Safe Harbor
Chiropractic, P.C.

TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient 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 understand both the objective and the method that will be able to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

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 vertebra 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 its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, we encounter non-chiropractic or unusual findings, we 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 what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY PRACTICE OBJECTIVE** is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

HIPAA ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to conduct, plan and direct my treatment and follow-up care.
I have been informed by a Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information (available in office in print form or on the office website www.safeharborchiropractic.com). I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that Safe Harbor Chiropractic has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notices of Privacy Practices.

OFFICE POLICY

To keep the office running smoothly, please arrive at your scheduled appointment time. In cases of emergencies or when patients require additional attention, it is our obligation from the Chiropractic Oath to provide what each patient needs and we always do our best to be prompt. Please give 24 hours notice should you need to reschedule your appointment to avoid a $45 cancellation fee or no show fee.

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

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I therefore accept chiropractic care on this basis. _____ _____
(Signature) (Date)