

Patient Consent Form

Mooney Chiropractic

Patient Name: _____ Account #: _____

I hereby request and consent to the performance of chiropractic adjustments and any other chiropractic procedures, including examination tests, diagnostic x-ray(s) and physical therapy techniques, on me (or the above mentioned patient, which I am legally responsible) which are recommended by Joey L. Mooney, D.C. and/or other licensed doctors of chiropractic who now or in the future render treatment to me while employed by, working for or associated with, or serving as back-up for Mooney Chiropractic.

I understand that, as with any health care procedure, there are certain complications, which may arise during a chiropractic adjustment. Those complications include but are not limited to; fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebrals strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. I do not expect the doctor to be able to anticipate all risks and complications and I wish to rely on the doctor to exercise judgment during the course of the procedure(s) which the doctor feels at the time, based upon the facts he knows, are in my best interest.

I will exercise my right to discuss with the doctor and/or his office personnel the nature, purpose and risks of chiropractic adjustments and other recommended procedures in order to have all my questions answered to my satisfaction prior to treatment. I further understand that the results are not guaranteed.

I have read, or have had read to me, the above explanation of the chiropractic adjustment and related treatment. By signing below I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the chiropractic treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) of which I seek treatment.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE

Patient's Signature: _____ Date: _____

Signature of Patient's Representative: _____ Relations: _____

Patient Privacy Disclosure

Our Notice of Privacy provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing below. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosure we have already made in reliance on your prior Consent. Mooney Chiropractic provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations (including but not limited to verifying insurance benefits and confirming appointments).
- Mooney Chiropractic has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- Mooney Chiropractic reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the uses of their information but Mooney Chiropractic does not have to agree to those restrictions.
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- Mooney Chiropractic may condition treatment upon the execution of this Consent.

Signature of Consent: _____ Date: _____

This consent signed by (printed name): _____ Relation: _____