Back to Wellness • 113 Fairplay Street • Rutledge, GA 30663 • Tel: (706) 557-0211

PATIENT ACKNOWLEDGEMENT OF HIPAA NOTICE

Notice to Patient:
We are required to offer you a copy of our HIPAA notice which states how we may use and/or disclose your health information. Our HIPAA notice and office policies contain information regarding payment, health insurance, collections and other important information.

Patient Acknowledgement:
I acknowledge and agree to this office's HIPAA notice. I acknowledge that I have reviewed the HIPAA notice and have the right to obtain a paper copy of the HIPAA notice. I acknowledge that I may refuse to sign this acknowledgment if I wish.

The Use and/or Disclosure Authorized:
People and/or organizations (or the kinds of people and/or organizations) that you are authorizing to use and/or disclose the protected health information described above. FootLevelers Lab, analytical research labs, DC MRI, Progressive Diagnostics, patient's school, patient's workplace/employer, Department of Motor Vehicles, Court Administrator, Probation Officer, DH and AS/PC Software.
The clinic has a policy of mailing or emailing: greeting cards, notifications or newsletters pertaining to health and wellness products or services provided at the clinic and notifications about special events related to the clinic.

*******I authorize Back to Wellness to send appointment reminders:(Initial)_____**********

Cell phone # _____ **Email**_____

CONSENT TO COMMUNICATE:
I authorize that medical or financial information may be communicated with the named person(s):

Name: Relationship:

Name: Relationship:

*Due to high demand for appointments for all services provided at Back to Wellness, you must cancel at least 24 hours in advance to ensure that no cancellation fee is incurred. Fee is 50% of services.

*Sometimes it is necessary for our practitioners to reach out to specialist in certain areas, i.e. radiology and testing. These services are usually not covered by insurance and would be the patient's responsibility.

_____
Patient Printed Name

_____
Patient Signature or legal representative

_____
If legal representative, state relationship

_____
Date

FOR OFFICE USE ONLY:

We have made every effort to obtain written acknowledgment of receipt of our HIPAA notice from this patient but it could not be obtained because:
__ the patient refused to sign
__ we were not able to communicate with the patient
___ the patient refused to sign
___ we were not able to communicate with the patient

___ due to an emergency it was not possible to obtain a signature

BACK TO WELLNESS CHIROPRACTIC CLINIC OFFICE POLICY AND INFORMED CONSENT

CHIROPRACTIC: It is important to acknowledge the difference between the health care specialties of Chiropractic, Osteopathy and Medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine and surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of chiropractic procedures often depends on environment, underlying causes, physical and spinal conditions.

ANALYSIS: A Chiropractor conducts a clinical analysis for the express purpose of determining whether there is evidence of Vertebral Subluxation Complexes (VSC). When such VSC complexes are found, Chiropractic adjustments and ancillary procedures may be given in an attempt to restore spinal mobility and integrity. It is the Chiropractic premise that spinal alignment function allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no physician can promise you specific results. This depends upon the inherent recuperative powers of the body.

DIAGNOSIS: Although Chiropractors are experts in chiropractic diagnosis, the VSC, they are not internal medical specialists. Every Chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he has any concern as to the nature of his total condition. Your Chiropractor may express an opinion as to whether or not you should take this step, but you are responsible for the final decision.

INFORMED CONSENT FOR CHIROPRACTIC CARE: A patient gives the doctor permission and authority to care for the patient in accordance with the Chiropractic test, diagnosis and analysis. The Chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor will not give a chiropractic adjustment, or care, if he is aware that such care may be contraindicated. It is the responsibility of the patient to make it known or learn through health care procedures whatever he is suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the Chiropractor The Chiropractor provides a specialized, non-duplicating health service. The Chiropractor is licensed in a special practice and is available to work with other types of providers in your health care regime. I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including, but not limited to, fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and wish to rely on the doctor to exercise judgement during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests.

RESULTS: The purpose of chiropractic services is to promote natural health through the reduction of the VSS or VSC since there are so many variables. It is difficult to predict the time schedule or efficacy of the Chiropractic procedures. Sometimes the response is immediate. In most cases 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 care. Many medical failures find quick relief through chiropractic. In turn, we must admit that conditions which do not respond chiropractically may come under the control or be helped through medical science. The fact is that the science of Chiropractic and medicine may never be so exact as to provide definite answers to all problems.

FINANCIAL POLICY: Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. We will do our best to help you with your health and we ask that you do your part by keeping your account current. Payment is expected at the time of service. If you have a financial difficulty, please do not let it interfere with your care in this office. Special arrangements may be made. We are interested, as an office, in meeting your health goals and serving you to the best of our ability, at a price which is reasonable. Thank you for choosing us.

I hereby request and consent to the performance of acupuncture including various modes of physical therapy and diagnostic x-rays, on me (or on the named below, for whom I am legally responsible) by the doctor of Chiropractic named below 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 doctor of chiropractic named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not. I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any further condition(s) for which I seek treatment.

PATIENT SIGNATURE: _____ *DATE:* _____
(or Patient Representative)