



Terms of Acceptance

In order to provide for the most effective healing environment, application of chiropractic procedures, and the strongest possible doctor-patient relationship, it is our wish to provide each patient with a set of parameters and declarations that will facilitate the goal of achieving health through chiropractic. **PLEASE READ BEFORE SIGNING.**

To that end, we ask that you acknowledge the following points regarding chiropractic care and the services that are offered through this clinic:

1. Chiropractic is a very specific science, authorized by law to address spinal health concerns and needs. Chiropractic is a separate and distinct science, and practice. It is not the practice of medicine.
2. Chiropractic seeks to maximize the inherent healing power of the human body by restoring normal nerve functions through the adjustment of spinal subluxation(s). Subluxations are deviations from the normal spinal structures and configurations that interfere with normal nerve processes.
3. The chiropractic adjustment process, as defined in the law of this jurisdiction involves the application of specific directional thrust of a region or regions of the spine with the specific intent of repositioning misaligned spinal segments. This is a safe, effective procedure applied over one-million times each day by doctors of chiropractic in the United States alone by doctors of chiropractic.
4. A thorough chiropractic examination and evaluation is part of the standard chiropractic procedure. The goal of this process is to identify any spinal health problems and chiropractic needs. If, during this process, any condition or question outside the scope of chiropractic is identified, you will receive a prompt referral to an appropriate provider or specialist, according to the initial indications of the need.
5. Chiropractic does not seek to replace or compete with your medical, dental, or other type(s) of health professionals. They retain responsibility for the care and management of medical conditions. We do not offer advice regarding treatment prescribed by others.
6. Your compliance with care plans, home and self-care, etc., is essential to maximum healing and optimal health through chiropractic.
7. We invite you to speak frankly to the doctor on any matter related to your care at this facility, its nature, duration, or cost, in what we work to maintain as a supporting open environment.

I understand and agree that the doctor of **Back In Action** has the right to refuse to accept me as a patient at any time before treatment begins. The taking of a history and the conducting of a physical examination are not considered treatment, but are part of the process of information gathering so that the doctor can determine whether to accept me as a patient.

I, _____ (print name), have read and understand the above statements.

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my satisfaction. I therefore accept chiropractic care and NRT on this basis.

Patient's Name

Signature of Patient
(or Parent/Guardian)



Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At our practice, we always keep your health information secure and confidential. A new law, Health Information Portability and Accountability Act (HIPPA), requires us to continue to maintaining your privacy, to give you notice and to follow the terms of this notice.

Our office is an open treatment setup which facilitates education and ease of treatment. Your private health matters will be discussed in private by appointment. Please let us know if you require specific private appointments to discuss personal health issues.

HIPPA permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialists doctor, whom we may involve in your care. We may use or disclose your health information for payment of your services. For example, we may send a report of progress to your insurance company. We may use or disclose your health information for our normal health operations. For example, one of our staff will enter your information into our computer. We may share your health information with our business associates, such as a billing service. We do have a written contract, with each business associate that requires them to protect your privacy. We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not at home, we may leave this message on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law. If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know, if we can fulfill your request. You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we may need to contact you from time to time, we will use whatever address or telephone you prefer. You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with a few exceptions. A written request regarding the information you would like to see is necessary. If you would also like a copy of your records, we may charge you a reasonable fee for the copies. You have the right to request an amendment, change to your health information, and/or include a statement. These requests must be in writing. We may or may not make the changes you request, but we will be happy to include your statement as part of your file. If we agree to the amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services at 200 Independence Avenue SW Room 509F, Washington DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint or for more information or assistance regarding your health information privacy, please contact our privacy officer, Longevity Lab VA at (703) 673-6333.

This notice goes into effect 1 Nov 2004.

I have read and understand the above privacy policy and may receive a copy at any time.

Patient's Name

Signature of Patient or Parent/Guardian



STANDARD PROFESSIONAL FEE SCHEDULE

Chiropractic Office Visits

Initial Chiropractic Examinations Standard Comprehensive Exam \$160.00

Chiropractic Adjustment \$70

Myofascial Treatment with Chiropractic Adjustment \$ 40.00

When you arrive and park please text Dr. Susan's phone 703-673-6333 to allow Caitlin, our new team lead, to respond for you to come in for your appointment or to wait for a few minutes so there is only one person in the office at a time.

Family members are encouraged to come at the same time to limit exposure. We have purposely scheduled patients with time spacing to limit your exposure and wait times.

Please understand though for the month of June some patients might have more complicated symptoms due to lack of care from COVID-19. We will do our best to stay on time with seeing you during this time and limit your wait times.

- Upon entering please take your shoes off prior to entering on the designated shoe mat to the right outside the entrance. We ask you to stay in the waiting area as Caitlin will take your temperature via infrared thermometer at the designated front desk screen.

Should you have a temperature we will have to send you home to reschedule at least 10 days from the time your temperature was taken; if no temperature then Dr. Susan will see you.

- If you do not come into the office with a mask, we have sanitized face masks for you to wear on the shelf. Please wear your mask.

- To expedite our processes, upon exiting please put the mask in the labeled disposal hamper to be sanitized after you have made your next appointment; Caitlin will schedule you for your follow up appointment.

Should you need to cancel your appointment for mitigating circumstances, we ask 24-hour notice to allow us to provide your treatment slot to another patient waiting for care.

We will continue to use medical grade paper towels and sanitizer during the treatment session and disinfect the table after every patient.

SIGNATURE