

INFORMED CONSENT

A patient, in coming to the Doctor of Chiropractic, gives the Doctor permission and authority to care for the patient in accordance with the Chiropractor's assessment of tests, diagnostic impressions, and conclusions. The Chiropractic adjustment, as well as other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to Injury. The Doctor, of course, will not give a Chiropractic adjustment, or reader healthcare, if he or she is aware that such cart may be contraindicated. It is the patient's responsibility to make known pathological defects, illnesses, or deformation that would otherwise not come to the attention of the Doctor of Chiropractic. The patient should look to the correct specialist for the proper diagnostic and clinical procedures. The Doctor of Chiropractic provides a specialized, non duplicating health service. The Doctor of Chiropractic is licensed as a specialist and is available to work with other types of provider in your health care regime.

Usually, there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same Chiropractic cart. Many medical failures find quick relief through Chiropractic. In turn, we must admit that conditions which do not respond to Chiropractic care may come under the control of other health care providers. The fact is that the science of Chiropractic and medicine may never be so exact as to provide definite answers to all problems.

I understand and agree that health and accident insurance policies arc an arrangement between an insurance carrier and me. Furthermore, I understand that the Doctor's office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to the Doctor's office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, all fees for professional services rendered to me will be immediately due and payable.

If medically necessary, your doctor may wish to refer you to either another provider or facility for further evaluation. If it is your desire to attain the services for which you arc referred, by either another provider or at another facility, please feel free to discuss this matter with your doctor.

PLEASE DISCUSS ANY QUESTIONS OR PROBLEMS WITH THE DOCTOR BEFORE SIGNING THIS STATEMENT OF POLICY.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____