

DR. STEVEN HANSEN, DC
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INFORMED CONSENT, CHIROPRACTIC CARE WITH DR. HANSEN

Every type health care delivery system has some associated risks and the potential for occasional problems of some kind. Humans and their injuries are unique, and something that might be effective for one person might not be helpful to another. We are committed to providing you with the best and safest care possible however; we have a responsibility to you to inform you about some of the problems that are rarely or occasionally associated with chiropractic treatment. Before you start your treatment, you must review this notice and consent to receive chiropractic care. ***This is called informed consent.*** Please feel free to discuss directly with Dr. Hansen any questions or concerns that you may have.

Disc Herniation: Disc herniations are frequently and successfully treated by chiropractors. Occasionally, chiropractic treatment may aggravate the problem, and rarely surgical intervention may become necessary if the chiropractic care is not successful. Vary rarely, chiropractic adjustments may also cause a disc problem if the disc is already damaged or in a weakened condition. These problems occur so rarely that there is no available statistical information to quantify their probability.

Soft Tissue Injury: Soft tissues primarily refer to muscles, tendons, and ligaments. Rarely, a chiropractic adjustment, traction, massage, etc. may overstretch or tear some muscle, tendon, or ligament fibers. The result is a temporary increase in pain and a brief, temporary increased need for treatment, but in most every case there are no long-term effects to the patient. These problems occur so infrequently and are so rare that there are no available statistics to quantify their probability.

Rib Fracture: Rarely, chiropractic adjustment(s) may crack a rib bone. This risk is increased in elderly, osteoporotic bones. We adjust all patients very carefully, especially our elderly patients with osteoporosis. These problems of rib fracture occur so rarely that there are no available statistics to quantify their probability.

Burns: Some of the physiotherapy equipment generates heat (diathermy, ultrasound) and we also use ice and hot packs. Rarely, these modalities- ice or heat- can irritate or cause superficial skin burns. This can result in a temporary increase in localized pain, reddening, swelling, or in some rare cases, blistering of the skin. These problems occur so rarely that there are no available statistics to quantify their probability.

Soreness: Chiropractic adjustments, traction, massage therapy, exercise, etc. may result in temporary increase in soreness. This is usually a very temporary symptom. It is not dangerous, but please tell your doctor about it.

Stroke: Stroke is VERY uncommon, but it is the most serious problem associated with vertebral manipulation of the cervical spine (neck). In the May, 1994 Chiropractic Report, they discuss this problem, "**By any medical standard, chiropractic cervical adjustment is an extremely safe treatment. Vertebral artery injury causing stroke is the only serious potential complication. There is a risk rate (incidence) of about .0002%, or one case in two million.**" In another study, (Journal of CCA, Vol. 37, No. 2, June 1993) they estimate that the risk of this type of stroke is .0003%, one in three million.

Other Problems: There may be other problems or complications that might arise from chiropractic treatment, other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate, predict, or explain them all in advance of treatment. Chiropractic is a system of health care delivery, and, therefore, as with any health care delivery system, we cannot promise or guarantee to cure any symptom, disease, or condition. Please keep your doctor advised of **any** situation that occurs, since early identification is important to minimize side effects and to provide you with the best care that you deserve. Finally, if you have questions regarding any of the above information or concepts, please ask your doctor. When you have a full and satisfactory understanding, please sign and date below.

PATIENT SIGNATURE

DATE

**ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR
PRIVATE AND GROUP ACCIDENT AND HEALTH INSURANCE**

Patient Name: _____

Date of Birth: _____ SSN# : _____

I hereby instruct and direct _____ Insurance Company
To pay by check, made out and mailed directly to:

**Steven, B. Hansen, D.C.
8580 Elk Ridge Way, Suite B
Elk Grove, CA 95624**

If my current policy prohibits direct payment to Dr. Steven B Hansen, then I hereby also instruct and direct you, to make out the check to myself, and mail it as follows:

**Steven, B. Hansen, D.C.
8580 Elk Ridge Way, Suite B
Elk Grove, CA 95624**

The professional of medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered. **THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.** This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charge over and above this insurance payment.

A photocopy of this assignment shall be considered as effective and valid as the original.

I also authorized the release of any information pertinent to my case to any insurance company, adjuster or attorney involved in this case.

Signature of Policyholder

Signature of Claimant, if other than policy holder

Date

***** By signing above, the deductible and co-payments of my chiropractic treatments
would be a financial hardship on me *****