Safe Harbor
Chiropractic, PC

WELCOME!

We are thrilled to have you join us as you embark on your wellness journey. Our commitment is to provide transparency, clarify and the highest level of support throughout your care.

Please take a moment to carefully review the information provided. If you have any questions at any time, we are here to help. We look forward to supporting you in achieving your health and wellness goals.

PATIENT EXPECTATIONS AND POLICIES

We kindly request that you arrive 5 to 10 minutes before your scheduled appointment to ensure our office runs smoothly. In the event of emergencies or when patients require additional attention, we are committed to providing the necessary care as stated in the Chiropractic Oath, and we always strive for punctuality. We understand that unexpected situations occur: if you are unable to keep your appointment, please contact the office through any method of communication (text, email, or phone). Please be aware that a missed appointment or a cancellation with less than 24 hours' notice will incur a $75 fee. If you anticipate being late, kindly call the office to inform us; rescheduling may be necessary. Missing three consecutive visits without any communication may lead to your removal from the schedule and discharge from care.

We like to keep our environment clean. We also request that you avoid using synthetic (chemical-based) perfumes, colognes, smoking or vaping before your visit. Upon arrival, please remove your shoes and place them to the left of the door.

As a vital aspect of your wellness-journey, it is important to follow Dr. Kelly's recommendations as closely as possible. Adhering to your personalized treatment plan will help support and optimize your progress.

This plan encompasses your scheduled appointments and any at home recommendations the Dr. may provide, such as rehabilitation exercises, rest, nutritional support, or other modalities. Healing and wellness can only be achieved when we collaborate towards the same goal.

Remember, healing requires time, so please practice patience with your body. You may experience both good days and more challenging ones; however, the overall goal is a positive trend in your health.

While we often desire immediate results, it's crucial to maintain realistic expectations throughout the healing process. Life presents various stressors beyond our control, and during these times, we encourage you to slow down, shift your perspective and allow the healing process to unfold naturally.

Dr. Kelly A. Engel, D.C. will conduct the required examinations to establish your care plan, helping you reach your goals throughout the process. Adhering to this plan is crucial for optimal results. The care plan consists of three distinct phases:

Phase 1: Acute Care

This phase is when most individuals initially seek care. It may involve an acute condition lasting several days to weeks, or a chronic condition that has persisted for a longer period.

Goal: Alleviate pain and discomfort.

Patients typically begin their care during this stage. Chiropractic care focuses on identifying the root cause of discomfort and provide adjustments to restore proper nerve function, improve mobility, and reduce pain.

Frequent visits may be necessary during this phase to promote improvement and prevent the recurrence of symptoms.

Focus Areas

- Address joint restrictions contributing to pain and discomfort.
- Provide relief from aches and pains.
- Reduce muscle tension and inflammation.
- Increase visit frequency as needed, along with at-home care such as icing, stretching, and gentle mobility exercises.

Phase 2: Recovery

Pain is often the last symptom to appear and the first to resolve. However, underlying joint restrictions or imbalances may have existed long before symptoms were noticeable.

This phase focuses on continued care to support proper healing and prevent a return to previous patterns.

Goal: Restore the body to its optimal function and health.

Focus Areas

- Support healing of muscles and soft tissues.
- Improve flexibility and mobility while reducing residual soreness.

Phase 3: Wellness / Maintenance Care

Each phase of care is essential and builds upon the previous to support long-term health and lasting results.

Goal: to keep the body in optimal condition while sustaining current mobility and quality of life.

Even after achieving recovery, regular chiropractic visits can help manage daily stress, uphold mobility, and advert long-term restrictions that may lead to discomfort. Consistent care supports an active lifestyle helps support optimal nervous system function.

- Manage stress, enhance sleep quality, and promote overall health.
- Preserve spinal health and prevent discomfort.
- Improve athletic performance and reduce the risks of injuries.
- Facilitate early detection of potential issues through routine adjustments.
- Support overall health with a balanced diet, adequate hydration, and regular exercise.
- Progress evaluations are usually conducted annually or as deemed necessary by the Doctor.

Occasionally, life's pressures can cause a disruption in care. We understand that a temporary break may occur. If this interruption lasts between three months and up to 35 months, a Progress Exam will be arranged with Dr. Kelly A, Engel D.C. to evaluate your current health status. However, if it has been three years or longer, you will need to be re-established as a new patient.

Acceptance Terms

When a patient seeks chiropractic health care and we accept patients for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient upstand both the objective and the methos that will be able to attain it. This will prevent confusion or disappointment.

Adjustment: An adjustment is the specific application of force to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction Is by specific adjustments of the spine, cranial bones, extremities, viscera (organs) or soft tissue.

Health: A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if while a chiropractic evaluation, we encounter non-chiropractic or unusual findings, Dr. Kelly A. Engel D.C. will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of the name of the condition, we do not provide treatment for it, nor do we give advice on treatments prescribed by others. Our sole practice objective is to remove significant obstacles to the body's innate wisdom. Our exclusive method involves specific adjustments designed to correct vertebral subluxations.

Fee Schedule

New Patient Exam	$ 250
Chiropractic Adjustments	$ 70
Progress Exam	$ 130
Manual Traction	$ 30
Initial HSR / Nutritional Evaluation	$ 150
Heart Sound Recorder and Nutritional Evaluation	$ 110
Nutritional Response Testing	$ 75
Wellness Family Adjustment Visit	Ask front desk for details

Cranial Facial Release (prepayment required)	Ask the Dr for a consultation
Neuro Emotional Technique	$ 120 (up to 30 mins)
ChiroThin Weight Loss Program (prepayment required)	$ 1599 and up
Red Light Therapy	$ 150 and up
HALO Botanical Light Therapy	$ 5 (per min)
Kinesiology Taping	$ 30
Missed, Late or Canceled less than 24 hrs.	$ 75
Blood or Lab Work Assessment	$40

Please be aware that fees may change at any time without prior notice. Payment is required on the day services are rendered, except for certain pre-payment services. We accept various forms of payment, including cash, checks, and credit/debit/HSA/FSA cards. Kindly note that a 3.5% surcharge will apply to any card transactions, which are charges by the credit processor and not by Safe Harbor Chiropractic, PC.

I acknowledge and accept that my healthcare arrangements are strictly between my insurance provider and myself, and that Safe Harbor Chiropractic, PC, is not obligated to communicate with my insurance companies. If necessary, I can request a receipt from Safe Harbor Chiropractic, PC that includes the relevant treatment and diagnostic codes.

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT ALL SERVICES RENDERED TO ME WILL BE BILLED DIRECTLY, AND I AM SOLELY RESPONSIBLE FOR PAYMENT.

Patient authorization for Chiropractic Care in a Partially Open Adjusting Environment

Our office provides chiropractic care in an 'open adjusting' setting. This means that multiple patients may be treated in the same area simultaneously. Patients will be within view of one another, and some educational discussions regarding chiropractic care may occur within the earshot of other patients and staff.

This setting is designated for ongoing care and education. It is not used for taking patient histories, conducting examinations, or presenting findings, which are platformed in a private and confidential environment.

We seek your authorization due to various interpretations of federal law regarding what

constitutes “incidental disclosure” of health information. We believe that the discussions that may take place in a partially open adjusting environment, please inform our staff and we will address your concerns. Your choice will not negatively impact your care from Dr. Kelly A. Engel D.C.

You have the right to revoke this authorization at any time. To do so, please provide us with a written notice of your desire to withdraw your authorization. Allow for a reasonable processing time for us to implement the change in our procedures.

I, the undersigned, hereby grant permission for Dr. Kelly A. Engel D.C. to perform or order diagnostic tests, including, but not limited to, radiographs, and to provide necessary treatment. I also knowledge that no guarantees or assurances have been made regarding the outcomes that may result from these services.

I, _____ have read and fully understand the above statements.
(Print Patient Name)

I, therefore, accept chiropractic care on this basis.

_____
(Signature & Date)

Consent for Treatment of Minor

I hereby authorize Dr. Kelly A. Engle D.C. to administer treatment as she deems necessary for my child.

Relationship to child: _____

Name of child: _____

Guardian Signature: _____ Date: _____

HIPAA Acknowledgement

HIPAA INFORMATION AND PATIENT CONSENT FORM

The health Insurance Portability and Accountability Act (HIPAA) Provided safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. This means that there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal

interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. 1) My information will be kept confidential except for when it is necessary to provide services to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers and health insurance payers as is necessary for your care. Possibly at some point, indirect treatment relationships with Xray Facilities or laboratory facilities are necessary. My medical health information provided may have to be disclosed for purposes of treatment, diagnosis, payment or health care operations. Patient files are stored in closed filing cabinets and in our professional electronic medical record system. During the normal course of care, records may be temporarily accessible in administrative areas such as front office, examination rooms, etc. Those records will not be available to persons other than the doctors and office staff. 2) If there are any special concerns that require my personal medical information or my name to be handled in any other measure, I will take responsibility to communicate that to my health care provider. 3) This office may occasionally phone patients and remind them of their appointments. I give permission for the office staff to leave messages on my voice mail. 4) I understand that I have the right to review and obtain a copy of my medical records, request amendments, and request restrictions on certain uses and disclosures of my information. 5) I acknowledge that I have been offered a copy of the Notice of Privacy Practices and understand my rights regarding my protected health information. 6) The office staff or provider in the reception area may call me by my first name. We agree to provide patients with access to their records in accordance with state and federal laws. I understand that the healthcare provider also has the right to refuse care should I refuse to disclose my personal health information. If I am dissatisfied in any way with the way my personal health information is handled at Safe Harbor Chiropractic PC, I have ability to contact HIPAA officer Dr Kelly A. Engel D.C. to have the issue resolved.

Print Patient Name: _____

Patient Signature: _____

Date: _____

“For I know the plans I have for you…
plans to give you hope for the future.”
- Jeremiah 29:11