

PATIENT REGISTRATION

FINANCIAL RESPONSIBILITIES

In consideration of the services to be rendered to the patient, the patient and/or other legally responsible person signing this document authorizes credit investigation and individually assumes full financial responsibility for the payment of the patient's account in accordance with the regular rates and terms of Dr. Larry Fenton, D.C.. If the account is referred to an attorney or collection agency, the same person agrees to pay actual attorney's fees and collection expenses. All delinquent accounts may bear interest at the legal rate. If charity services are required, eligibility determination should be requested upon admission to Dr. Larry Fenton, D.C. or upon receipt of itemized bill or statement.

IRREVOCABLE ASSIGNMENT OF INSURANCE BENEFITS

In consideration of services rendered, I hereby irrevocably assign and transfer to Dr. Larry Fenton, D.C. for myself and my dependents all rights, title and interest in the benefits payable for services rendered by Dr. Larry Fenton, D.C. provided in any insurance policy(ies) under which I or any of my dependents are insured. Said irrevocable assignment and transfer shall be for the purpose of granting Dr. Larry Fenton, D.C. or outpatient treatment, but shall not be construed to be an obligation the Dr. Larry Fenton, D.C. to pursue any such rights or recovery.

I hereby authorize and direct all insurance company (ies) under which I am insured to pay directly to Dr. Larry Fenton, D.C., all benefits due under said policy (ies) by reason of services rendered therein. I will pay Dr. Larry Fenton; D.C. for all charges incurred, or alternately, for all charges in excess of the sums actually paid by said policy (ies).

I also irrevocably assign to Dr. Larry Fenton, D.C. all rights, title, and interest in benefits payable out of any third party action against any other person, entity, or insurance company, or out of recovery und the uninsured motorist provisions or the medical payment provisions of any automobile insurance policy (ies) or any other insurance policy(ies) under which I may be entitled to recover.

I also irrevocably authorize payment directly to the anesthesiologist, pathologist, and radiologist and other treating physicians rendering professional services. Each person signing the Admission Consent is financially responsible for charges not collected by this assignment.

AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION TREATMENT

I (the patient or the patient's legal representative/personal representative) understand(s) that the hospital may use and disclose my (the patient's) medical information to physicians or other health care providers in order to provide treatment to me (the patient).

PAYMENT

To the extent necessary to determine liability for payment and to obtain reimbursement, I (the patient of the patient's legal representative/personal representative) authorize(s) Dr. Larry Fenton, D.C. and the patient's physicians to disclose my (the patient's) health care information, including demographic information, to any person, Social Security Administration, insurance or benefit pay or, health benefit plan, or employer or worker's compensation carrier which is, or may be, liable for all or a portion of Dr. Larry Fenton, D.C. or treating physician's charges, and to complete claim forms on behalf of the patient.

HEALTH CARE OPERATION

I (the patient or the patient's legal representative/personal representative) understand(s) that Dr. Larry Fenton, D.C. may use and disclose my health information in connection with provider operation of Dr. Larry Fenton, D.C. Examples of health care operation uses and disclosures are: quality assessment and improvement activities, accreditation and certification, licensing, medical reviews, legal services, debt collection and auditing, business planning and general business management and litigation, including subpoenas and court orders.

I (the patient or the patient's legal representative/personal representative) also understand the my (the patient's) health care information will be used and disclosed according to Dr. Larry Fenton, D.C.

I (the patient or the patient's legal representative/personal representative) also understand that a written authorization from me (the patient) will be required for all other uses and disclosures.

I the patient or the patient's legal representative/personal representative) understand that special written authorization form me (the patient) will be requested by Dr. Larry Fenton, D.C. prior to releasing health care information if I (the patient) am (is) receiving mental health service or care in an alcohol or drug abuse treatment program or facility.

DECLARATION

I have read and understand the above agreements, authorization, and irrevocable assignments. The terms and consequences of this document have been fully explained to me and I have signed it freely and without inducement other that the rendition of services. All questions have been fully answered. I understand that physicians are independent contractors and are not employees of the Hospital.

A PHOTOCOPY OF THIS DOCUMENT SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL

_____	_____	_____	_____
PATIENT SIGNATURE	DATE	PRINT NAME	DATE
_____	_____	_____	_____
GUARANTOR/INSURED SIGNATURE	DATE	PRINT NAME	RELATIONSHIP
_____	_____	_____	_____
WITNESS SIGNATURE	DATE	PRINT NAME	DATE

Patient Signature/Legal/Personal Representative If signed by someone other than the patient please state relationship/authority_____

NOTICE TO PATIENTS:

APPOINTMENT POLICY

This is a chiropractic CARE clinic. It is our aim to give our utmost effort toward improving your health. The Doctor makes it his goal to give you the best information and prescribes a treatment plan that will give you the most benefit. This plan must be followed in order to see the best results.

- Please make a note of all scheduled appointments. (We will give you a reminder slip with the days, dates and times listed.)
- Please make it a *priority* to keep all scheduled appointments.
- If you are unable to keep a scheduled appointment, please notify us as soon as possible. (If we happen to be unavailable, there is a voicemail to leave a message regarding your circumstance.)
- **There will be a \$25.00 charge for missed appointments without notice.**

Name _____ Date _____

By signing this document, you acknowledge that you understand our appointment policy.

THANK YOU

COLONIES NORTH CHIROPRACTIC

DR. LARRY FENTON
COLONIES NORTH CHIROPRACTIC CLINIC
3740 COLONY DRIVE SUITE 150
SAN ANTONIO, TEXAS 78230
Phone (210) 699-8153

INFORMED CONSENT
FOR TREATMENT ON THE DECOMPRESSIVE TRACTION SYSTEM

PATIENT NAME _____

- **The nature of spinal decompression**

Spinal decompression involves a slow, gentle tractioning of the neck or low back. By slowly and incrementally increasing the amount of pull on the area being treated, the muscles are able to relax and allow for tractioning of the discs themselves. The discs are then intermittently tractioned and released, creating a mild suctioning of any disc herniations, and pumping fresh, nutrient-rich fluids in the disc to allow for more rapid healing. Reduction of disc herniations and bulges helps remove irritation to nerve roots, and this provides relief to the areas where those nerves go, such as arms, legs, neck and low back.

- **The material risks inherent in spinal decompression**

As with any healthcare procedure, there are certain complications which may arise during non-surgical decompression of the spine. Those complications include:

- a common feeling of muscle strain and soreness. Especially after the first few sessions
- not uncommonly a headache, more often after cervical traction with the supine traction unit or from a detoxification reaction if not flushed out with plenty of water.
- occasional aggravation of a disc condition.

CERVICAL ONLY:

- occasional aggravation of the TMJ (jaw bone), with use of the cervical traction harness:
- very rare risk of cracking an already weakened tooth, with use of the cervical traction harness

- **Contraindications**

Spinal decompression should not be performed if any of the following conditions are or may be present in the area being treated:

- Cancer
- spinal infection
- fracture
- osteoporosis of greater than 50% bone loss
- 2nd or 3rd trimester of pregnancy
- prior spinal fusion with fixation hardware
- unstable spondylolisthesis (unstable slippage of a low back vertebra)
- cauda equina syndrome (characterized by sudden incontinence and paralysis)

- **The availability and nature of other treatment options**

Other treatment options for your condition include:

- Self-administered, over-the-counter pain-killers and rest
- Medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers
- Physical therapy
- Hospitalization with traction
- Surgery

- **The material risks inherent in such options and the probability of such risks occurring**

- Overuse of over-the-counter medications produces undesirable side effects. If complete rest is impractical, premature return to work and household chores may aggravate the condition and extend the recovery time. The probability of such complications arising is dependent upon the patients general health, severity of the patients discomfort, his pain tolerance and self discipline in not abusing the medicine. Professional literature describes highly undesirable effects from long term use of over-the-counter medicines or of bed rest.
 - Prescription muscle relaxants and painkillers can produce undesirable side effects and patient dependence. The risk of such complications arising is dependent upon the patient's general health, severity of the patient's discomfort , his pain tolerance, self-discipline in not abusing the medicine and proper professional supervision. Such medications generally entail very significant risks – some with rather high probabilities.
 - Hospitalization in conjunction with other care bears the additional risk of exposure to communicable disease, iatrogenic (doctor induced) mishap and expense. The probability of iatrogenic mishap is remote, expense is certain, exposure to communicable disease is likely with adverse result from such exposure dependent upon unknown variables.
 - The risks inherent in surgery include adverse reaction to anesthesia, iatrogenic (doctor induced) mishap, all those of hospitalization and an extended convalescent period. The probability of those risks occurring varies according to many factors.
- **The risks and dangers attendant to remaining untreated**
 Remaining untreated allows the formation of adhesions and reduces mobility which sets up a pain reaction further reducing mobility. Over time, this process may complicate treatment making it more difficult to treat and less effective the longer it is postponed. Delay may also allow for the exacerbation of disc herniation and/or degeneration, which could result in unilateral or bilateral limb paralysis. The probability that non-treatment will complicate a later rehabilitation is very high.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

I have read or have had read to me the above explanation of spinal decompression. I have discussed it with Dr. Fenton and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

PATIENT OR GUARDIAN	Signature	Printed Name	Date
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WITNESS	Signature	Printed Name	Date
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