

*Mary J. Moses, D.C. P.A.*

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## CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

The primary treatment used by doctors of chiropractic is the spinal adjustment. I will use that procedure to treat you.

The nature of the chiropractic adjustment will be as follows. I will use hands or a mechanical device upon your body in such a way as to move the joints. That may cause an audible "pop" or "click" much as you have experienced when you "crack" your knuckles. You may feel or sense movement.

### Analysis / Examination / Treatment

As a part of the analysis, examination, and treatment, you are consenting to the following procedures:

<input type="checkbox"/> spinal manipulation	<input type="checkbox"/> palpation	<input type="checkbox"/> vital signs
<input type="checkbox"/> range of motion	<input type="checkbox"/> orthopedic testing	<input type="checkbox"/> basic neurological testing
<input type="checkbox"/> muscle strength testing	<input type="checkbox"/> postural analysis	<input type="checkbox"/> ultra sound
<input type="checkbox"/> hot/cold therapy	<input type="checkbox"/> EMS	<input type="checkbox"/> radiographic studies
<input type="checkbox"/> Other _____		

### The material risks inherent in chiropractic adjustment.

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. Some types of manipulations have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.

### The probably of those risks occurring

Fractures are rare occurrences and generally result from some underlying weakness of which I check for during the taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also generally described as rare.

### The availability and nature of other treatment options.

Other treatment options for your condition may include:

- Self-administered , over the counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain-killers
- Hospitalization
- Surgery



If you chose to use one of the above noted "other Treatment" options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical provider.

**The risks and dangers attendant to remaining untreated.**

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

I consent to the use and disclosure of my protected health information by Dr. Moses for the purposes of diagnosing and/or providing treatment to me, obtaining payment for healthcare bills, or to conduct the healthcare operations of Dr. Moses. I understand that diagnosis or treatment of me by Dr. Moses may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Dr. Moses is not required to agree to the restrictions that I may request. However, if Dr. Moses agrees to the restrictions that I request, the restriction is binding on Dr. Moses.

I have the right to revoke this consent, in writing, at anytime, except to the extent that Dr. Moses has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information collected from me and created or received by my physician, another healthcare provider, a health plan my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review Dr. Mary J Moses Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations. The Notice of Privacy practices also describes my rights and the rights of Dr. Moses duties with respect to my protected health information.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE. PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW.**

I have read [ ] or have had read to me [ ] the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Moses and have had my questions answered to my satisfaction. By signing below I state I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE**

Printed Name \_\_\_\_\_ Dated \_\_\_\_\_

Signature \_\_\_\_\_

Doctors Name MARY J. MOSES DC Dated \_\_\_\_\_

Signature \_\_\_\_\_