Informed Consent for Chiropractic Care

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. 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 disappointment. You have the right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks and alternatives.

Chiropractic is a science and art which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as that relationship may effect the restoration and preservation of health. **Health is a state of** optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

One disturbance to the nervous system is called a **vertebral subluxation.** This occurs when one or more of the 24 vertebrae in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic.

Subluxations are corrected and/or reduced by an adjustment. An adjustment is the specific application of forces to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine. Adjustments are usually done by hand but may be performed by handheld instruments. In addition, ancillary procedures such as physiotherapy and/or rehabilitative may be included.

Prior to initiating care we will check on your insurance coverage and if we are participating providers we will submit claims for services rendered.

If we are non-participating providers for your insurance plan you may choose to submit receipts to your insurance company or other third party health care program. Depending upon your plan coverage we may choose to submit your claim from our office on a case by case basis.

Our office takes no reponsibility for non-payment by insurance companies for services rendered at our clinic.

No balances can be kept or run by patients at any time.

All adjustment visits or co-payments are paid at the time the service is being rendered.

All examinations and x-rays or co-pays are paid upon completion of these services.

Our clinic reserves the right to deny services to anyone for any reason, or if the doctor feels that the patient's health is not being best served.

If during the couse of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. The benefits, risks and alternatives of chiropractic care have been explained to me to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

_____ _____ _____

Name Signature

Date