

# Authorization of Care

## HIPAA--NOTICE OF PATIENT PRIVACY

Protecting the privacy of your personal health information is very important to us. Disclosure of your protected health information without authorization is strictly limited to defined situations that include emergency care, quality insurance activities, public health, and research and law enforcement activities. Any other disclosure for the purposes of treatment payment or practice operations will be made only after obtaining your consent. You may request restrictions on your disclosures. You may inspect and receive copies of your records within 30 days of your request. You may request to view changes to your records. In the future, we may contact you for appointment reminders, announcements and to inform you about our practice and its staff. I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) I have certain rights to privacy regarding my protected health information. I understand this information can be used to: conduct, plan and direct my treatment and follow up with multiple providers that may be treating me, obtain payment from third party payers and conduct normal health care operations such as quality assessments and physician's certifications. The complete HIPAA manual is in the waiting room for my review. I have read and Understand your Notice of Privacy Practices. A more complete description may be requested.

Signature of Patient and/or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## CHIROPRACTIC INFORMED CONSENT

It is important that you understand, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions there are some risks to care, but please rest assured that all precautionary measures, diagnostic tests, and orthopedic testing will be done and with consent, performed to minimize any risks. These risks include, but are not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns from E. Stim and from hot or cold therapies, fractures, disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is caused by a tear in the inner layer of the artery that may cause the development of a clot with the potential to lead to stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. You have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

We do not offer to diagnose or treat any condition other than vertebral subluxations. However if during the course of a chiropractic spinal evaluation, we encounter non-chiropractic findings we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend you seek a specialist in that field. Our only practice objective is to eliminate vertebral subluxation. By signing below you are authorizing the treatment and understanding the information offered above. Your signature also allows our office to release any information offered above and consent to treatment based on the doctor's recommendations. By signing below you understand that this is not a medical diagnostic center but a chiropractic & wellness clinic in which the main focus is to correct spinal subluxations and to reduce pain and improve quality of life so you can function better. Our staff does not diagnose severe illnesses, disease or any physical or mental condition, nor do they prescribe medication.

Signature of Patient \_\_\_\_\_ Signature of Staff \_\_\_\_\_ Date \_\_\_\_\_