

Core 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 members being seen in the same adjusting room at the same time. Members are within sight of one another and some ongoing routine details of care are discussed within earshot of other members and staff. This environment is used for ongoing care and is NOT the environment used for taking member 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 “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 Dr. Scott Stachelek or on your relationship with our staff.

Your signature indicates your authorization of this activity.

Name (printed)

Signature

Date

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our procedures to be completed.