



# the winchester institute

of chiropractic health & wellness

## New Patient Consent Form

### Informed Consent for Services Offered

A patient, in coming to The Winchester Institute of Chiropractic Health and Wellness, gives the Doctor permission and authority to care for the patient in accordance with chiropractic tests, diagnosis, and analysis. The chiropractic adjustments 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 health care if they are aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known, or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the Chiropractic Physician. Dr. Dana Winchester and Associates provide 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 regime.

I understand that if I am accepted as a patient by The Winchester Institute of Chiropractic Health and Wellness, I am authorizing them to proceed with any treatment that may be necessary. Furthermore, any risk involved, regarding chiropractic treatment, will be explained to me upon my request.

Patient's Signature: (parent/guardian if a minor)

Date:

### HIPAA Notice

I understand and agree to allow this chiropractic office to use my Patient Health Information for the purpose of treatment, payment, healthcare operations, and coordination of care. We want you to know how your Patient Health Information is going to be used in this office and your rights concerning those records. If you would like a more detailed a count of the policy and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA Notice that is available for you at the front desk before signing this consent. If there is anyone you do not want to receive your medical records please inform our office. Additionally, I will allow The Winchester Institute of Chiropractic Health and Wellness to speak on my patient status when referred to by name by a referral source or another patient of The Winchester Institute of Chiropractic Health and Wellness.

Patient's Signature: (parent/guardian if a minor)

Date:

### Designation of Authorized Representative

I do hereby designate Dr. Dana Winchester and Associates and The Winchester Institute of Chiropractic Health and Wellness (hereafter referred to as "my doctor"), to the full extent permissible under the Employee Retirement Income Security Act of 1974 ("ERISA") and as provided in 29 CFR 2560-503-1(b)4 to act on my behalf to pursue claims and exercise all rights connected with my employee health care benefit plan, with respect to any medical or other health care expense(s) incurred as a result of the services I receive from my doctor. These rights include the right to act on my behalf with respect to initial determinations of claims, to pursue appeals of benefit determinations under the plan, to obtain records, and to claim on my behalf such medical or other health care service benefits, insurance or health care benefit plan reimbursement and to pursue any other applicable remedies, all in connection with medical or other health care expense(s) as the result of the services I received from my doctor.

Patient's Signature: (parent/guardian if a minor)

Date:

### Injury Status

Please be advised that if you are receiving services today for a work-related injury or a personal liability claim (such as an automobile accident), you MUST NOTIFY the front desk receptionist immediately. If you fail to notify us of such a claim, your health insurance may deny coverage and you will ultimately be responsible for all charges related to the services you receive from The Winchester Institute of Chiropractic Health and Wellness. We maintain strict guidelines on processing work-related and personal injury claims. In order to process this paperwork in a timely manner, we must know on your first visit if your injury is work-related or the result of a personal liability claim.

Patient's Signature: (parent/guardian if a minor)

Date: