

Braile Chiropractic



Consent to Initiate Care

At our office, we have one simple goal. We want to change your life by rendering the highest quality Chiropractic care. We do this by specific scientific chiropractic adjustments designed to remove vertebral subluxations affecting your nervous system and interfering with your God given innate ability to be healthy. To accomplish this goal, we must work together. We believe good Chiropractic care requires a partnership between you and us. Please read over our clinic's procedures to understand how our clinic functions, so that you can be an active participant in your care. If you have any questions, please feel free to ask us.

To initiate care at our facility, there are **two required visits**, your Initial Examination visit and your Principled Doctor's Report. If you cannot attend either of these two subsequent visits, the negative impact on your care will be profound, and we cannot in good conscious initiate your care.

1. **Your Initial Examination:** This visit is your very first visit. In this first visit, you will have an initial consultation with the doctor. This is usually followed by a chiropractic examination including nerve systems scans and spinal x-rays if warranted and appropriate.
2. **Your Principled Doctor's Report (X-ray Report):** This will be your longest visit at our clinic lasting approximately **90 minutes**. It will cover a large amount of information and include a detailed personalized individual report of findings with recommendations for your care. Any x-rays taken will be individually reviewed at this time. We highly recommend that spouses and adult family members attend this visit with the patient. Young children should not attend this visit as the material may be too advanced, and children will find it difficult to stay attentive for that amount of time without becoming a distraction. Due to the length of this visit, we set aside only certain hours and days for the Principled Doctor's Report. Check with our receptionist for available times.

I consent to initiate care in the form of examination procedures and, if needed, x-rays at Braile Chiropractic. I understand that I am under no obligation to either receive any further care unless I agree to such care at my Principled Doctor's Report.

Notice of Privacy Practices Acknowledgement

I understand that I have certain rights of privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996. (HIPAA). I understand that this information can and will be used to:

1. Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
2. Obtain payment from third-party payers.
3. Conduct normal healthcare operations, such as quality assessments and physicians certifications.

I acknowledge that I may request your NOTICE OF PRIVACY PRACTICES containing a more complete description of the uses and disclosures of my health information. I also understand that I may request, in writing, that you restrict how my private information is used or disclosed to carry out treatment, payment, or healthcare operation. I also understand that you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

Print your name _____ Today's date _____

Sign your name _____