



Patient Authorization Regarding Chiropractic Care Being Provided in an Partially Open Adjusting Environment

It is the practice of this office to provide chiropractic care in an “open adjusting” environment. “Open adjusting” involves the possibility of more than one patient being seen in the same adjusting area being treated at the same time. Patients are within sight of one another and some ongoing educational details of chiropractic care may be discussed within earshot of other patients and staff.

This environment is used for ongoing care and education. It is NOT the environment used for taking patient histories, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as an “incidental disclosures” of health information. It is our view that the kinds of matters related in a partially open environment are incidental matters, in the event you or someone else would not agree with us we are providing this disclosure.

The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in a partially open adjusting environment please let us know and we will discuss your concerns with you. Your decision will have no adverse effect on your care from Dr. Kelly Chwojdak.

You may revoke this authorization at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our procedures to be completed.

Your signature indicates your authorization of this activity.

Name (printed)

Signature

Date