

Consent Agreement

A. Consent for Treatment

By signing, you grant authorization to Firestone Chiropractic & Wellness, and all of its practitioners, to perform diagnostic testing and render Chiropractic, Nutrition Counseling, Massage Therapy, or Acupuncture.

Print Name: _____

Signature: _____

Date: _____

B. Consent for Treatment of a Minors/Child

I hereby give consent and authorization to Firestone Chiropractic & Wellness and all of its practitioners, to perform diagnostic testing and render Chiropractic, Nutrition Counseling, Massage Therapy, or Acupuncture to the below referenced child. I certify that I am the protective guardian and have the legal right to select healthcare services for the said minor or child.

Minor Name: _____

Date of Birth: _____

Guardian Signature: _____

Date: _____

We understand the importance of protecting your privacy. While the law requires us to give you a copy of your Patient Bill of Rights, please understand that we have, and always will respect the privacy of your health information.

C. Sign-in Form Consent

This office uses a sign-in form for each visit. Anyone not comfortable with signing this form will be asked to sign a form that will be kept in his or her private chart.

I have read this form and give authorization to utilize the sign-in forms.

Signature: _____

Date: _____

D. Missed Appointment Fees

There will be a \$30.00 fee for any Chiropractic or Nutrition appointments missed without notice. Missed appointments for Massage and Acupuncture will be charged the full amount of the appointment. We understand that you might not be able to keep an appointment, but we ask that you please provide us 24-hour notice for any change or cancellations.

I have read this correspondence authorization form, and give authorization for Firestone Chiropractic & Wellness to bill me for any missed appointments that did not have proper notice.

Signature: _____

Date: _____