

**Health Information Privacy**

I authorize the doctor to release all information necessary to communicate with personal physicians and other healthcare providers and payors and to secure the payment of benefits. I hereby acknowledge that I have received a copy of this office's Notice of Privacy Practices Pursuant To HIPAA and have been advised that a full copy of this office's HIPAA Compliance Manual is available upon request. I understand that Grand Rapids Chiropractic PLLC will not sell or give away any of my personal information, and only use my health information necessary to my safe treatment in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA, the HIPAA Compliance Manual, State law and Federal Law.

**Agreement for Payment**

I understand that I am responsible for all costs of chiropractic care, regardless of insurance coverage. My health or accident insurance policy is an agreement between myself and my insurance carrier, and I am responsible for understanding my benefits. I understand Grand Rapids Chiropractic PLLC will prepare any necessary reports and forms to make collections from an insurance company and that any amount authorized to be paid will be paid to Grand Rapids Chiropractic PLLC. Co-payments and co-insurances will be due at the time of service. (To get the most accurate explanation of your benefits, contact your insurance agency yourself. If you do not have insurance, or would rather pay for care yourself, due to high deductibles or co-payments, we have a time of service discount if you pay at the time of your visit. This is a savings we can offer with the reduced need for our billing procedures and mailing. Should we have to bill you for the amount due, we will bill our usual fee. Should a financial hardship occur, please discuss your situation with the doctor to allow you to find a plan that will work for you. A price list is available upon request. )

**Consent for care**

I understand that chiropractic care is about returning your body to its natural state of health by removing damaging nerve pressure caused by subluxations without drugs or surgery. Dr. Tanya Christensen will be using her hands and tools to palpate (touch) and examine the joints in order to detect and specifically correct for those subluxations (joint misalignments) which interfere with normal nerve function, causing decreased health. A full exam and consultation will be given before an adjustment can safely be performed. The Doctor will explain our findings of the exam at your Report of Findings on your second visit. Bringing your spouse or family members to this report will help them understand your needs for care. Adjustments can be given with hands or tools and will move the joints to decrease degeneration and nerve pressure. Most people feel relief and improved health after an adjustment. It is common to hear "pops" or "cracks" and this is simply suction between joint surfaces. As with any form of health care, risks may be involved. The relative risk of injury from chiropractic is quite low. Dr. Tanya has been trained to safely adjust newborns to the elderly. Examples of possible risks include: muscle strain, bruising, fracture, nerve or disc injury, rib strain, and rarely arterial damage. Most complications are due to pre-existing conditions. Serious risks are "rare", estimated at one in one million to one in twenty million, and this is why a proper exam and consult is performed. The risk of other treatments, medications, or remaining untreated may also put you at risk of further degeneration and pain and nerve damage.

We are confident in our quality of care we provide, and we are proud of the positive results chiropractic has been able to make with our current patients. We look forward to the possibility of being on your health care team to allow you to achieve your maximum potential and live a well life!

I (print name)\_\_\_\_\_ have fully read and fully understand the above statements and have freely decided to proceed with a consultation and care as prescribed.

Dated today \_\_\_\_/\_\_\_\_/\_\_\_\_ By\_\_\_\_\_ (Patient's Signature)

If patient is a minor or under a guardianship order as defined by State law:

By \_\_\_\_\_  
Signature of Parent/Guardian (circle one)