser and operating system regularly. For more information on how you can protect your privacy, visit the Privacy Enforcement and Protection page on the Office of the Attorney General website.

Links to other websites:

Our website includes links to other websites. We provide these links as a convenience. Please read the privacy policy of any website that collects your personal information. THRC does not have authority over the websites or their privacy policies.

Please note that our privacy policy reflects THRC's current business practices, and is subject to change without notice.

If you have questions or would like additional information regarding THRC's privacy policy, please contact us at 440-766-3327 or [info@tenpennveco.com](mailto:info@tenpennveco.com).

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## HOW OFTEN DO YOU EXPERIENCE

	NEVER (0)	RARELY (1)	SOMETIMES (2)	OFTEN (3)	DAILY (4)
Fatigue:					
Difficulty with daily activities: (showering/dressing)					
Headache:					
Ringing in ears:					
Change in vision:					
Angina/chest pain:					
Palpitations:					
Shortness of Breath:					
Swelling in feet/ankles:					
Joint Pain:					
Muscle Pain: Restless Legs:					
Nerve Pain:					
Numbness/Tingling:					
Weakness:					
Difficulty Sleeping:					
Depression/Anxiety:					
Memory Loss:					
Brain Fog:					
Dizziness:					
Weight Gain:					
<b>Total:</b>					