PATIENT CONSENT FORM

Regarding the Use & Disclosure of Protected Health Information

For the purposes of this Consent Form, "Office" shall refer to: **Kenny Chiropractic Office**

I understand that some of my health information may be used and/or disclosed by the Office to carry out treatment, payment, or health care operations, and that for a more complete description of such uses and disclosures I should refer to the Office's privacy notice entitled, "Our Privacy Practices." I understand that I may review this privacy notice at any time prior to signing this form.

I understand that over time the Office's privacy practices may need to change in accordance with law and that if I wish to obtain a copy of the notice as revised, I can call the Office to request such copy.

I understand that I may request restrictions on how my information is used or disclosed to carry out treatment, payment, or health care operations, and that I can also revoke this Consent in, but only to the extent that the Office has not taken action in reliance thereon and also provided that I do so in writing.

I understand that for my protection, any requests to amend my health information or to access my medical records must be made in writing.

Authorization For And Consent To Manipulation Or Special Procedures

My treatments involve various techniques to help me understand and resolve your health issues to the best of my ability. There is no warranty or guarantee made as to the result or cure of your issues. Various manipulative procedures and other special diagnostic and therapeutic procedures may involve calculated risks or complications, from both known and unknown causes. Since any risk should be avoided if possible, I employ tests in my examination which are designed to identify if you may be susceptible to that kind of injury. Except in emergency or exceptional circumstances, these procedures will therefore not be performed upon you unless and until you have had an opportunity to discuss them with me. You have the right to consent to or refuse any proposed procedure or therapy (based on the description or explanation received).

I have deemed that the procedures listed below may be beneficial in the diagnosis and/or treatment of your condition. Upon your signed consent below, such operations or special procedures may be performed for you by me. This authorization applies both to the listed procedures and to advice given as part of your care.

Your signature under the procedures listed below constitutes your acknowledgment that: (1) you have read and agreed to the foregoing: (2) The procedure(s) and possible alternate means of therapy have been adequately explained to you by Dr. Rhett Kenny and that you have all of the information that you desire: (3) You authorize and consent to the performance of procedure(s) or specific test(s): (4) You consent to the performance of procedure(s) and test(s) in addition to or different from those specified below whether or not arising from presently unforeseen conditions which Dr. Rhett Kenny or his associates or assistants may consider necessary or advisable in the course of the procedure(s) specified below: (5) No guarantee of a cure has been promised to you.

Procedures May Include the Following: Manual Muscle Testing, Muscle-spindle manipulation (autogenic facilitation and inhibtion), Deep-Tissue Muscle Therapy, Joint Mobility as a result of muscle stretching, Low heart rate Exercise, Acupressure Meridian Therapies, Nutrition, Orthopedic Testing, Neurologic Testing, Cold (ice-pack), Heat (warm water), Exercise Rehabilitation, Different sensory based diagnostic challenges followed by a manual muscle test.

Questions:

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Date:

Patient Name_____

Patient Signature_____