

T e r m s o f A c c e p t a n c e

The goal of our office is to enable patients to gain control of their health. To attain this we believe communication is the key. There are often topics that are hard to understand and we hope this document will clarify those issues for you.

Please read the below and if you have any questions please feel free to ask one of our staff members.

Informed Consent:

A patient, in coming to the chiropractic doctor, gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. Some of these conditions may include: musculoskeletal sprain/strain; disc injuries; dislocations; fractures; neurological deficits; Horner's Syndrome, Vertebral Artery Syndrome (V.A.S.); stroke; etc. the chances of this occurring have been estimated by experts to be approximately only 1 per 400,000 treatments, to 1 per 1,000,000 treatments. The doctor, of course, will not give any treatment or care if he/she is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known, or to learn through healthcare procedures what he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the chiropractic physician. The patient should look to the correct specialist for the proper diagnostic and clinical procedures. The chiropractic doctor provides a specialized, non-duplicating health care service. Your doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regimen. As part of a comprehensive treatment plan you may be receiving therapeutic modalities and physical agents including heat, cold, electrical stimulation, laser, or ultrasound. These treatments are included in enhance your pain relief, and assist in your rehabilitation. Their risks are very infrequent and usually minor, but may include skin irritation, small localized blisters, burns, contact site blisters from electrical stimulation patches, localized swelling or muscular soreness. If iontophoresis is used, in conjunction with a prescribed medication from you medical doctor, your risks can include allergic reaction to the medication, skin irritation or fluctuations in blood sugar if you are diabetic. I understand that if I am accepted as a patient by a physician at **Wards Corner Chiropractic and Sports Rehab**, I am authorizing them to proceed with any treatment that they deem necessary. Furthermore, any risk involved, regarding chiropractic treatment, will be explained to me upon my request.

Women Only:

To the best of my knowledge I am / am NOT pregnant and (give my permission / don't give permission) to x-ray me for diagnostic interpretation.

Consent to Evaluate and Treat a Minor:

I, _____ being the parent or legal guardian of _____, have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

Communications:

In the event that we would need to communicate your healthcare information, to whom may we do so?

Spouse:

Children:

Others:

No one:

May we leave messages regarding your personal healthcare information on any answering device, i.e. home answering machines or voicemails? Yes [] No []

Acknowledgement of Terms of Acceptance and Notice of Privacy Practices (HIPAA-Laminated Form)

I have read and fully understand the above statements. I have reviewed the notice of privacy practices (HIPAA) and have been provided an opportunity to discuss my right to privacy. Upon request I will be given a copy.

Print Name:

Signature: _____ Date: