

# **DOCTOR-PATIENT RELATIONSHIP IN CHIROPRACTIC INFORMED CONSENT**

## **CHIROPRACTIC**

It is important to acknowledge the difference between the health care specialties of Chiropractic, and Medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. The success of the Chiropractic Doctor's procedures often depends on environment, underlying causes, and physical conditions. It is important to understand what to expect from Chiropractic health care services.

## **ANALYSIS**

A Doctor of Chiropractic conducts a functional analysis for the express purpose of determining whether there is evidence of joint dysfunction (Subluxation Complex). When such joint dysfunctions are found, Chiropractic adjustments and ancillary procedures may be given in an attempt to restore joint integrity. It is the Chiropractic premise that joint motion, stability, and control allows the body to function at it's best. Due to the complexities of the body, no doctor can promise you specific results. This depends upon the inherent recuperative powers of the body.

## **DIAGNOSIS**

Although Doctors of Chiropractic are experts in Chiropractic diagnosis, they are not internal medical specialists. Every Chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her total condition. Your Doctor of Chiropractic 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, in coming to the Doctor of Chiropractic, gives the Doctor permission and authority to care for the patient in accordance with the Chiropractic tests, 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, of course, will not give a Chiropractic adjustment, or health care, if he/she is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which 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 in a special practice and is available to work with other types of providers in you health care regime.

## **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 phenomenal.

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 to Chiropractic care 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. Both have great strides in alleviating pain and controlling disease.

## **TO THE PATIENT**

Please discuss any questions or problems with the Doctor **before** signing this statement of policy.

I have read, and understand the foregoing.

## **MEDICAL RELEASE**

I authorize Active Motion Chiropractic the release of any medical or other information necessary to process claims. I also request payment of medical or government benefits either to myself or the party who accepts assignment.

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

## PATIENT HEALTH INFORMATION CONSENT FORM

We want you to know how your Patient Health Information (PHI) is going to be used in this office and your rights concerning those records. Before we will begin any health care operations we must require you to read and sign this consent form stating that you understand and agree with how your records will be used. If you would like to have more detailed account of our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA NOTICE that is available to you the front desk before signing this consent.

- The patient understand and agrees to allow this chiropractic office to use their Patient Health information for the purpose of treatment, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment.
- The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. ( A copy fee may apply) The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions
- A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.
- The patient may provide a written request to revoke consent at any time during care. This would not effect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.
- For your security and right to privacy, all staff have been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.
- Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.

If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, this office has the right to refuse to give care.

**I have read and understand how my Patient Health Information (PHI) will be used and I agree to these policies and procedures.**

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Signature of Patient or Guardian

Date