

HIPAA

The Chiropractic Office of Titus Family Chiropractic

Patient Authorization regarding chiropractic care being provided in an “open adjusting” environment

It is the practice of this office to provide chiropractic care in an “open adjusting” environment. “Open adjusting” involves several patients being seen in the same adjusting room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and is NOT the environment used for taking patient histories, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as an “incidental disclosures” of health information. It is our view that the kinds of matters related in an “open adjusting” environment are incidental matters, in the event you or someone else would not agree with us we are providing this disclosure.

The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in an open-adjusting environment other arrangements will be made for you. Your decision will have no adverse effect on your care from Titus Family Chiropractic or on your relationship with our staff.

Informed Consent for Chiropractic Spinal Manipulation, Diagnostic X-Rays and Treatment, Authorization and Release

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of therapy modalities and diagnostic x-rays, on myself (or on the patient named below for whom I am legally responsible) by the licensed doctor of chiropractic of the Titus Family Chiropractic and Sports Therapy Center.

I have had the opportunity to discuss with my doctor the nature and purpose of chiropractic adjustments and other procedures and understand that spinal manipulation involves the doctor placing his or her hands on my spine and delivering a quick thrust or impulse to the involved area(s). I also 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 to: fractures, disc injuries, strokes, dislocations, sprains, strains, soreness, and physical therapy burns. I understand and comprehend all such risks and complications. I, by my signature below, confirm and accept care and therefore agree to those treatments deemed necessary by my doctor to be in my best interest.

I authorize payment of my insurance benefits directly to Titus Family Chiropractic. I understand and agree to allow this office to use my confidential Patient Health Information forms for the purpose of treatment, payment, healthcare operations and coordination of care and authorize Titus Family Chiropractic to communicate with my medical physician(s) about my condition and treatment. I understand and agree that I am responsible for all costs of chiropractic care, regardless of insurance coverage. I also understand and agree that if I suspend or terminate my schedule of care as determined by my treating doctor, any fees for professional services will be immediately due and payable.

I understand that 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 this practice is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing except to the extent that action has already been taken based on the original consent.

I wish to have the following restrictions to the use or disclosure of my health information:

Your signature indicates your authorization of this activity.

Name (printed)

Signature

Date

Titus Family Chiropractic, Todd M. Titus, D.C.
8404 Abercorn Street, Savannah, GA 31406
Phone: 920-8400 Fax: 920-0100
E-mail: sportschiro@comcast.net Website: drtoddonline.com