

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, (patient name) acknowledge that I have received, reviewed, understand and agree to the Notice of Privacy Practices of Tracy & Keim Chiropractic, LLC, which describes the Practice's policies and procedures regarding the use and disclosure of any of my Protected Health Information created, received or maintained by the Practice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**PATIENT INFORMED CONSENT FORM**

Medical doctors, chiropractic doctors, osteopaths, and physical therapists that perform manipulation are required by law to obtain informed consent before starting treatment.

I, \_\_\_\_\_ consent to examination and to the performance of conservative noninvasive treatments for my condition, by Dr. Sharell Tracy, Dr. Richard Keim, Dr. Brian Gervais, and/or Dr. Megan Wagner. I understand that the procedures may consist of manipulations involving movement of my joints and soft tissues, along with physical therapy modalities, rehabilitative exercises, x-rays and nutraceuticals.

Although spinal and extremity manipulation is considered to be one of the safest and most effective forms of therapy for musculoskeletal problems, I am aware that, as with any form of therapy, there are possible risks and complications associated with these procedures, which are as follows:

**Soreness:** I am aware that like exercise it is common to experience muscle soreness after a few treatments.

**Dizziness:** Temporary symptoms like dizziness and nausea can occur but are relatively rare.

**Joint injuries:** I understand that in isolated cases, underlying physical defects, deformities of pathologies like weak bones from osteoporosis may render that patient susceptible to injury. When osteoporosis discal degeneration, or other abnormality is detected, extra caution will be employed.

**Physical Therapy burns:** Some of the therapies used in this office generate heat and may rarely cause burns. Despite precautions, if a burn is obtained, there will be a temporary increase of pain and possible blistering. This should be reported to the doctor.

**Strokes:** Although strokes happen with some frequency in our world, strokes from chiropractic manipulation are extremely rare. I am aware that nerve or brain damage including stroke is reported to occur once in a million to once in ten million treatments, the same chance as being struck by lightning or having a normal dose of Tylenol cause death.

Tests have been performed on me prior to treatments to minimize the risks of these or any other complication from treatment, and I freely assume these risks. I also understand that there are beneficial effects associated with these treatment procedures including decreased pain, reduced muscle spasm, increased mobility, and improved neurological function. However, I appreciate that there is no certainty that I will achieve these benefits. I realize that the practice of all forms of medicine, including chiropractic, is not an exact science, and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

I have read or had read to me the above explanation of chiropractic treatment. Any questions I have regarding these procedures or alternative treatments available have been answered to my satisfaction prior to my signing this consent form. I have made my decision voluntarily and freely.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor/Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Tracy & Keim Chiropractic, LLC  
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## FINANCIAL POLICY

In the interest of good health care practice, it is desirable to establish a policy to avoid misunderstandings. Our primary responsibility is to help patients experience good health and we wish to spend our time and energy toward that end. Therefore, we would like you to know about our financial policy.

- Payment is due and payable at the time of your visit.
- All nutritional supplements and other supplies must be paid for as you take them.
- We accept cash, checks, VISA and MasterCard.

SELF PAY PATIENTS : If you are paying for services at the time of visit and our office is not involved in billing your insurance company, filling out forms, or waiting for payment, we do offer a bookkeeping discount.

MEDICAL INSURANCE: As a courtesy to patients, we will bill your primary insurance carrier. (We do not bill secondary companies except for Medicare patients). Co-payments, deductibles and percentages that are patient responsibility are due at the time of service. By signing this form, you are authorizing the release of your records to facilitate claims processing and for continuity of care. You are also authorizing that payments be made directly to Tracy & Keim Chiropractic. We reserve the right to refuse to do business with any insurance company that requires completion of forms regarding permission for us to carry out our patient treatment plan.

PERSONAL INJURY / AUTO INSURANCE : Regardless of who the responsible party is, a claim will be established with your auto insurance company. Please contact your agent, inform them of your care and request forms to set up a claim. You are still personally responsible for your bill but you will not be required to pay as services are rendered. If your balance reaches \$800 and your insurance company is withholding payment for any reason, you will be required to start paying for services: we do not hold balances above \$800. We require that you sign a lien form assigning payment to Tracy & Keim Chiropractic from an insurance company, or from an attorney, in case one should become necessary.

WORKERS COMPENSATION : You are not personally responsible for the account unless your claim is partially or totally denied by Workers Compensation Insurance. At that point, we can bill your private insurance company if you have chiropractic benefits with that company.

MEDICARE: We accept Medicare patients, and are non-participating providers. Medicare only pays toward spinal manipulation related to an incident or injury, and they will send payment to you. You will be required to pay at the time of service for all services or supplies in our office.

Thank you for taking time to read this financial policy. If you have any questions at all, please do not hesitate to ask the staff.

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Signature

Date