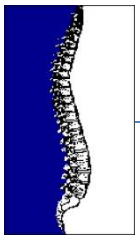


Hurst Chiropractic Center

1246 Oakley Ave.
Burley, ID 83318
Tel. (208)678-8184
Fax (208)678-8164

Welcome to Our Office

We are so glad that you are here today. If you have any questions concerning our policies, forms, or procedures, just ask. It is our pleasure to help you.

Our Privacy Practices

In our office, all health information is considered confidential and we are careful about how we use it. This notice describes how your health information may be used and disclosed and how you can get access to this information. Please read about your health information and let us know if you have any questions.

We may share your health information to:

- Treat you
- Discuss your case with family
- Collect payment
- Thank you for referring other patients
- Run our office
- Include you in care classes
- Inform you about other services
- Do research

We may use your health information to:

- Health and safety reasons
- Reporting to law officials
- Reporting to worker's compensation
- Reporting victims of abuse
- Court hearings and filings

You have a right to:

- Request a copy of your health record
- Request confidential communications
- Ask us to limit the information we share
- Amend your protected health information
- Request a list of whom we share your health information with
- Advise our management if you believe your privacy rights have been violated

Consultation and Exam

To begin today's visit, we will collect some confidential health information and then sit and speak with you. After we learn more about your condition, we will perform some preliminary screening tests.
If we believe that we may be able to help you, we will recommend a complete examination so we can thoroughly evaluate your condition.
We will always inform you of associated fees before we perform and procedure or service.

Report of Findings

Patients who are examined will receive a report of our findings from the recorded history, consultation, and examination.
If we believe we can help, we will accept your case at this time. If we believe that you will not respond to our care, we will not accept your case and may refer you to another provider.

Treatment Plan

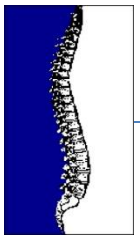
If we accept your case, we may recommend treatment options based on your unique needs and then an individualized treatment plan may be created to address your short and/or long-term goals
As you advance through treatment, periodic progress evaluations will measure and compare your improvement.

I understand and agree to the following:

- **The privacy practices have been satisfactorily explained to me and I have received a copy of the notice of privacy practices or had an opportunity to receive a copy**
- **I understand the purpose of today's visit**
- **The doctor(s) may use my confidential health information in the manner previously described**

_____
Patient or guardian signature

_____
Date



Hurst Chiropractic Center

1246 Oakley Ave.
Burley, ID 83318
Tel. (208)678-8184
Fax (208)678-8164

Informed Consent To Chiropractic Treatment

Patient Name: _____

- **The Nature of the Chiropractic adjustment**

  We will use our hand or a mechanical device upon your body in such a way as to move your joints. That may cause an audible "pop" or "click," much as you have experienced when you "crack" your knuckles. You may feel or sense movement.

- **The material risks inherent in a Chiropractic adjustment**

  As with any health care procedure, there are certain complications which may arise during a chiropractic adjustment. Those complications include: fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contribution to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment.

- **The probability of those risks occurring**

  Fractures are rare occurrences and generally result from some underlying weakness of the bone which we check for during the taking of your history and during the examination and x-ray. Stroke has been the subject of tremendous disagreement within and without the profession with one prominent authority saying that there is at most a one-in-a-million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as "rare."

- **Additional Treatment**

  In addition to Chiropractic adjustment, we may use the following treatments with the associated additional significant risks:

Cryotherapy Skin Reactions	**Traction** Aggravation of present condition	**Microcurrent** Dizziness, Skin irritation, Electrode burns, Headaches
Flexion-Distraction Therapy Aggravation of present condition	**Heat** 1st &2nd degree burns, Hemorrhage	**Low Tech Rehab** Aggravation of present condition, Blood Pressure changes, increased heart rate
Vibratory Massage Deep Vein Thrombosis	**Myofascial release/Massage Therapy** Bruising, release of emboli	

- **DO NOT Sign Until You Have Read and Understood the Above**

  Please check the appropriate block and sign below:

  I have read [ ] or have had read to me [ ] the above explanation of the chiropractic adjustment and related treatment. I have discussed it with my doctor and have had my questions answered to my satisfaction. My signing below I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest (or said minor's interest) to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to Hurst Chiropractic Center, attending physicians, or assistants to perform the treatment and acknowledge that no guarantee or assurance as to the results that may be obtained from this treatment has been given to me.

Date:_____

_____
Patient Signature

_____
Parent or Guardian Signature (If a Minor)

_____
Relationship to Patient