

**BACK 2 BACK CHIROPRACTIC
INFORMED CONSENT TO CHIROPRACTIC CARE**

Chiropractic treatment involves the science, philosophy and art of locating and correcting spinal misalignments and as such, is oriented toward improvement of the spinal function relative to range of motion, muscular and neurological aspects. There has been no promise, implied or otherwise, of a cure for any symptoms, disease or condition as a result of treatment in the clinic. I understand that the chiropractor will use his/her hands or a mechanical device upon my body to adjust a joint, which may cause an audible “pop” or “click.” It is my intention to rely on the doctor to exercise professional judgment during treatment, which he/she feels, at the time, to be in my best interest. Neither the practice of chiropractic or medicine is an exact science, but relies upon information related by the patient, information gathered during examination, and the doctor’s interpretation thereof, as well as the doctor’s judgment and expertise in working with similar cases.

I have had the opportunity to discuss the nature and purpose of chiropractic adjustments and adjunctive treatment. I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment including, but not limited, fractures, disc injuries, strokes, dislocation and sprains.

Dry Needling and Cupping Release and Disclosure

Possible Contraindications for Dry Needling and/or Cupping Treatment

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|---|---|--|--|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Anti-Coagulating Medicines | <input type="checkbox"/> Edema | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Surgery within 8 weeks | <input type="checkbox"/> Active Medical Emergency | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Immunocompromised |
| <input type="checkbox"/> Epi or Pericarditis | <input type="checkbox"/> Kidney Failure | <input type="checkbox"/> Ascites | <input type="checkbox"/> Dermatitis |
| <input type="checkbox"/> Hernia Current/Prior | <input type="checkbox"/> Current Cancer Treatment | | |

Cupping Therapy Overview

The cupping process may leave red marks like a bruise on the skin, known as “cupping marks”. Cupping marks can last for days. I understand the therapy staff does not diagnose or treat any illness and works under the supervision of a doctor.

Cupping has its roots in Traditional Chinese Medicine. Stationary cups are placed on the skin and left for a period of five to fifteen minutes. The cups may also be moved over an area. The goal of cupping therapy is to move stagnation of blood, energy, and to disperse internal heat. By creating suction and negative pressure, cupping therapy is used to loosen adhesions and lift connective tissue, bring hydration and blood flow to body tissues, and drain excess fluids and toxins by opening lymphatic pathways.

Possible Side Effects of Cupping Treatment		
Common – up to 10%	Uncommon less than 1%	Rare Less than 0.01%
Bruises Moderate Discomfort	Nausea Lightheaded	Skin Infection

Dry Needling Therapy Overview

Trigger points are discrete, focal, hyperirritable spots within a taut band of skeletal muscle fibers that produce local and/or referred pain when stimulated. Dry needling refers to a procedure whereby a fine needle is inserted into the trigger point to induce a twitch response and relieve the pain.

Possible Side Effects of Dry Needling Treatment		
Common – up to 10%	Uncommon less than 1%	Rare Less than 0.01%
Bleeding Hematoma Needle site pain/discomfort	Swelling Inflammation Nerve Irritation Vasovagal Response Headache	Pneumothorax Broken Needle Forgotten Needle Systemic Infection

HIPPA /Privacy Notice

I understand that as part of my healthcare, this Practice (Back 2 Back Chiropractic) creates and maintains health records describing my health, history, symptoms, examinations, tests, diagnosis and treatment. I understand that this information serves as a basis for planning my care and treatment, a means of communication among other health professionals who may contribute to my care, a source of information for applying my diagnosis and treatment information to my bill and a means by which a third-party payer can verify that services billed were actually provided.

I understand the Practice reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I've provided or forward a copy via- e-mail at my request. I understand I have the right to object to the use of my health information for directory purposes. I understand I have a right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that the Practice is not required to agree to the restrictions requested. I understand I may revoke this consent in writing, except to the extent that the Practice has already taken action in reliance thereon.

Back 2 Back Chiropractic Billing Policy - Effective January 1, 2020

At Back 2 Back Chiropractic we maintain "In Network" status with as many insurance companies as feasible. This helps us keep costs low for our patients. To ensure we are in compliance with the contracts we hold with each insurance company the following policy applies:

Filing your insurance - We file insurance as a courtesy to our patients. We make our best effort to identify, prior to your treatment, the portion of your treatment that will be your patient responsibility. It is understood that, at times, the information provided by your insurance company does not accurately represent your patient responsibility.

Collecting Payment – Unless a prior arrangement has been made, payment for your estimated patient responsibility is expected at the time of service. After your claim has been adjudicated any adjustments to this estimate will be reflected in your ledger. We will reconcile ledgers quarterly and collect balances not covered by our initial estimated patient responsibility at this time.

As a convenience to our patients we offer the following payment options:

- 1. Credit Card on File** – We will save your credit card information with secure encryption. We will only use this credit card to collect fees for services received at Back 2 Back Chiropractic. This includes chiropractic treatment **AND** additional services and inventory not included in your estimated patient responsibility for chiropractic treatment.
- 2. Credit Card/Cash/Check** – Patients may choose to pay their estimated patient responsibility each time they visit the office with a check, cash or credit card. This includes chiropractic treatment **AND** additional services and inventory not included in your estimated patient responsibility for chiropractic treatment.

Therapies subject to additional charge – Not Covered by Insurance:

Lumbar and Extremity Decompression - \$10, PEMF - \$10

Dry Needling and Cupping \$50 stand alone, \$25 w/treatment