

Informed Consent

Every type of healthcare is associated with some risk of a potential problem. This includes chiropractic care. Before you consent to treatment, we would like to inform you about the potential problems associated with chiropractic care. This is called an informed consent.

A chiropractic adjustment, sometimes referred to as a manipulation, is the moving of bones by the doctor's hands. It is frequently associated by the sound or sensation of a "pop" or a "click" in the area treated.

SORENESS: It is common for chiropractic treatments to result in a temporary increase in soreness in the area being treated. This is usually a temporary symptom that occurs while your body is undergoing therapeutic response. It is not of concern, but please tell the doctor about it.

DISC HERNIATION: Disc herniations, creating pressure on a spinal nerve or on the spinal cord in any area of the spine, are often treated successfully by chiropractic care. Occasionally chiropractic care may aggravate a damaged disc. This happens so rarely that there are no available statistics to quantify their probability.

STROKE: This is the most serious problem associated with manipulations. Stroke means that the brain does not receive enough oxygen due to the occlusion of a blood vessel. This can result in a temporary or permanent dysfunction of the area of the brain affected by the stroke and, in rare instances, it can lead to death. Cervical manipulations have been associated with strokes that arise from problems with the vertebral artery only. This is due to the fact that the vertebral artery is located within the anatomical structures of the neck vertebrae. No one is certain as to the exact mechanism of stroke following a cervical spinal manipulation. A study (Journal of the CCA, Vol 37, No 2, June '93) estimates that this type of stroke occurs in 1 per 3,000,000 upper neck manipulations. This means that an average chiropractor would have to be in practice for 100 years before being statistically associated with a single stroke accident. A more recent study performed in Canada indicated an even lower risk. In recent years, some states have even stopped requiring chiropractors to list stroke as a possible problem that may arise from treatment due to its low risk of occurrence.

OTHER PROBLEMS: There may be problems or complications that might arise from chiropractic treatments other than those noted above. These problems and complications occur so rarely that it is not possible to anticipate and/or explain them in advance of the treatments. Should you have a specific concern, please do not hesitate to talk about it with the doctor.

By my signature below, I indicate that I have read and understand the information above and consent to treatment at this office.

Signature: _____
Date: _____

HIPAA Consent

Our "Notice of Privacy Practices" provides information about how we may use and disclose protected health information about you. The Notice contains a Patient's Rights section describing your rights under the law. You have the right to review our Notice before signing this consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office. A laminated copy of our Notice is available for review at any time in our waiting room.

You have the right to request that we restrict how your protected health information is used or disclosed for treatment, payment, or health care operations.

By signing this form, you consent to our use and disclosure of your protected health information for treatment, payment, or health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such revocation shall not affect any disclosures we have already made in reliance on your prior consent. Beistline Chiropractic provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- Beistline Chiropractic has a Notice of Privacy Policies and that the patient has the opportunity to review this notice.
- Beistline Chiropractic reserves the right to change the Notice of Privacy Policies
- The patient has the right to restrict the use of their information
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- The practice may condition treatment upon execution of this Consent. No insurance can be billed on the patient's behalf without this signed HIPAA consent form, therefore same day of service payment in full for any services will be required.

By my signature below, I indicate that I have read and understand the information above and consent to the use of my health information for treatment, payment, and/or health care operations.

Signature: _____
Date: _____