Briggs Chiropractic Office, P.C.

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DR. KEITH A. BRIGGS
CERTIFIED CHIROPRACTIC SPORTS PHYSICIAN

INFORMED CONSENT TO CHIROPRACTIC CARE

Patient Name_____ **Birthdate**_____

Please discuss any questions or concerns with the Doctor before signing this consent.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays by the doctor of chiropractic named above.

I have had the opportunity to discuss with the doctor and/or other clinic personnel the purpose and benefits of the chiropractic adjustments and other treatment. Alternatives to treatment have been reviewed.

I acknowledge that no guarantee or assurance of results has been made by anyone regarding the chiropractic treatment that I have requested and authorized. I have had the opportunity to read this form and ask questions. The clinical procedures performed are usually beneficial and seldom cause any problems. In rare cases underlying physical defects, deformities or pathologies may render the patient susceptible for injury. The doctor, of course, will not provide specific healthcare if he/she is aware that such care may be contraindicated. It is the responsibility of the patient to make it known or to learn through health care procedures from whatever he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the physician. My questions have been answered to my satisfaction. I consent to the proposed treatment.

_____

Patient's Signature Date

_____

NOTICE OF PRIVACY PRACTICES

I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide Briggs Chiropractic Office, P.C. with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as described in the Privacy Notice.

_____ _____

Patient's Name (print) Patient's Signature

_____ _____

Date Authorized Facility Signature Date