

INFORMED CONSENT FOR CHIROPRACTIC CARE, ATMAT & HOLISTIC PELVIC CARE

PRIVACY PRACTICES AND RELEASE OF INFORMATION. I understand that Suzanne Schiller, DC will honor my confidentiality and abide by all HIPAA regulations for my protected health information. If I request submission of my health records to any third party I understand I will need to authorize this with a signed release form prior to the transmission of health records or any discussion between Suzanne Schiller, DC and any third party about my treatment. It is my right to receive a written Notice of Privacy Practices should I request it.

CHIROPRACTIC TREATMENT: The primary treatment I use as a Doctor of Chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to correct motion in your joints.

As a part of the analysis, examination, and treatment, you are consenting to the following procedures: • Spinal manipulative therapy • Range of motion testing • Muscle strength testing • Ortho/neuro testing • Palpation • Postural Analysis • Myofascial & Muscle Therapy

As with any healthcare procedure, there are complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costo-vertebral strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients feel stiffness and soreness following the first few days of treatment. I will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me. Complications from chiropractic care are rare.

Other treatment options for your condition may include: • Self-administered, over-the-counter analgesics and rest • Medical care and prescription drugs • Hospitalization • Surgery

If you chose to use one of the above treatment options, you should be aware that there are risks and benefits you may wish to discuss these with your primary medical physician.

Remaining untreated may allow the formation of adhesions and reduce mobility, which may set up a pain reaction and further reduce mobility.

ATMAT: This powerful bodywork treatment of the abdomen, lower back and tail, promotes circulation of lymph, blood, hormones, nerve and energy flow through the whole body. I will be placing my hands on your abdomen, your lower back, sacrum, coccyx. These areas are often guarded and protected. Please alert me if any areas are too sensitive or if you do not feel comfortable at any time.

As with any bodywork, you may experience soreness, physical or emotional detoxification as a result. If you choose this treatment I will give you self-care practices to do at home.

HOLISTIC PELVIC CARE ~ PELVIC FLOOR ASSESSMENT AND HEALING: HPC does not replace the regular health screening or care of a gynecologist, urologist or medical doctor/specialist. Dr. Schiller does not handle medical emergencies, diagnose illnesses, nor discuss the use or discontinuation of medications. Holistic Pelvic Care can supplement traditional medical care by offering self-care education and strategies for life-long pelvic wellness.

Your HPC pelvic floor assessment includes an internal, manual vaginal and/or rectal exam to determine pelvic muscle health and balance. Your treatment session may include internal vaginal myofascial release bodywork (sustained manual pressure and gentle stretching), instruction in pelvic muscle, awareness and breathing exercises, rectal assessment, and other physical or energetic healing techniques as needed.

I understand and consent to these services, and I also understand that there can be no guaranteed outcome or result. Patients may experience a wide range of positive, beneficial effects; although rare, uncomfortable effects are also possible, including soreness, bleeding or emotional release. I understand and agree that if at any time I experience symptoms that concern me or if I have difficulty integrating a pelvic session, I will promptly consult with Dr. Schiller, my primary care physician, or my therapist for additional support, as needed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

I agree to take full responsibility for my wellbeing as a collaborator with my entire health care team, and I certify that I have read, fully understand, and agree to the terms of this consent form. By signing below I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to treatment with Dr. Suzanne Schiller, DC.

Typing my name below constitutes an electronic signature, which is the legal equivalent of my manual signature on this agreement.

Patient Signature:
Printed Name:

Date:

If client is a minor: I, _____ as the parent or guardian, authorize Suzanne Schiller, DC, to provide treatment to _____.