

Foundation Chiropractic Center
895 State Farm Road Suite 401 Boone, NC 28607 828-865-6500
Informed Consent to Care

You have the right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks, and alternatives.

Chiropractic care involves what is known as a chiropractic adjustment. In some cases, there may be additional supportive procedures or recommendations. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, fractures (broken bones), sprains, strains, dislocations, disc injuries, and strokes. With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke, and on rare occasion can result in paralysis or death. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

It is also important that you understand there are treatment options available for your condition other than chiropractic care. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit. If during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

X _____
Patient or Guardian's Signature Printed Name Date

For MINOR children only:

I, _____, being the parent or legal guardian of _____ have read and fully understand the above Informed Consent and hereby grant permission for my child to receive chiropractic care.

I, _____, being the parent or legal guardian of _____ agree to allow him/her to be treated at Foundation Chiropractic Center without my direct supervision.

Foundation Chiropractic Center

Financial Policy

Please understand payment of your bill is considered part of your treatment. We accept cash, checks, Visa, Mastercard and Apple pay. We do file Medicare. We are an out-of-network provider. We will provide you with the necessary information to file your own insurance. Non-covered services, such as X-rays and the initial exam fees are your responsibility (medicare only covers adjustments). You are responsible for payment regardless of any insurance company determination of usual and customary rates. Parents (or guardians) are responsible for payment of treatment for a minor. For unaccompanied minors, payment arrangements must be made prior to treatment by calling the office. There will be a fee for continuously missed appointments. Accidents happen but please try your best to not make it a habit and call if you will be late or need to cancel/reschedule. Thanks for your understanding!

I have read the Financial Policy, I understand and agree to the policy:

Print name: _____

Sign name: _____

Date: _____