Rotella Chiropractic &

Acupuncture Center

INFORMED CONSENT

Chiropractic

The primary treatment used by doctors of chiropractic is spinal manipulation.

• The Nature Of Spinal Manipulation

I will use my hands on your body in such a way as to mobilize your joints. That may cause an audible "pop" or "click", much as you may have experienced if you have ever "cracked" your knuckles. You may also feel or sense the movement.

• The Material Risks Inherent To Spinal Manipulation

As with any health care procedure, there are certain complications, which may arise during, or following spinal manipulation. Complications are rare, but the most common include fractures, disc injuries, dislocations, muscle strains, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. Some types of neck manipulation have been associated with injuries to the arteries in the neck, which may lead to or contribute to serious complications including vertebral artery injury. Some patients may feel stiff or sore following the first day or two of treatment.

. The Probability Of Those Risks Occurring

Fractures are rare occurrences and generally result from some underlying weakness of the bone, which we check for during the case history, examination and/or x-ray. Vertebral artery injury has been the subject of controversy within and outside the profession with most authorities stating that chances of such an outcome are on-in-a-million, at most. Since even a risk this small should be avoided if possible, we ask certain questions during the case history and employ tests during examination which are designed to identify those patients most susceptible to that kind of injury. The other complications mentioned above are also generally described as "rare".

. Ancillary Treatment

In addition to spinal manipulation we may use one or more adjunctive procedures including, but not limited to, electrical muscle stimulation, moist heat therapy, cryotherapy (ice packs), ultrasound, diathermy, traction, acupuncture. These treatments involve no significant risks except possibly in the case of pregnancy or those with medical implants such as a pacemaker. You must make the doctor aware of such circumstances. Other minor and infrequent complications may include localized skin irritation and muscle ache. More information on these procedures is available upon request.

Acupuncture

The treatments used by acupuncturists include acupuncture, Chinese herbs, Moxibustion, cupping, and a number of other ancillary treatments.

· The Nature of Acupuncture Treatment

The techniques I will use may include but are not limited to acupuncture, herbal therapy, moxibustion, electrical stimulation, cupping and bodywork therapies.

The Material Risks Inherent To Acupuncture Treatment

Acupuncture is a safe method of treatment, but as with any treatment, it may have side effects, including bruising, numbness or tingling near the needling sites, dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including pneumothorax. Infection is another possible risk, although this site uses sterile, disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion.

The herbs and nutritional supplements which may be recommended are considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. Some possible side effects include nausea,

gas, stomach ache, vomiting, diarrhea, rashes, hives and tingling on the tongue. All herbal and dietary recommendations need to be consumed as instructed.

The Availability And Nature Of Other Treatment Options

- Other treatment options for your condition may include:

- Self-administered over-the-counter analgesics and rest.
- Medical care with prescription drugs such as antiinflammatories, muscle relaxants and pain killers.
- Hospitalization possibly with traction and/or injections.
 - surgery.

The Material Risks Inherent In Such Options And The Probability Of Such Risks Occurring Include:

Misuse, abuse or overuse of over-the-counter medications may produce undesirable side effects and/or psychological dependence. If complete rest is impractical, premature return to work or household chores may aggravate the condition and extends recovery time. The probability of such complications arising is largely dependent upon the patient's general health, severity of the patient's discomfort and pain tolerance, and self-discipline in not abusing the medicine. Professional literature describes highly undesirable effects of long-term use of over-the-counter medications.

Non-steroidal anti-inflammatory drugs frequently cause stomach upset and sometimes gastrointestinal bleeding, especially when administered improperty. Numerous side effects of steroid anti-inflammatories are well documented.

Prescription muscle relaxants and painkillers can produce undesirable side effects and sometimes patient dependence. The risk of such complications arising is dependent upon the patient's general health, severity of the patient's discomfort, pain tolerance, self-discipline in not abusing the medicine and proper professional supervision. Such medications generally entail very significant risks - some with rather high probabilities.

Hospitalization in conjunction with other care carries the additional risk of exposure to communicable diseases, iatrogenic (doctor induced) mishaps, inconvenience and expense. The probability of iatrogenic mishap is remote, expense is certain, and exposure to communicable disease is likely with adverse results from such exposure dependent upon unknown variables.

The risks inherent to surgery include all those of hospitalization, adverse reaction to anesthesia and extended convalescence. The probability of these risks varies according to many factors.

The Risks And Dangers Attendant To Remaining Untreated

Remaining untreated may allow formation of adhesions and reduce mobility, which sets up a pain reaction further reducing mobility. Over time this process may complicate any future treatment by making it more difficult and less effective the longer it is postponed. The probability that non-treatment will complicate a later rehabilitation is very high.

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Rotella Chiropractic & Acupuncture Center

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by <u>Rotella Chiropractic & Acupuncture Center</u> for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of <u>Rotella</u> <u>Chiropractic & Acupuncture Center</u>. I understand that diagnosis or treatment of me by <u>Dr. Maryjoyce Rotella</u> may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. <u>Rotella Chiropractic & Acupuncture Center</u> is not required to agree to the restrictions that I may request. However, if <u>Rotella Chiropractic & Acupuncture Center</u> agrees to a restriction that I request, the restriction is binding on <u>Rotella Chiropractic & Acupuncture Center</u> and <u>Dr. Maryjoyce Rotella</u>.

I have the right to revoke this consent, in writing, at any time, except to the extent that <u>Dr. Maryjoyce Rotella</u> or <u>Rotella Chiropractic &</u> <u>Acupuncture Center</u> has taken action in reliance on this consent.

My "protected health information" means that health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review <u>Rotella Chiropractic & Acupuncture Center</u> Notice of Privacy Practices prior to signing this document. <u>Rotella Chiropractic & Acupuncture Center</u> Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the <u>Rotella Chiropractic & Acupuncture Center</u>. The Notice of Privacy Practices also describes my rights and the <u>Rotella Chiropractic & Acupuncture Center's</u> duties with respect to my protected health information.

<u>Rotella Chiropractic & Acupuncture Center</u> reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

Please check the appropriate block and sign below:

I have read or have had read to me the information on the Informed Consent in regards to the explanation of spinal manipulation, acupuncture, and related treatment. I have discussed my concerns with Dr. Rotella and have had my questions answered to my satisfaction. By signing below, I acknowledge that I have weighed the risks involved in undergoing treatment and I have decided that it is my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my give my consent to treatment.

Signature	Printed Name	Date
Witnessed by:		
Signature	Printed Name	Date
Signature of Parent or Guardian (if patient is a minor)		Date