

Please read the following information and sign at the bottom acknowledging your understanding

1. HIPAA notices are available at our front desk for you to review.

2. You are responsible for all of the cost of your care. Regardless of any third party, such as insurance or attorneys or workers compensation, payment is expected when services are rendered.

3. Our clinic will bill any third party that have legitimate coverage, but we cannot guarantee any payments. You authorize our clinic to bill any third party for payment of care.

4. Our clinic offers Chiropractic care related to detection and correction of the Vertebral Subluxation complex. We do not diagnose, nor treat Medical conditions. Spinal adjustments are designed to correct nerve interference caused by Vertebral Subluxations, enhancing the body's ability to heal itself. Our only objective is to correct Subluxations. Not to treat any disease or health condition.

5. Information used at our clinic is for Chiropractic treatment and for billing purposes only and will not be used for any other means to protect your privacy. By signing this agreement you understand that a Notice of privacy is available at our front desk.

6. If accepted for Chiropractic care, you understand all of the information given to you above and consent to treatment for Vertebral Subluxation correction.

7. I understand that not every new patient is accepted for care by our clinic, that some conditions are not a Chiropractic case.

8. Missed appointments: If accepted as a patient it is understood that each appointment is important to the overall results, that missing appointments will cause a less than desirable result in your care.

I have read all the above and consent to the Doctors evaluation and any necessary Chiropractic care.

Patients Signature: _____

Date: _____