



**Shady Cove Chiropractic, LLC**  
21885 OR 62  
Shady Cove, Oregon 97539  
P: 541-878-3603  
F: 541-538-5503

**\*\*\*Please read the following information, PRINT out and SIGN pages 6-8 \*\*\***

**Conditions of Services Rendered**

**Financial Agreement**

I agree, whether I sign as agent or as patient, that in consideration of the services rendered to the patient, I hereby individually obligate myself to pay the account with Shady Cove Chiropractic, LLC in accordance with the regular rates and terms. Late fees may occur when payments are not made on time. No-Show fees may occur when appointments are missed. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay actual attorney's fees and collection expenses. In addition, professional courtesies may be removed.

**Assignment of Insurance Benefits**

I authorize, whether I sign as agent or as patient, direct payment to Shady Cove Chiropractic, LLC of any insurance benefits otherwise payable to or on behalf of the patient for the visit or for these outpatient services at a rate not to exceed Shady Cove Chiropractic, LLC's actual charges. I understand that I am financially responsible for charges, deductibles, and co-insurance not covered by insurance.

**Health Plan Obligations**

Shady Cove Chiropractic, LLC maintains a list of health plans with which it contracts. Shady Cove Chiropractic, LLC has no contract, expressed or implied, with any plan that does not appear on that list. The undersigned agrees that he/she is individually obligated to pay the full charges of all services rendered to him/her by Shady Cove Chiropractic, LLC if he/she belongs to a plan, which does not appear on the above-mentioned list.

**Release of Information**

I authorize Shady Cove Chiropractic, LLC to release my information necessary to provide medical treatment to me. I allow Shady Cove Chiropractic, LLC to bill and be paid for services they provide. I understand that releasing information for any reason other than those listed above requires a separate authorization by me. I also understand that I have the right to request restrictions on the use of my health information, but Shady Cove Chiropractic, LLC is not obligated to honor that request unless required to do so by State or Federal regulations. This consent shall be effective, if necessary, to obtain payment.

**Insurance Benefit Verifications**

Shady Cove Chiropractic, LLC will verify your insurance benefits as a courtesy. ***Verifications do not guarantee payment from our insurance company.***

The terms and conditions of this agreement are not binding until the patient receives care and treatment from Shady Cove Chiropractic, LLC. The undersigned certifies that he/she had read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's gender agent to execute the about and accept its terms.



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### **Implied Consent**

It is prudent for us to obtain your informed consent prior to examination and treatment. The purpose of this information is to inform you, not to alarm you. What you are being asked to sign is simply a notice of possible injury.

**Associations and Assistants:** In this office we use trained staff personnel to assist the doctor with portions of your consultation, examination, and treatment. Occasionally when your doctor is unavailable, another clinic doctor will treat you.

**Treatment:** The Chiropractic adjustment: The chiropractor will use their hand upon your body in such a way to move your joints. This procedure may cause an audible “pop” or “crack” much as you have experienced when you “crack” your knuckle. There are some material risks involved in doing this and they are as follows:

**Inherent Risks:** Pain: It is common for an adjustment as well as traction, massage therapy, exercise, in fact, almost any treatment, to result in temporary increase in soreness in the region being treated.

**Soft Tissue Injury:** Soft tissue, such as ligaments and muscle, may be stretched or torn during an adjustment. The result is a temporary increase in pain. However, there are no long-term effects. These problems occur so rarely that there are no available statistics to quantify their probability.

**Rib Fractures:** The force of an adjustment might “crack” a rib. This can happen with anyone; however, it occurs most often in patients that have weakened bones from such things as osteoporosis. Osteoporosis can be noted on your x-rays and when detected, we proceed with extra caution. These problems occur so rarely that there is no available statistics to quantify their probability.

**Disc Herniation:** Occasionally treatment will aggravate or cause a problem if the disc is in a weakened state. It is possible that surgery may become necessary for correction, but again these problems occur so rarely that there are no available statistics to quantify their probability.

**Stroke:** Even though strokes happen with some frequency in our world, strokes resulting from chiropractic adjustments are rare. So rare that you have the same chance of getting hit by lightning: one in a million.

**Other Problems:** There may be other problems or complications that might arise from treatment, such as massage, etc., then noted above. These other problems or complications occur so rarely that it is not plausible to anticipate and/or explain them all in advance of treatment.

#### **Other treatment options (non-chiropractic)**

**Medication:** Medication may be used to relieve pain and swelling. However, medication can mask progress and the efficiency of chiropractic treatment. Caution should be used since the danger of side effects and damage to the health of the person taking the medication is well documented.

**Hospitalization:** Hospitalization has proven expensive and dangerous. The documentation of such is overwhelming.

**Surgery:** Surgery is always a possibility. The expense, danger and ineffectiveness of such treatment is more probability than a possibility.

**Non-Treatment:** Remaining untreated, results in adhesions, pain, and reduction in assorted joint mobility. The probability that these adhesions will interfere with the motion, function and enjoyment of life is very high.



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### **Massage and Chiropractic Sanitation Policy**

Shady Cove Chiropractic, LLC Sanitation Policy requires and states that any patient must arrive showered and personal hygiene must be free from any visible unsanitary matter or illnesses. Unsanitary matter includes, but is not limited to, dirt, bodily fluids, noticeable fragrances, animal feces, etc. Specific illnesses include, but are not limited to, lice, scabies, rash, vomiting, and diarrhea, etc.

If appointment reasons require manual therapy or massage, patients may be asked to use a disinfecting towelette to wipe themselves prior to treatment. In some cases, if the patient's hygiene or condition is not within our policy and preceding treatment will cause an unsanitary environment, the patient may be asked to reschedule their appointment.

By signing below, whether I sign as an agent or as a patient, I agree to the terms and conditions of this agreement.

### **Patient Acknowledgement**

#### **Receipt of Joint Notice of Privacy Practices**

By my signature below, I hereby acknowledge that I have received a copy of Shady Cove Chiropractic, LLC Notice of Privacy Practices in accordance with HIPAA policies. Shady Cove Chiropractic, LLC is permitted to use or disclose my health information to carry out treatment, payment, or healthcare operations. Health information means all information relating to health care services provided to me, including information related to services provided to me prior to the date I sign the acknowledgement form.

I understand that Shady Cove Chiropractic, LLC's Notice of Privacy Practices explains the types of uses or disclosures that Shady Cove Chiropractic, LLC may make and my rights with respect to my health information. I understand that if I have any questions or concerns about this Notice, I may contact the Office Manager at the telephone number listed below. I further understand that Shady Cove Chiropractic, LLC may change the terms of the Notice of Privacy Practices at any time, and that I may contact the Office Manager to obtain a revised version of notice at any time. **You may contact our office regarding your privacy by calling 541-878-3603**



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### **Cancellation and No-Show Policy**

Your appointments are very important to Shady Cove Chiropractic, LLC. They are reserved especially for you. We understand that sometimes schedule adjustments are necessary. Therefore, we respectfully request at least a 24-hour notice for cancellations or rescheduling of appointments.

A “No-Notice/No-Show” is someone who misses an appointment without notice. We have voicemail which can receive messages 24 hours a day. Please understand that when you forget, cancel, or change your appointment without giving enough notice, we miss the opportunity to fill that appointment time, and patients on our waiting list miss the opportunity to receive the care they need.

If arriving late, to your scheduled appointment, please understand that our providers require a specific amount of time to treat you and provide you with excellent care. Arriving late may result in a loss of appointment and incur a fee.

#### **Please read the following statements carefully:**

If a patient **No-Notice/No-Shows** their New Patient Appointment the patient **may be asked to pay a deposit** equivalent to our current rates in order to reschedule New Patient Appointment. Upon arrival of appointment, this amount will be applied or refunded accordingly.

Patient must finish New Patient paperwork prior to appointment time. If New Patient Paperwork is not complete **10 minutes past** the appointment start time, the **patient cannot be seen** and will be asked to reschedule. **Late arrivals** for New Patient Appointment may be subject to a **fee** equivalent to our current rates.

If a patient **No-Notice/No-Shows** a Massage or Chiropractic Adjustment a **fee** equivalent to our current rates will be billed out to the patient directly, per missed appointment.

After **2 statements** are sent out (60 days) **without** payment of fees, the patient will be sent to in-house collections and **must** pay balance **before** being allowed to reschedule appointments.

If a patient arrives **more than 5 minutes late** for a chiropractic appointment, the patient is **unable to be seen** and will be charged with “**No-Notice/No-Show**” occurrence. Late arrivals for a chiropractic appointment may be subject to a **fee**, equivalent to our current rates will be billed out to the patient directly, per appointment missed.

If a patient arrives **15 minutes or more** late for a massage appointment, the patient will be responsible for paying for the missed time. This Missed time **CANNOT** be billed to insurance.



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### **Zero Tolerance of Abuse Policy**

Shady Cove Chiropractic staff and Doctors are committed to providing a safe, secure, and respectful environment for all patients and staff.

#### **Genuine Risk of Harm**

There is absolutely zero tolerance for any conduct that causes any individual to feel at genuine risk of harm. In all such situations, the offending individual will be asked to immediately leave the premises and if a patient, they will be immediately discharged from the practice with no option of returning in the future.

In circumstances where there is physical contact without consent (e.g. grabbing, spitting, pushing), a police report will generally be filed to ensure appropriate records are maintained.

#### **All Other Unacceptable Conduct**

Our zero-tolerance policy extends to all other conduct which can be considered unacceptable in nature. We strive to treat individuals with respect and professionalism in all interactions, and we expect and require the same in return. This includes conduct whether in person, by phone, in writing, or by voicemail.

Exemplary conduct which is unacceptable includes:

- violence
- intimidation
- throwing or damaging property
- inappropriate words
- abusive language
- disrespectful or demeaning language or conduct
- discriminatory remarks
- threats or threatening behavior
- bullying

**In limited extenuating circumstances, we may exercise our discretion to excuse a single lapse in judgment. If you have been referred to this policy in such circumstances, please consider yourself warned that your recent conduct was considered inappropriate and unacceptable. No further warnings will be given - any further abusive conduct on your part will be grounds for immediate discharge from Shady Cove Chiropractic, LLC as a patient.**



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Patient Name:

DOB:

If signed by representative for patient, indicate relationship:

By signing below, I acknowledge that I understand the terms and conditions of Shady Cove Chiropractic's "Conditions of Services Rendered". I acknowledge I have been given the opportunity to have a copy of this information for my own records.

Signature:

Date:

By signing below, I acknowledge that I understand the terms and conditions of Shady Cove Chiropractic's "Implied Consent". I authorize and direct the physician with associates or assistants to provide such additional services as they may deem necessary. I acknowledge I have been given the opportunity to have a copy of this information for my own records.

Signature:

Date:

By signing below, I acknowledge that I understand the terms and conditions of Shady Cove Chiropractic's "No-show and Cancellation policies". I understand that these fees have nothing to do with my co-pay, co-insurance, deductible, or out of pocket maximum for my insurance and **CANNOT** be billed to my insurance company. I acknowledge I have been given the opportunity to have a copy of this information for my own records.

Signature:

Date:



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Patient Name:

DOB:

If signed by representative for patient, indicate relationship:

By signing below, I acknowledge that I understand the terms and conditions of Shady Cove Chiropractic's "Patient Acknowledgement and HIPPA Compliance". I acknowledge I have been given the opportunity to have a copy of this information for my own records.

Signature:

Date:

By signing below, I acknowledge that I understand the terms and conditions of Shady Cove Chiropractic's "Zero Tolerance of Abuse Policy". I acknowledge I have been given the opportunity to have a copy of this information for my own records.

Signature:

Date:

By signing below, I acknowledge that I understand the terms and conditions of Shady Cove Chiropractic's "Massage and Sanitation Policy". I acknowledge I have been given the opportunity to have a copy of this information for my own records.

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**Patient Registration**

**Patient's Name:**

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**Mailing Address:**

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**City**

**State:**

**Zip:**

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**Home Phone**

**Cell Phone:**

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**Email:**

---

**DOB**

/

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**Gender:**

**SSN:**

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**Emergency Contact**

**Name:**

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**Relationship:**

**Phone:**

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**Authorized Disclosure**

I authorize the release of the following health/appointment information to person(s) listed below:

Authorized Person(s): \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Full Medical Record    \_\_\_\_\_ Appointment History    \_\_\_\_\_ Scheduling ability

\_\_\_\_\_ If patient is in office    \_\_\_\_\_ Can ask about insurance    \_\_\_\_\_ Info/pay billing amounts

\_\_\_\_\_ Other (specify)

Signature:

Date:

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