

Informed Consent

This office practices evidence-based spinal care. This practice is based on nationally recognized practice guidelines as well as published research conducted at numerous universities and chiropractic colleges. Our commitment to you is to deliver the safest, highest quality of life changing care we can deliver, focused on the reduction of spinal cord tension and related spinal subluxations, as well as to develop and improve spinal and neural integrity.

For this reason, we constantly upgrade our techniques, procedures, and technology. While these procedures may meet the criteria of the state board of chiropractic examiners, due to the review process utilized to determine the effectiveness of a procedure, many of the procedures utilized in this office may fall into their designation of unproven. This includes but is not limited to thermography.

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustment of the spine.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebrae of the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

To begin care, we need your consent to perform a history and physical evaluation focused on testing procedures and questions that solely relate to quality of life, stress levels, body awareness, spinal cord tension, spinal subluxations, and the loss of spinal and neural integrity.

We do not offer to diagnose or treat any diseases or condition other than vertebral subluxation. We will not be performing a differential diagnosis to detect the presence of or determine target treatment for any disease, condition, or symptom. The only diagnosis we will provide is that of spinal subluxation. If you desire advice, diagnosis, or treatment for any symptom, condition, disease, or concern, we recommend that you seek the services of a health provider who specializes in that area. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, _____ have fully read and fully understand the above statements. I understand that the spinal adjustments offered in this office are not a replacement for any form of treatment provided by other types of practitioners. I understand that I am not being treated for any condition of symptom other than spinal tension, vertebral subluxation, and the associated loss of spinal and nerve system integrity. This office offers chiropractic as a form of health and wellness care, to promote the natural mechanisms for self healing and empowerment, as compared to specific target treatment. I therefore accept chiropractic care on this basis.

► Signature: _____ Date: _____

HIPPA Privacy Policies:

The privacy of your health information is important to us. It is our legal duty to maintain the privacy of your health information. We are also required to offer you the ability to review the notice about our privacy practices, our legal duties, and your rights concerning your health information at any time.

I, _____, have read and fully understand the above statements. All questions regarding the doctor's objectives pertaining to my examination and care in this office have been answered to my complete satisfaction.

I therefore understand how chiropractic is practiced at Body In Balance Chiropractic, P.C. on this basis.

► Signature: _____ Date: _____