

**TRUTH OF INFORMATION PROVIDED**

By my initials and signature below, I have truthfully and completely filled in heretofore on the previous page all information regarding my health history and current health concerns. I also have indicated in truth on the previous page the relationship of my presenting health concerns to work injuries and/or automobile accidents.

\_\_\_\_\_ Initials

**HIPAA PRIVACY POLICY**

By my initials and signature below, I confirm that I have received a copy of LifePower Chiropractic’s HIPAA enacted privacy policy. I understand my rights to such privacy and personal records. I also know whom I should contact in the event my privacy privileges are not reasonably met.

\_\_\_\_\_ Initials

**ASSIGNMENT OF BENEFITS**

By my initials and signature below, I hereby authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits and chiropractic benefits either to myself or to the provider of chiropractic services, being Sheridan A. Mish, D.C. D.B.A. LifePower Chiropractic.

\_\_\_\_\_ Initials

**AUTHORIZATION TO RELEASE PATIENT RECORDS**

By my initials and signature below, I hereby authorize LifePower Chiropractic to release/obtain any medical or pertinent records regarding my case including x-rays, CT scans, MRI’s, etc.

\_\_\_\_\_ Initials

**LIFEPOWER CHIROPRACTIC TERMS OF ACCEPTANCE**

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

**Health:** A state of optimum physical, mental, and social well-being, not merely the absence of disease or infirmity.

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in lessening of the body’s innate ability to express its maximum health potential.

**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 adjustments of the spine.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the expression of the body’s innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

By my signature below, I affirm that all questions regarding the doctor’s objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept chiropractic care on this basis.

Name Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name Print: \_\_\_\_\_