



Jody N. Smith, D.C.
1009 Ontario St.
Port Huron, MI 48060
Phone 810-966-1900
Fax 810-966-1901
JodySmithChiropractic.com

Authorization for Use or Disclosure of Information for Purposes Requested by Physician's Office

I, _____, hereby authorize Jody Smith Chiropractic, PLLC, to use the following protected health information for the following purposes:

Insurance Billing, Information for other medical offices

This authorization shall be in force and effect until you are no longer a patient at which time this authorization to use or disclose this protected health information expires. I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to Jody Smith Chiropractic, PLLC at 1009 Ontario St., Port Huron, MI 48060. I understand that a revocation is not effective to the extent that Jody Smith Chiropractic, PLLC has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. Jody Smith Chiropractic, PLLC will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to: (1) Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights.) (2) Refuse to sign this authorization.

The use or disclosure requested under this authorization will not result in direct or indirect remuneration to Jody Smith Chiropractic, PLLC from a third party.

Consent for Purposes of Treatment, Payment and Healthcare Operations

I acknowledge that Jody Smith Chiropractic, PLLC "Notice of Privacy Practices" has been provided to me.

I understand I have a right to review Jody Smith Chiropractic, PLLC Notice of Privacy Practices prior to signing this document. Jody Smith Chiropractic, PLLC Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Jody Smith Chiropractic, PLLC. The Notice of Privacy Practices for Jody Smith Chiropractic, PLLC is also provided on request at the main administration desk of this practice. This Notice of Privacy Practices also describes my rights and Jody Smith Chiropractic, PLLC duties with respect to my protected health information.

Jody Smith Chiropractic, PLLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling Jody Smith Chiropractic, PLLC and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Informed Consent for Chiropractic Care

Chiropractors are experts in the diagnosis of spinal misalignment. Chiropractors are not medical doctors. Every chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her condition. Your chiropractor may express an opinion as to whether or not you take this step, but you are responsible for the final decision.

A patient, in coming to the doctor of chiropractic, gives the doctor permission and authority to care for the patient in accordance with testing, diagnosis and analysis. The chiropractic manipulation or other clinical procedures are usually beneficial and seldom cause any harm to the patient. In rare cases, underlying physical deficits, deformities, or pathologies may render the patient susceptible to injury. The doctor, of course, will not administer care if he is aware that such care is contraindicated. The doctor of chiropractic provides a specialized, non-duplicating health service. The doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your healthcare regimen. It is the responsibility of the patient to make it known or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses, or deformities, which would otherwise not come to the attention of the doctor of chiropractic.

The purpose of chiropractic is to promote natural health through the reduction of spinal misalignments. Since there are so many variables, it is difficult to predict the time schedule or efficiency of the chiropractic procedures. Sometimes the response is phenomenal. In most cases, there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same chiropractic care. Some conditions may not respond to chiropractic care at all and may come under the control or be helped through medical intervention. The science of chiropractic and medicine have both made great strides in alleviating pain and controlling disease. If the patient's condition is no better in three chiropractic treatments they will be referred for more testing and will be recommended to see their allopathic doctor for an evaluation and opinion.

Please discuss any questions or problems with the doctor before signing this statement of policy.
I have read, and understand the foregoing.

Patient's Signature_____

Date_____

Doctor's Signature_____

Date_____



Jody N. Smith, D.C.
1009 Ontario St.
Port Huron, MI 48060
Phone 810-966-1900
Fax 810-966-1901
JodySmithChiropractic.com

Patient-Provider Partnership Agreement Specialist: Chiropractic Physician

As a Clinical Practice Unit within Physician HealthCare Network's Patient-Centered Medical Home-Neighborhood, we are committed to your life-long health and wellness goals. We believe that to achieve these goals, there must be a partnership between you (the patient) and your healthcare team (your Chiropractor), as well as, all other providers delivering care to you.

Your healthcare team will work together to...

- Treat acute conditions
- Manage long-term chronic diseases
- Limit exacerbations of recurrent problems
- Share information with one another so that we treat YOU, not just a set of symptoms
- Set achievable health goals

As the patient, you will...

- Be open and honest with all members of your healthcare team regarding your symptoms, history, and any other related information involved with your care
- Keep scheduled appointments
- Follow your care plan
- Be an active participant in self-management strategies
- Be empowered to make good choices for healthy lifestyle and habits
- Ask questions if you do not understand any aspect of your care plan
- Notify us if your prescriptions change or your insurance changes

Your Chiropractor will...

- Respect your privacy and keep all health information confidential
- Offer appropriate treatment, advice and information based on their understanding of current evidence and methods
- Engage in an open and honest discussion of all treatment options
- Seek opinions from other members of your healthcare team involved in your care
- Ensure after-hour access to care and same-day appointments, whenever possible
- End every visit making sure you have no questions, and leave with clear direction on your care plan

Printed Name

Patient Signature

Date

Provider Signature

Date