**Lopour Chiropractic &**

####  **Authorization & Release**

**Wellness Center**

2001 S. Shields St. Building E Ste. 201

### Fort Collins, CO. 80526

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lopourchiropractic@gmail.com

Print Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INFORMED CONSENT FOR CHIROPRACTIC CARE: **I give the chiropractor permission and authority to care for me in accordance with the chiropractic tests, diagnosis, and analysis**. The chiropractic adjustments or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury, (stroke), (Vertebral Artery Dissection). The doctor, of course, will not give any treatment or health care if aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known, or to learn through health care procedures whatever he is suffering from; latent pathological defects, illness or deformities which would otherwise not come to the attention of the Chiropractor. The Chiropractor provides a specialized, non-duplicating health care service. Your Doctor of Chiropractic is licensed in a special practice and is available to work with other types of providers in the health care regime.

**Genetic Methylation Testing &/or Nutrition Response Testing** is a process of analyzing the health of a patient and creating a personalized nutrition protocol based on the results. Analysis is done by using muscle testing, a technique used by testing the body’s neurological reflexes and acupressure points that correspond to different organs and how they respond to external stimuli.

**The Ionic Foot Bath** is a therapeutic soaking procedure that stimulates the body’s detoxification systems to eliminate harmful toxins through exposure to negative ions. Reducing toxicity promotes increased energy, boosts the immune system and encourages an overall sense of wellbeing.

An ionic foot bath involves soaking an individual’s feet in a salt water bath into which an ionizing array is immersed. This array is composed of a series of closely spaced stainless steel plates or wires, through which a current is passed. By the process of electrolysis, ions are created and diffuse throughout the water. **Note that current passes through the water between the small spaces between the plates. Current does not pass through the person’s feet.**

**Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

INSURANCE AUTHORIZATION AND RELEASE: I authorize payment of insurance benefits directly to the chiropractor or chiropractic office. I authorize the doctor to release all information necessary to communicate with personal physicians and other healthcare providers and payers and to obtain payment of benefits.

**Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please Turn Over →

PATIENT HEALTH INFORMATION RELEASE: **I understand and agree to allow this chiropractic office to use my Patient Health Information for the purpose of treatment, payment, healthcare operations and coordination of care.** We want you to know how your Patient Health Information is going to be used in this office and your rights concerning those records. If you would like to have a more detailed account of our policies concerning the privacy of your Patient Health Information we encourage you to read the HIPPAA NOTICE that is available to you at the front desk before signing this consent. If there is anyone you do not want to receive your medical records please inform our office.

**Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**