

CHIROPRACTIC INFORMED CONSENT

- ♦ **The material risks inherent in chiropractic adjustment**

Chiropractic is an extremely safe, natural approach to correction of spinal conditions and other health conditions that can stem from interference to the nervous system. Chiropractic can also be effective at treating other joint conditions such as shoulders, knees, TMJ, etc. As with any healthcare procedure, there's always the possibility of a complication. These complications, while extremely rare, could include: fracture, aggravation of an injured disc, dislocation of muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy, stroke and costovertebral strains and separations. It is not uncommon for patients to feel some stiffness and soreness following the first few days of treatment.

- ♦ **The probability of those risks occurring**

Fractures are rare occurrences and generally result from some underlying weakness of the bone, which we check for during the taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement within and without the profession with one prominent authority saying that there is at most a one-in-a-million chance of such an outcome and another recent broad-spectrum study finds no more risk of stroke from a chiropractic adjustment than from a visit to a medical doctor. Since even that risk should be avoided if possible, we employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as "rare."

- ♦ **The availability and nature of other treatment options**

Other treatment options for your condition include:

- ♦ Self-administered, over-the-counter analgesics and rest
- ♦ Medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers.
- ♦ Hospitalization
- ♦ Surgery

Printed Name: _____

Date: _____

Signature: _____

Witness: _____

Parent/Guardian: _____

PATIENT HEALTH INFORMATION CONSENT FORM

We want you to know how your Patient Health Information (PHI) is going to be used in this office and your rights concerning those records before we get started with your care. A more detailed account of our policies and procedures concerning the privacy of your PHI is available for you to read at the front desk before signing this consent.

1. The patient understands and agrees to allow this chiropractic office to use their Patient Health Information (PHI) for the purpose of treatment, payment, healthcare operations, and coordination of care.
2. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.
3. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.
4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent and would apply to any care given after the request has been presented.
5. We have taken all precautions that are known by this office to assure that your records are not available to those who do not need them.
6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
7. If the patient chooses not to sign this consent form, our doctors will be legally unable to proceed.

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures, and I acknowledge receipt of the Notice of Patients Rights and Privacy Protections.

Signature of Patient

Date

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