

Consent to Treat

Chiropractic examination and therapeutic procedures (including spinal adjustment, ultrasound, heat application, electrotherapy and manual muscle therapy) are considered safe and effective methods of care. Occasionally however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are small, it is the practice of this clinic to inform our patients about them. These complications include, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, burns and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side-effects and complication is available upon request.

I have read and understand the above statement regarding treatment side effects. I also understand that there is no guarantee or warranty for a specific cure or result.

Signature _____

Date _____

Please read the following carefully and initial each statement.

_____ I understand that while *Centered in Motion* is the clinic of Dr. Claudia Holderegger, there may be times when a different chiropractic physician will be providing care for vacation relief. I will be notified ahead of time if this occurs.

_____ I understand that I play an important role in my health care. Just as a patient can choose to discontinue care at any time, *Centered in Motion* reserves the right to terminate a doctor-patient relationship if a patient is continually unable to comply with reasonable treatment plans.

HIPAA Notice to Our Patients

Under the Federal Health Insurance Portability and Accountability Act (HIPAA, 1996) offices like ours were required to create specific practices to protect our patients' health information (PHI).

We want our patients to understand how we protect their privacy when we collect and use health information and the measures we take to safeguard that information. We do not disclose any information about a patient or former patient to anyone, except as permitted by law. These procedures are described in detail in our Privacy Notice.

This notice also lists your rights under HIPAA:

- The right to access your PHI
- The right to amend your PHI
- The right to an accounting of disclosures by the health plan
- The right to request restrictions on the use and disclosure of your PHI
- The right to receive confidential communications

Please read our Privacy Policy Notice available in our waiting area; also please feel free to request a copy of our materials regarding your rights under HIPAA.

Please check one of the boxes below to indicate that you have read and understood this notice:

- I requested and received further information regarding my rights under HIPAA
- I have read and understood this notice and require no further information at this time.

Signature _____ Date _____