

INFORMED CONSENT REGARDING TREATMENT

Welcome!!! I appreciate your trust and the opportunity to be of service to you. I enter our relationship with optimism and an eagerness to work with you. Because treatment is a collaborative effort, we will work most productively and comfortably together when we mutually agree upon and understand the nature of the treatment experience. This set of agreements is designed for you to have informed consent regarding your treatment. It is divided into four parts: the treatment process, your rights as a patient, my fees and your written consent. Please feel free to note questions which come to mind so we can discuss them.

Part I: The Process of Neuromuscular Reeducation

Participating in Neuromuscular Reeducation can result in a number of benefits to you, including neurological, musculoskeletal, visceral and emotional changes. Working towards these benefits, however, requires effort and can result in mild to severe discomfort. Change will sometimes be easy and quick, and sometimes will be slow and frustrating. It is also possible that there may be times when treatment produces no discernible benefits or change.

- Bruising, tenderness and discoloration may occur in some cases. Post treatment stiffness is almost always present and can be relieved by exercises you will be given. Appropriate nutrition to relieve any possible pain or inflammation will also be recommended as needed.
- One out of five or six patients will have emotional reactions. These are sometimes associated with remembering the feelings from the time of the traumas that are being moved out of the tissues. This can simply be exact memories about the details of the trauma incidents, to the more rare (and severe) reactions that are reliving some traumatic event (less than one out of fifty emotional reactions). Remember that these emotional reactions may happen with any treatment.

Part 11: Patient's Rights

As a patient it is important to realize that you have rights. More specifically, you are informed of the following rights:

1. You have the right to a confidential relationship with me. Within certain legal limits (see # 3 below), information revealed to me during the course of treatment will be kept confidential and will not be revealed to any agency or other person without your written permission.
2. You have the right to know the contents of your records at any time, and I have the right to provide you with complete records or a summary of their contents.
3. At your request, my part of your records can be released to an agency or person you specify.
PLEASE NOTE: In certain rare, legally-defined situations, as a mandated reporter, I have the duty to reveal information you disclose to me during the course of treatment without your consent. I am not required to inform you of my actions if this occurs although I will make every effort to do so. These legally defined situations include:
 - a) If you reveal information to me about active child abuse or neglect. (I am legally mandated to inform Child Protective Services.)
 - b) If you are an adult now, but the perpetrator is in contact with minors and there is a reasonable suspicion that he/she may still be abusing minors. (I am legally mandated to inform Child Protective Services.)
 - c) If you reveal information regarding active elder or physical abuse.
 - d) If you threaten physical harm or death to another person I am required to warn the intended victim and notify the appropriate persons or agency without your permission.
 - e) If you are in therapy or being tested by order of a court of law, the records of the treatment must be revealed to that court.
 - f) If a court of law issues a legitimate subpoena, I am required by law to provide the information

specifically requested by that subpoena.

- g)** If there is an emergency where your life or well-being is in immediate danger, I can release information which would protect your life to the appropriate persons or agencies without your permission. If I do so, I will discuss this with you as soon as possible afterwards.
- 4.** I may sometimes consult (talk) about your treatment with other professionals. I do not reveal your name, and the other professional is legally bound to maintain confidentiality.
- 5.** You have the right to ask questions about any of the methods used in the course of your treatment. I will explain my approach to you at any time.
- 6.** You have the right to choose **NOT** to receive treatment from me. I will provide you with the names of other qualified professionals you might prefer.
- 7.** You have the right to terminate treatment with me at any time without financial or moral obligations other than those you have already incurred. In turn, I have the right to discontinue treatment with you under the following conditions:
 - a)** When I believe the treatment with me is no longer beneficial to you.
 - b)** When I believe that you will be better served by another professional or you can benefit from treatment that I cannot provide.

Part III: Fees

In any professional relationship, payment for services is an important issue. Your responsibility for assuring that services are paid for demonstrates your seriousness, sincerity and commitment. With that in mind I agree to the following:

- 1.** I agree to pay \$89.00 for each Neuromuscular Reeducation session of 15 minutes (or less).
- 2.** I understand that I am solely responsible for the payment and that, while Dr. Jeffrey S. Johnson may give me a "Super Bill" with treatment codes, **NO GUARANTEE** is made regarding insurance reimbursement. Payment is required at the outset of treatment.
- 3.** I agree to pay \$250.00 for each 60-minutes of forensic (or legal) consultation, e.g., depositions, court appearances, or preparation of treatment reports used in legal cases.
- 4.** Whenever Dr. Johnson, with my approval, consults with another professional regarding my treatment I understand that I will be billed at his usual fee, i.e., \$250.00 per 60 minutes.
- 5.** Whenever Dr. Johnson, at my request, fills out forms or treatment reports, I understand that I will pay him, in advance, at his fee of \$250.00 an hour.

Part IV: Consent for Treatment

I agree to enter Neuromuscular Reeducation treatment with Jeffrey S. Johnson, Doctor of Chiropractic, and I authorize and request that Dr. Johnson carry out a chiropractic examination and treatment procedures which now, or during the course of my care as a patient, are advisable. I understand that the purpose of these procedures has been explained to me. My signature here attests to the fact that I have read, understand, asked any relevant questions and agree to abide by the points presented above.

Patient Name _____

Patient Signature _____ **Date** _____

Doctor Signature _____ **Date** _____