



Dr. Josie Morales DC, RN

CONSENT & CONDITIONS

Treatment

The nature of Chiropractic care is directed toward balancing the muscles, joints, and nerves of your body. To achieve this, the doctor will use her hands or tools to adjust your joints and align your soft tissues. You may hear a “click or pop”, and you may feel movement of the joint. Various ancillary or “add on” procedures, such as hot or cold packs, massage, craniosacral therapy, traction, taping and exercise/nutritional instruction may also be employed.

Possible Risks of the Care

Chiropractic treatment or management of conditions almost always includes the chiropractic adjustment, a specific type of joint manipulation. Like most health care procedures, the chiropractic adjustment carries with it some risks. Unlike many such procedures, the serious risks associated with the chiropractic adjustment are extremely rare.

Following are the known risks:

Temporary soreness or increased symptoms or pain It is not uncommon for patients to experience temporary soreness or increased symptoms or pain after the first few treatments.

Dizziness, nausea, flushing These symptoms are relatively rare. It is important to notify the chiropractor if you experience these symptoms during or after your care.

Bruising and muscular/ligamentous strain Due to the nature of hands-on care bruising and muscular/ligamentous strain is possible, but not likely. Certain conditions can increase your risk for these side effects, please be sure to inform the doctor of any history of disease.

Fractures When patients have underlying conditions that weaken bones, like osteoporosis, they may be susceptible to fracture. It is important to notify your chiropractor if you have been diagnosed with a bone weakening disease or condition. If your chiropractor detects any such condition while you are under care, you will be informed and your treatment plan will be modified to minimize risk of fracture

Disc herniation or prolapse Spinal disc conditions like bulges or herniations may worsen even with chiropractic care. It is important to notify your chiropractor if symptoms change or worsen.

Stroke An extremely rare type of stroke has been associated with chiropractic care. Although there is an association between this type of stroke and chiropractic visits, there is also an association between this type of stroke and primary care medical visits. According to the most recent research, there is no evidence of excess risk of stroke associated with chiropractic care. The increased occurrence of this type of stroke associated with both chiropractic and medical visits is likely explained by patients with neck pain and headache consulting both doctors of chiropractic and primary care medical doctors. Medical history and medications both current and past can provide a better indication of risk.

Alternatives

I understand that other treatment options for my condition may include: Self-administered, over-the-counter analgesics and rest; medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers; hospitalization with traction; and surgery.

Patient's Consent

_____ I have had ample opportunity to explore other potential forms of care. All of my questions have been answered at this time. I voluntarily and knowingly elect to receive care from Dr. Morales including the performance of diagnostic tests and procedures and chiropractic treatment or management of my condition(s). This consent is intended to cover the entire course of treatment for my present conditions, and any future conditions for which I may seek treatment at this office. My signature below indicates that I accept the risks and benefits, and hereby give my full consent to treatment.

_____ I recognize that Dr. Josie Morales is a chiropractic physician who specializes in providing musculoskeletal care to families. They are **not** functioning as a replacement for my medical doctors, however they are often willing to co-manage my care with another physician, midwife, or other healthcare providers.

_____ I consent to having body work done and have disclosed all medical conditions to therapist or doctor. I understand that in rare cases, underlying conditions may render me susceptible to injury. It is my responsibility to make these conditions known before and throughout care.

Confidentiality and the Release of Information

Your participation in treatment and all information about you is confidential and will not be disclosed to anyone without your written consent. There are some exceptions to confidentiality required by state and federal laws and HIPAA. Information release without consent is required in the following situations:

- A client presents a clear and imminent danger to themselves or others
- Child or elder abuse or neglect is suspected
- Records or my testimony are subpoenaed by court
- Your insurance company requires information about diagnosis and/or reports about treatment
- For other government, peer review or regulatory practices

HIPAA Notice of Policies and Practices

Dr. Josie Morales is committed to preserving the privacy of your personal health information. Additionally, she is required by Federal law (Health Insurance Portability and Accountability Act, known as HIPAA) and by state law to protect the privacy of your personal information and to give you a notice that describes (a) how clinical information about you may be used and disclosed and (b) how you can get access to this information. Please ask for a copy of the *HIPAA Notice of Policies and Practices* should you wish to have a complete copy for your records.

Your signature below indicates that you have read and agree upon all of the terms on these two pages. Your signature also serves as an acknowledgement that you have received the HIPAA Notice of Policies and Practices described above if you have requested it.

_____ Signature of Patient or Guardian _____ Date

_____ Printed name

_____ Name of Minor represented, if applicable.

_____ Signature of Witness _____ Date