

Two-In One- Statement

1. Health Insurance Portability and Accountability Act (HIPAA)

We are required by state and federal law to maintain the privacy of your patient file and the health-protected information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. You have the right, at any time, to review and receive a copy of our complete HIPAA Notice which is available for your viewing.

2. Informed Consent

As with any healthcare procedure, there are certain complications that may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, and costo-vertebral strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. Our doctors will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to their attention, it is your responsibility to inform the doctor.

I have read, or have had read to me, the above statements and by signing below I agree to the above and accept the risks and consequences of their application. I intend this form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment at Advanced Chiropractic.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays, on me (or on the patient named below, for whom I am legally responsible) by the Doctors of Chiropractic at Advanced Chiropractic and/or other licensed Doctors of Chiropractic who now or in the future treat me while employed by, working or associated with or serving as back-up for the Doctors of Chiropractic at Advanced Chiropractic.

Print Patient's Name

Signature of Patient or Representative

Date Signed