Coastline Chiropractic & Therapy Center
9535 Reseda Blvd. Suite 301,
Northridge, California 91324
818-718-1975

INFORMED CONSENT FOR CHIROPRACTIC TREATMENT AND CARE

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physiotherapy and diagnostic x-rays, on me (or on the patient named below, for whom I am legally responsible) by the doctor or intern, affiliated with Coastline Therapy Center.

I understand that, as in the practice of medicine, in the practice chiropractic care there are some risks to treatment, including by not limited to, fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications. I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based on the facts then known, and is in my best interests.

I have read, or have head read to me, the above consent. By signing below I agree to the above, and allow the doctor or intern, affiliated with Coastline Therapy Center to perform such. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions(s) for which I seek treatment.

HIPPA PRIVACY NOTICE

DHHS, Office of Civil Rights
200 Independence Ave, S.W.
Room 509F HHH Building
Washington, DC 20201

I have read the Privacy Notice HIPPA form and understand my rights contained in the notice.

By way of my signature, I provide Coastline Therapy Center with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

_____ _____
Patient's Name Date

_____
Patient or Guardian's Signature