

NATURALLY CHIROPRACTIC

TERMS OF ACCEPTANCE

When a patient seeks chiropractic care and we accept such a patient for care, it is essential for both to be working towards the same objective.

It is important that each patient understand both the objective and the method that will be able to attain it. This will prevent any confusion or disappointment.

Chiropractic has only one goal, and that is to eliminate vertebral subluxations. On a daily basis, we experience physical, chemical and emotional stresses that often accumulate and result in these vertebral subluxations, which in turn can cause a serious loss of health and well-being. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or dissatisfaction.

A chiropractic adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments to the spine, by hand or mechanical means. You may feel a "click" or "pop", such as the noise when a knuckle is cracked, and you may feel movement of the joint.

Health is a state of optimal physical, mental and social well being, not merely the absence of disease.

Vertebral Subluxation is a misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses resulting in a lessening of the body's innate ability to express its maximum health potential. Often times, the effects of these vertebral subluxations are gradual in nature and can remain undetected until the problem becomes severe. Symptoms are usually the last thing to show up in a disease process and the first thing to disappear as the correction begins.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxation.

CARE CHOICES: PATIENTS COME TO OUR OFFICE FOR A VARIETY OF REASONS.

- Crisis/relief care: symptomatic pain relief (patch up care). It corrects the most recent layer of spinal or neurological damage.
- Reconstructive/Corrective Care: cause of problem corrected as well as symptomatic relief (fix-up care). Concerned with corrected years of damage that occurred when there were few symptoms.
- Wellness/Maintenance Care: for relief and spinal correction in addition to looking forward to maintaining heightened state of wellness and vitality.

Please choose type of care that best fits your health and lifestyle goals: (Please initial your response)

----Relief care -----Corrective care -----Wellness care -----I would like the doctor to select the appropriate care for me

I understand that no guarantee of assurance will be made or has been made to the results that may be obtained.

I, _____ have read and fully understand the above statement.

Any questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept chiropractic care on this basis.

Patient's Signature _____ Date _____

CONSENT TO EVALUATE AND ADJUST A MINOR/CHILD

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

Signature _____ Date _____

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CONSENT TO EVALUATE AND ADJUST A PREGNANT WOMAN

When a pregnant woman seeks the benefits of the Webster Technique and we accept a patient for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understand the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

The tense muscles and ligaments in the pelvis, caused by misalignment in the sacrum, may lead to constraint in the uterus. When the uterus is torqued and constrained in this manner, it is more difficult for the baby to move into the best possible position for birth. The Webster Technique is a specific chiropractic adjustment, which corrects subluxation in the sacrum. As a result, the mother's tense pelvic muscles and ligaments relax, enhancing the physiological environment needed for normal baby positioning.

We do not offer to diagnose or treat any condition. We are not turning "malpositioned" babies. We do not determine baby position. This technique is a specific chiropractic adjustment, which removes interference to the nervous system, balances pelvic muscles and ligaments, alleviates constraint to the mother's uterus allowing for optimal baby positioning. Our care is detection of and specific adjusting of vertebral subluxation.

I, _____ have read and fully understand the above statement.
(please print your name) Initial & date _____ / _____

PRIVACY PRACTICES ACKNOWLEDGEMENT

Protecting the privacy of your personal health information is important to us. Disclosure of your protected health information without authorization is strictly limited to defined situations that include emergency care, quality assurance activities, public health, research, and law enforcement activities. Any other disclosures 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 with a 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 it's staff.

I understand that, under the under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow up with multiple healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third party payers
- Conduct normal healthcare operations such as quality assessments and physicians certifications.

I have read and understand your Notice of Privacy Practices. A more complete description can be requested. I also understand that I can request, in writing, that you restrict how my personal information is used and or disclosed.

Patient Name (Print): _____

Relationship to Patient: SELF PARENT OR GUARDIAN OTHER: _____

Signature: _____ Date: _____