

Notice of Privacy Practices Acknowledgement

Initial Uses Authorization Form

Garnett Chiropractic Center

Effective: April 14, 2003

Updated: June 29, 2020

By signing this form, you acknowledge that you were presented with a copy of the Notice of Privacy Practices of Garnett Chiropractic Center. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read in full.

Our Notice of Privacy Practices is subject to change. The most current Notice of Privacy Practices will be available at the office at all times. You may obtain additional copies of our most current notice by requesting it from our privacy official, Ginger R. Goode.

Garnett Chiropractic Center also uses protected health information for the following reasons (you may opt out of this authorization). Special initial authorization is required and attached. Marketing, internal referral board, testimonials, pictures on bulletin board or information unrelated to healthcare and other marketing materials.
_____ (please initial if approve)

If you have any questions regarding this notice or our health information privacy policies, please contact: Ginger R. Goode at Garnett Chiropractic Center, 230 Hwy. 51 South, Bardwell, KY 42023, 270-628-3490.

Hours Available: A message may be left for our privacy official any time this clinic is open and your call will be returned within 7 business days.

Your email address: _____

Print Patient Name: _____

Signature Patient /Personal Representative _____

Relationship of Personal Representative _____

Date of Signature: _____

Staff: Complete only if NO signature is obtained. If it is not possible to obtain the patient's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

- Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.
- Other: _____

Staff Signature: _____ Date _____

TERMS OF ACCEPTANCE

WE AT GARNETT CHIROPRACTIC CENTER HAVE ONE GOAL, AND THAT IS TO ELIMINATE MAJOR INTERFERENCE TO THE EXPRESSION OF THE BODY'S NERVE SUPPLY. IT IS IMPORTANT THAT YOU UNDERSTAND BOTH THE OBJECTIVE AND THE METHOD THAT WILL BE USED, SO THAT WE WILL BE WORKING TOWARD THE SAME OBJECTIVE.

A new paradigm is beginning to emerge in health care. It basically states that all living things are intelligent & strive toward optimal function & wellness. The most powerful factor in your health is you. Your health is directly related to your lifestyle, choices, genetics, diet, accident history, nerve function and emotional state. In the old paradigm, patients would present their bodies to the doctor for treatment & grant him/her full rights & responsibility without much question or investigation. If a patient got well, the doctor got the credit, if not, it was genetics or fate or some other factor. Some people still function in the old health paradigm. We at Garnett Chiropractic do not. Instead, we invite you to take responsibility for your own health & partner with us for better results. Simply put – GOD MADE YOU; GOD HEALS YOU – the doctor & patient work together to remove impediments to that healing process.

HEALTH: A STATE OF OPTIMAL PHYSICAL, MENTAL & SOCIAL WELL-BEING, NOT MERELY THE ANSENCE OF DISEASE OR INFIRMITY. A BODY WORKING TOGETHER IN HARMONY.

VERTEBRAL SUBLUXATION: A MISALIGNMENT OF ONE OR MORE OF THE 24 VERTEBRA IN THE SPINAL COLUMN, WHICH CAUSES ALTERATION OF NERVE FUNCTION.

ADJUSTMENT: AN ADJUSTMENT IS THE SPECIFIC APPLICATION OF FORCES TO FACILITATE THE BODY'S CORRECTION OF VERTEBRAL SUBLUXATION. OUR CHIROPRACTIC METHOD OF CORRECTION IS BY SPECIFIC ADJUSTMENT OF THE SPINE.

Complications or adverse reactions caused by adjustments of the spine are very rare. In fact, Chiropractic adjustments are among the safest of all health care procedures. However, soreness, sprain/strain, fracture, embolism & stroke are possible. Predisposing factors such as smoking, obesity, osteoporosis, hormone therapy, prescription drugs & poor general health increase risk. If you have concerns, speak to the Doctor. We will do everything possible to make your care safe, effective & pleasant.

WE DO NOT OFFER TO DIAGNOSE OR TREAT ANY DISEASE OR CONDITION OTHER THAN VERTEBRAL SUBLUXATIONS: HOWEVER, IF DURING THE COURSE OF A CHIROPRACTIC SPINAL EXAMINATION, WE ENCOUNTER NON-CHIROPRACTIC OR UNUSUAL FINDING, WE WILL RECOMMEND THAT YOU SEEK THE SERVICES OF A HEALTH CARE PROVIDER WHO SPECIALIZES IN THAT AREA.

ALL QUESTIONS REGARDING THE CHIROPRACTOR'S OBJECTIVE PERTAINING TO MY CARE AT GARNETT CHIROPRACTIC CENTER HAVE BEEN ANSWERED TO MY COMPLETE SATISFACTION. I THEREFORE ACCEPT CHIROPRACT CARE ON THESE TERMS OF ACCEPTANCE.

I, _____ HAVE READ & FULLY UNDERSTAND THE ABOVE STATEMENTS.
(PRINT NAME)

(SIGNATURE)

(DATE)