



DBA: Nelson Chiropractic & Functional Neurology

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**PATIENT ACKNOWLEDGEMENT OF HIPAA NOTICE**

**Notice to Patient:**

We are required to offer you a copy of our HIPAA notice which states how we may use and/or disclose your health information. Our HIPAA notice and office policies contain information regarding payment, health insurance, collections, and other important information.

**Patient Acknowledgement:**

I acknowledge and agree to this office's HIPAA notice. I acknowledge that I have reviewed the HIPAA notice and have the right to obtain a paper copy of the HIPAA notice. I acknowledge that I may refuse to sign this acknowledgement if I wish.

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Patient Signature or legal representative

\_\_\_\_\_  
If legal representative, state relationship

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

We have made every effort to obtain the written acknowledgement of receipt of our HIPAA notice from this patient, but it could not be obtained because:

The patient refused to sign

We were not able to communicate with this patient

Due to an emergency situation it was not possible to obtain a signature

Other (please provide details): \_\_\_\_\_

\_\_\_\_\_  
Name of patient

\_\_\_\_\_  
Name of staff member

\_\_\_\_\_  
Signature of staff member

\_\_\_\_\_  
Date



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Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Appointment Reminder Authorization Form

Please indicate below which way you would like to be reminded:

**EMAIL**

I authorize Live Well Health, PC. to send Appointment Reminders electronically via email to the following email address.

**TEXT MESSAGE**

I authorize Live Well Health, PC. to send Appointment Reminders electronically via text message to my mobile phone. I understand that this service is offered free of charge. However, standard text messaging rates from my mobile carrier may apply. Please activate text message reminders for the patient/mobile phone number.

**VOICE MESSAGE**

I authorize Live Well Health, PC. to send Appointment Reminders via voice messaging. If I am unavailable to answer the telephone, I give Live Well Health, PC permission to leave a message on my answering machine or with the person answering the telephone.

EMAIL ADDRESS (please print clearly): \_\_\_\_\_

MOBILE#: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OR

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Appointment Cancellation Policy

Dear Client,

Live Well Health P.C., dba Concussion and Whiplash has instituted the following Appointment Cancellation Policy. Any cancellation made with less than 24 hours' notice significantly limits our ability to make the appointment available for other clients in need. Late arrivals and impromptu cancellations also affect our ability to provide the best one-on-one care. To remain consistent with our mission, we have instituted the following policy.

- Please provide our office 24-hour notice in the event that you need to reschedule your appointment. This will allow us the opportunity to provide care to another patient. A message can always be left to avoid a cancellation fee being charged.
- **A "No-Show", "No-Call" or "Missed Appointment", without proper 24-hour notification, may be assessed a \$75 fee.**
- If you are 20 or more minutes late for your appointment, the appointment may be cancelled, rescheduled, and may be considered a **"Missed Appointment" and may be assessed a \$75 fee.**
- These fees are not billable to your insurance and **will be charged to your account.**
- As a courtesy, we have email and text reminders for appointments, one to two days in advance. Please note, if a reminder call or message is not received, the cancellation policy remains in effect.
- Repeated missed appointments may result in termination of the clinician/client relationship.

We understand that there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. *If you should experience extenuating circumstances, please contact our office as we may be able to waive the "No Show" fee (for a one-time exception).*

I, \_\_\_\_\_ have read and understand the Appointment Cancellation Policy and I acknowledge its terms. I also understand and agree that such terms may be amended from time-to-time by the clinic.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Therapy Disclaimer & Release

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At this clinic, we offer alternative therapies to support your quality of life, even if it's just reducing the stress and anxiety linked with the pain of various medical conditions. The therapies listed below are not intended to diagnose, treat, cure, or prevent any medical condition or disease.

These therapies are non-invasive for most individuals; however, ***if you have any existing heart conditions, are pregnant, have a pacemaker, or have any known sensitivity to electromagnetic fields, it is in your best interest to seek diagnosis and medical advice from your regular health care professional before proceeding with these therapies.***

\_\_\_\_\_ **PEMF (Pulse Electro Magnetic Frequency) Therapy**

\_\_\_\_\_ **Hot Stone Therapy**

\_\_\_\_\_ **Negative Ion Therapy**

\_\_\_\_\_ **Far Infrared Therapy**

- I understand there are certain contraindications that would preclude me from receiving PEMF/hot stone/negative ion/far infrared mat treatments, including vascular disease, deep vein thrombosis, multiple sclerosis, pregnancy, nursing, or have a pacemaker.
- I understand that if I have any preexisting conditions that may be cause for concern, such as heart disease, hypertension, or any other serious medical condition I will consult with my primary doctor before using this medical device.

\_\_\_\_\_ **Photon Light Therapy**

- I understand there are certain contraindications that would preclude me from receiving LED treatments, including epilepsy, medications causing light sensitivity, open wounds, pregnancy, and thyroid conditions.
- I understand there are other precautions that should be considered before receiving LED therapy treatments and may require a doctor's release and/or I assume any risk involved.
- I understand that reactions are rare, but may include nausea, dizziness, weakness, and possible skin reactions including redness and/or other irritations.

\_\_\_\_\_ **Teeter Table**

I KNOWINGLY AND WILLINGLY CONSENT TO TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE. I UNDERSTAND THAT THIS CONSENT FORM APPLIES TO SUBSEQUENT VISITS AND TREATMENTS.

I CONFIRM ALL MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

# Therapy Disclaimer & Release

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## **PEMF (Pulse Electro Magnetic Frequency) Therapy**

PEMF therapy stimulates the body's cells to support your ability to recover from pain or injury. These are low level frequency waves. Different from the harmful ones found with an x-ray machines. When the cells are injured, they lose their ability to move ions because they no longer have a magnetic charge. PEMF therapy helps restore the electromagnetic charge in those cells so they can continue to support the body's recovery process. This therapy is conducted through a heating mat and pillow, in which the user would lay on top of to receive the benefits. Additionally, we also have a shoulder wrap available.

## **Hot Stone Therapy**

This form of massage therapy used to relax the body using flat heated stones. The hot stones activate the parasympathetic nervous system which helps calm any stress, anxiety, and pain. They also promote better sleep. These stones are built into the PEMF mat, and the benefits are received simply by laying on the mat.

## **Negative Ion Therapy**

Negative ions are naturally emitted from the gemstones in the PEMF mat, pillow, and shoulder wrap. Negative ions are molecules in the air that negatively charged electrons. These ions are responsible for keeping the air clean of various allergens, such as mold or pollen found in the air. Negative ions have been shown in research to improve mood and increase oxygen flow to the brain. A person will receive these benefits simply by laying on the PEMF mat, pillow, using the shoulder wrap, and/or the infrared pad.

## **Far Infrared Therapy**

This is another form of light therapy that is naturally expelled from the advanced heating system as well as the hot stone layer of the PEMF mat, pillow, and shoulder wrap. These rays of invisible light penetrate deep into the body and promotes the alleviation of pain, improved blood circulation, reduction of inflammation in joints, and the protection of oxidative stress. The higher the temperature, the greater the level of far-infrared rays. The user receives these benefits simply by laying on the mat, pillow, or by wearing the shoulder wrap. We also have a separate Infrared pad and pillow to include along with the PEMF mat to boost overall benefits received.

## **Photon Light Therapy**

Photon light therapy is an effective therapy that goes deep into the cells to help repair them at the source of their energy: the mitochondria. By boosting the functions of the mitochondria, it empowers the cell to become more energized and efficient in supporting the body's recovery process. This can help reduce pain, inflammation and improve skin complexion. This therapy is built into the PEMF pillow, and the benefits are received simply by exposing the back of the neck to the light.

## **Teeter Table**

Inversion therapy is a technique where you are suspended upside down to stretch the spine and relieve back pain. For these reasons it may be beneficial for people with Chronic lower back pain, poor circulation, sciatica, and scoliosis. Inversion therapy is deemed unsafe for people with certain conditions. The upside-down position increases blood pressure and decreases your heart rate. It also puts significant pressure on your eyeballs. Your doctor may not recommend inversion exercise if you have certain conditions including bone and joint disorders, cardiovascular disorders, or diseases and infections.