

SCOTT S. SARDONICUS, DC

215 BROWNS RIDGE RD; OSSIPEE NH 03864

Patient Name: _____

Date: _____

Terms of Acceptance

The goal of our office is to enable patients to gain control of their health. To attain this, we believe communication is the key. There are often topics that are hard to understand and we hope this document will clarify those issues for you.

Please read the below and if you have any questions please feel free to ask one of our staff members.

Informed Consent:

A patient, in coming to the chiropractic doctor, gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury.

The doctor, of course, will not give any treatment or care if she is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make it known, or to learn through healthcare procedures what he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the chiropractic physician. The chiropractic doctor provides a specialized, non-duplicating health care service. Your doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regimen. I understand that if I am accepted as a patient by Scott S. Sardonicus, DC, I am authorizing them to proceed with any treatment that they deem necessary. Furthermore, any risk involved, regarding chiropractic treatment, will be explained to me upon my request.

Women Only:

To the best of my knowledge, I **am / am NOT** pregnant and (**give my permission / don't give permission**) to x-ray me for diagnostic interpretation. *(circle one above)* *(circle one above)*

Communications:

In the event that we would need to communicate your healthcare information, to whom may we do so?

Spouse: _____

Children: _____

Others: _____

No one

May we leave messages regarding your personal healthcare information on any answering device, i.e. home answering machines or voicemails? Yes No

Missed Appointments:

There is a possible fee charged for all appointments that are not canceled within 48 hours of your scheduled visit.

Consent to Evaluate and Treat a Minor:

I, _____ being the parent or legal guardian of _____, have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

Email/Text Consent:

Before sending e-mail/text communications to Dr. Sardonicus, please read and agree to the following information regarding the risks and conditions of e-mail/text use:

RISKS ASSOCIATED WITH USING E-MAIL/TEXT

Dr. Sardonicus offers patients the opportunity to communicate by e-mail/text. However, transmitting patient information by e-mail/text has a number of risks that should be considered. These include, and are not limited to, the following risks:

- E-mail/text can be circulated, forwarded, and stored in numerous paper and electronic files.
- E-mail/text can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- E-mail/text senders can easily misaddress an e-mail/text.
- E-mail/text is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail/text may exist even after sender or recipients have deleted their copy.
- Employers and on-line services have a right to archive and inspect e-mails/texts transmitted through their systems.
- E-mail/text can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail/text can be used as evidence in court.

CONDITIONS FOR THE USE OF E-MAIL/TEXT

Dr. Sardonicus will use reasonable means to protect the security and confidentiality of e-mail/text information sent and received. However, because of the risks outlined above, The Inspira Center cannot guarantee the security and confidentiality of e-mail/text communication, and will not be liable for improper disclosure of confidential information that is not caused by The Inspira Center's intentional misconduct. Thus, the individuals must consent to the use of e-mail/text communication. Consent to the use of e-mail/text includes agreement with the following conditions:

- Although Dr. Sardonicus will endeavor to read and respond properly to an e-mail/text, Dr. Sardonicus cannot guarantee that any particular e-mail/text will be read and responded to within any particular period of time. Thus, no one shall use e-mail for medical emergencies or other time-sensitive matters. Please call 911 for emergencies and go to the nearest urgent care or immediate care center for urgent matters.
- All e-mails/texts sent to or from patients concerning diagnosis or treatment may be printed out and, at the Provider's discretion, be made a part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical records, such as staff or billing personnel, may have access to those e-mails/texts.
- Dr. Sardonicus may forward e-mails/texts internally to the practice's staff and agents as necessary for diagnosis, treatment, reimbursement and other handling. Dr. Sardonicus will not, however, forward e-mails/texts to independent third parties without the patient's prior written consent, except as authorized or required by law.
- If the individual's e-mail/text requires or invites a response from Dr. Sardonicus, and the individual has not received a response in a timely manner or within a business week, it is the individual's responsibility to follow up by telephone to determine whether the intended recipient received the e-mail/text and when the recipient will respond.
- Individuals are responsible for informing Dr. Sardonicus of any types of information they desire not to be sent by e-mail/text.
- The individual is responsible for protecting his/her password or other means of access to e-mail/text. Dr. Sardonicus is not liable for breaches of confidentiality caused by the individual or any third party.

COMMUNICATION BY E-MAIL/TEXT

To communicate by e-mail/text, patients shall:

- Inform Dr. Sardonicus of changes in her/her e-mail/text address.
- Review the e-mail/text to make sure it is clear and that all relevant information is provided before sending.
- Withdraw consent only by written communication to The Inspira Center.

ACKNOWLEDGEMENT & AGREEMENT

I understand and acknowledge that I have read and fully understood this consent form. I request and consent to Dr. Sardonicus using e-mail/text to communicate with me at the e-mail address(es)/telephone number(s) that I provide and I understand that such communications may contain my protected health information, including health history, diagnosis and treatment information and demographic information. I understand the risks associated with e-mail/text communication between Dr. Sardonicus and me, and consent to the conditions outlined above. In addition, I agree to the instructions for communication by e-mail/text outlined here, as well as any other instructions that The Inspira Center may impose to e-mail/text communications. I understand and acknowledge that I have the right to withdraw my consent in writing at any time and that this authorization shall remain in effect until I withdraw my consent. Furthermore, I understand that Dr. Sardonicus may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

Acknowledgement

I have read and fully understand all of the above policies & statements. I have reviewed the notice of privacy practices (HIPAA) and have been provided an opportunity to discuss my right to privacy. Upon request I will be given a copy.

Print Name: _____

Signature: _____

Date: _____