

Chiropractic Center of New Britain

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OFFICE POLICIES

Would you like to receive a clinical summary after each visit? Due to the nature of Chiropractic Care, the clinical summaries are often blank. If there is an instance where you would like to receive one, we can provide it to you upon request.

No Yes

If requested, Signature: _____ Date: _____

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 insurance 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 the diagnosis, assessment, or treatment of your health condition.
- 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 (i.e. we may use your e-mail to send you general health-related information such as newsletters or exercises).
- Recording or Audio-taping of a visit may be done to ensure quality control.
- Digital photography will be used for the purpose of computer-assisted postural analysis.

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 sing this consent form.

You have the right to look at or get copies of your health information, with limited exceptions. We will use the format you request unless we cannot practically do so. (You must request in writing to obtain access to your health information.) If you request copies, we will charge you **\$0.15** for each page, OR **\$15.00** per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. All records are kept for 7 years, anything after may be destroyed.

All records prior to September 1, 2009 may not be available for disclosure.

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.

Your Right to Revoke Your Authorization

You may revoke your consent to us at any time; however, your revocation must be in writing.

I have read the Privacy Policy and agree to its terms

Initial: _____

Informed Consent to Chiropractic Treatment

The nature of Chiropractic Treatment: The doctor will perform an examination and x-rays, if necessary, to determine a diagnosis and make treatment recommendations. If a treatment is initiated, the doctor will use his/her hands or a mechanical device in an attempt to restore normal function to your joints and muscles. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound or other soft tissue techniques may also be used.

Possible risks: As with any health care procedure, complications are possible following a chiropractic manipulation and/or ancillary procedures. Extremely rare complications could include muscle strain, ligamentous sprain, injury to intervertebral discs, rib fracture, or nerve injury. A small minority of patients may notice stiffness or soreness with the first few treatments. The ancillary procedures/hot packs could produce skin irritations, bumps, or minor complications.

Other treatment options which could be considered may include the following:

- Over-the-counter analgesics. The risks of these medications include irritation or damage to the stomach, liver, kidneys, ulcers or other side effects in a significant number of cases.
- Medical care prescription anti-inflammatory drugs, muscle relaxers and analgesics. Risks of these drugs include the above mentioned side effects and patient dependence on narcotics.
- Surgery, in conjunction with medical care, adds the risks of adverse reaction to anesthesia, death, as well as an 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 cause chronic pain cycles. It is quite probable that a delay of treatment will complicate your condition and make future rehabilitation more difficult.

- ✓ I have read the explanation above of Chiropractic Treatment.
- ✓ I have had the opportunity to have any questions answered to my satisfaction.
- ✓ 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.

Initial: _____

Our Final Policy

- ✓ I understand that all services are to be paid in full at the time of service.
- ✓ I hereby authorize the doctor to release all information necessary to secure the payment of benefits.
- ✓ I clearly understand that all services rendered to me are charged directly to me and I am personally responsible for payment.
- ✓ I understand that if I suspend or terminate my care and treatment, any fees for professional service rendered to me will be immediately due and payable.
- ✓ I authorize the use of this signature on any insurance submissions.

Print Name: _____

Signature: _____ **Date:** _____