

**PATIENT CONSENT FORM**

**Regarding the Use & Disclosure of Protected Health Information**

For the purpose of this Consent Form, “Office” shall refer to: **OceanBreeze Family Chiropractic & Acupuncture, PLC.**

I understand that some of my health information may be used and/or disclosed by the Office to carry out treatment, payment, or health care operations, and that for a more complete description of such uses and disclosures I should refer to the Office’s privacy notice entitled, “Our Privacy Practices”. I understand that I may review this privacy notice at any time prior to signing this form.

I understand that over time the Office’s privacy practices may need to change in accordance to law and that if I wish to obtain a copy of the notice as revised, I can call the Office to request such copy.

I understand that I may request restrictions on how my information is used or disclosed to carry out treatment, payment, or health care operations, and that I can revoke this consent, but only to the extent that the Office has not taken action in reliance thereon, and provided that I do so in writing.

I understand that for my protection, any requests to amend my health information or to access my medical records must be in writing.

Patient Name: (printed)

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Patient Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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CONSENT FOR TREATMENT

Health care providers are required to advise patients of the nature of treatment to be provided, the risks and benefits of the treatment, and any alternatives to the treatment.

There are some risks that may be associated with chiropractic treatment, in particular you should note:

1. While rare, some patients have experienced rib fractures or muscle or ligament sprains or strain following treatment.
2. There have been rare reported cases of disc injuries following cervical or lumbar spinal adjustments although no scientific study had ever demonstrated such injurie are caused, or may be caused by spinal or soft tissue manipulation or treatment
3. There have been reported cases of injury to a vertebral artery following osseous (bone) spinal manipulation. Vertebral artery injuries have been known to cause a stroke, sometimes with serious neurological impairment, and may, on rare occasion, result in paralysis or death. The possibility of such injuries resulting from cervical spine manipulation is extremely remote.

Osseous (bone) and soft tissue manipulation has been the subject of government reports and multi-disciplinary studies conducted over many years and have demonstrated it to be highly effective treatment of spinal conditions including general pain and loss of mobility, headaches and other related symptoms.

Musculoskeletal care contributes to your overall wellbeing. The risk of injuries or complications from chiropractic treatment is substantially lover than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

I acknowledge I have discussed the following with my healthcare provider:

1. The condition that the treatment is to address
2. The nature of treatment
3. The risks and benefits of that treatment
4. Any alternative to that treatment

I have had the opportunity to ask questions to receive answers regarding the treatment.

I consent to the treatments offered or recommended to me by my healthcare provider, including osseous and soft tissue manipulation. I intend this consent to apply all my present and future care with Dr. Lindy Tolleson, D.C.

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_

Patient Signature (or legal guardian):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Acknowledgment of Financial Responsibility**

Your insurance policy is a contract between you and your carrier. These days, many policies reimburse for at least some chiropractic care. But coverage varies policy to policy and constantly changes.

Our goal is to help you get well but more important, to help you stay well. This can be at odds with the profit motives of insurance companies.

So, to protect our freedom to recommend what’s truly best for you, we don’t attempt to serve two masters. It’s your health and you are the boss. So, we do not take insurance assignment. Instead, payment for our services will be your responsibility. This benefits you in several ways:

**May increase your coverage.** When we file your claim, your company may suspect that we’ve “sold” you unnecessary care. Their suspicion can reduce your coverage. You’re most likely to get the full benefits of your policy if you file your own claims and get reimbursed.

**You’ll receive better care.** Doctors under contract with third parties are often prevented from making optimal recommendations. Fearing they will be cut from the “approved” list, they can be pressured into minimizing your problem and needed care.

**You’ll see faster results.** When you pay the bill, you’ll be motivated to make lifestyle changes and participate more actively in your care. As you would expect, this produces faster, more consistent results.

**You’ll get more attention.** Human nature being what it is, by paying for your own care, you’ll be seen as a more responsible, desirable patient.

We will explain the purpose of every procedure. We will supply you with the documents you’ll need for filing a claim with your carrier. Please note that some of your services may not be reimbursable under your policy.

I accept financial responsibility for my care and instruct this office to deliver the care that, in their judgement, can best help me in the restoration of my health.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_