

Our Privacy Policy

While the law requires us to give you this disclosure, please understand that we have, and always will, respect the privacy of your health information. There are several circumstances in which we may have to use or disclose your health information.

-We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health conditions.

-We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your services.

-We may need to use your health information within our practice for operational purposes.

We have a more complete notice that provides a detailed description of how your health information may be used or disclosed. You have the right to review that notice before you sign this consent form.

Your right to limit uses or disclosures

You have the right to request that we do not disclose your health information to certain individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing. We are not required to agree to your restrictions.

I give my permission to disclose my information to my primary care physician and: _____

I have read your consent policy and agree to its terms: _____ (Signature)

Informed Consent to Chiropractic Treatment

The nature of chiropractic treatment: The doctor will use his/her hands or a mechanical device in order to adjust/manipulate your joints. You may hear a "click" or "pop" similar to when a knuckle is "cracked", and you may feel movement in the joint. Various ancillary procedures, such as hot or cold packs, electric stimulation, therapeutic ultrasound, and traction as well as exercise instruction and other modalities may also be used.

Possible risks and probability: There are inherent risks in our and all treatment derived by any health care provider ranging from taking a single aspirin to a complicated brain surgery. Chiropractic care is no exception. Although we take every precaution, there are indeed some slight risks to chiropractic adjustments/manipulations. The risk is very minor to non-existent in any treatment to the extremities. The risks involved in treatment to the spine, excluding the neck, are several. A list from the least to the most serious include muscular strain (rare), ligamentous sprain (rare), fractures (rare), and injury to the intervertebral discs, nerves, or spinal cord (very rare). The risks involved in the treatment of the neck would include any of the preceding list but also include a remote possibility of cerebrovascular injury, or stroke (very rare: incident rate is one in ten million). A minority of patients may notice a stiffness or soreness after the first few days of treatment (common). The ancillary physical therapy procedures could produce skin irritations, burns or other minor complications (rare).

Other treatment options, not provided by this clinic, which could be considered, may include the following:

- Over-the-counter analgesics: The risks of these medications include irritations to the stomach, liver and kidneys and other side effects in a significant number of cases.
- Medical care, typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include numerous undesirable side effects, usually more serious than those listed above and patient dependence in significant number of cases.
- Surgery in conjunction with the medical care adds risks of adverse reactions to anesthesia (which include death), as well as extended convalescent period in a significant number of cases.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and include chronic pain cycles. It is quite probable the delay of treatment will complicate the condition, make further rehabilitation more difficult or impossible. Concerns or questions: Please ask your doctor to explain any concerns about treatment you may have.

I have read the above explanation of chiropractic care. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment and hereby give my full consent to treatment.

Signature: _____