

Advanced Laser Therapy and Wellness - Dr. Brian Harasha

Informed Consent Document

To the Patient: Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear. I hereby request and consent to the performance of chiropractic procedures, acupuncture, Laser Therapy, Shockwave Therapy, and/or other modalities commonly performed in chiropractic offices. This includes treatments performed by associates and/or staff. (Dr. Harasha currently does not utilize staff members)

Chiropractic Adjustment

The nature of a chiropractic adjustment involves the doctor using his/her hands or a mechanical instrument upon your body in such a way as to move your joints. You may feel a sense of movement or even hear an audible "pop" or "click", much as you have experienced when you "crack" your knuckles. In addition, an analysis or examination is performed before any treatments.

Like most health care procedures, the chiropractic adjustment carries with it some risks. Unlike many such procedures, the serious risks associated with the chiropractic adjustment are extremely rare and may include: temporary soreness, increased symptoms, or pain, may occur after the first few treatments. In rare instances dizziness, nausea, or flushing may occur. When patients have underlying conditions that weaken bones, like osteoporosis, they may be susceptible to fracture. It is important to notify your chiropractor if you have been diagnosed with a bone weakening disease or condition. Disc herniation or prolapse may worsen, even with chiropractic care. Stroke - There have been a few reports of patients suffering a stroke after an adjustment (less than 2 per million), but according to the most recent research, there is no evidence of excess risk of stroke associated with chiropractic care. The increased occurrence of stroke associated with chiropractic visits is likely explained by patients with neck pain and headache consulting chiropractors before or during their stroke.

Acupuncture

The nature of acupuncture often involves the insertion of hair-like needles into the skin from a millimeter to a couple inches deep. If you are averse to needles you may receive the same treatment using electricity or laser light on the treated points. The examination includes asking questions, possibly a computer aided test, and/or looking at your fingernails and tongue.

The risks involved with acupuncture are extremely rare and may include bleeding or bruising at the treated point (somewhat rare), infection (very rare), or puncture of an organ (extremely rare).

Laser Therapy

The nature of laser therapy involves a red and infrared laser placed over the area to be treated in order to resolve inflammation and promote tissue repair. The handpiece may be stationary or manually moved slowly back and forth. A gentle warmth is the most common sensation. You may also experience a slight pressure from the handpiece.

The risks involved with laser therapy are low. It is possible to experience more soreness in the area after the first couple treatments, but it should not last long. There is a slight change of the temperature feeling almost hot.

This occurs in darker colored skin, over tattoos, with certain skin products, and near dark hair follicles (metal does not absorb laser light). It is very important for you to alert the clinician if things feel too hot to you. It is possible, but very unlikely, to be burned, especially if you do not alert the clinician of a hot sensation.

Shockwave therapy

The nature of shockwave can be described as high intensity ultrasound therapy. High powered sound waves penetrate the skin to break up scar tissue and improve blood circulation. You will feel an intense pulsation and it is important for you and the clinician to select an intensity you are comfortable with.

The risks of shockwave therapy are rare and include a soreness after the treatment that can last 24hrs. It is also possible for bruising to occur. It is rare, but possible, for metal implants to be effected, so the clinician needs to know about them ahead of time and will likely avoid that area.

Electric Stimulation

The nature of electric stimulation is the placement of electrode pads on your skin over the area to be treated. A mild electric sensation is felt as the power is increased. You are instructed to let the clinician know what level of sensation is comfortable to you. The clinician may also apply a hot or cold pack over the electrodes.

The risks involved with electrical stimulation are rare. You must notify the clinician if you have a pacemaker, heart arrhythmia, or other implanted devices. It is possible to have red marks left under the electrodes. The hot pack could burn you and the cold could cause frost bite, so again, let the clinician know if they feel too hot or cold.

For all Treatments provided by Dr. Harasha, there are other options for care and risks of not receiving care. Other options for care include: physical therapy, physiatry, regenerative medicine (PRP, stem cell), medical care (prescriptions, injections, surgery), massage, and mind/body medicine. Feel free to ask Dr. Harasha for referrals to these treatment types. Risks of not receiving care include: delaying care often allows the cause of the condition to worsen leading to the possibility of more scar tissue (adhesions), reduced mobility, increased pain and dysfunction. This can complicate future care, making it more difficult and less effective. You also risk not having a trained professional oversee your condition in case there is something more serious going on.

I have had an opportunity to discuss with Dr. Harasha, and/or with other office personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed. I understand and am informed that, as with the practice of medicine, chiropractic carries some risks to treatment. I do not expect the doctor to be able to anticipate and explain all risks and complications. I consent to rely on the doctor's best judgment, exercised during the course of treatment that is in my best interest, based upon the known facts.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its consent, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any future condition(s) for which I seek treatment.

Printed Name: _____ Signature: _____ Date: _____

Advanced Laser Therapy and Wellness

Dr. Brian Harasha

Consent for purposed of treatment, payment, and healthcare operations

In this document, "I" and "my" refer to the patient, and "Chiropractor" refers to Brian Harasha, D.C. of Creative Wellness, LLC dba Advanced Laser Therapy and Wellness

I consent to the use or disclosure of my protected health information by Chiropractor for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Chiropractor. I understand that analysis, diagnosis or treatment of me by Chiropractor may be conditioned upon my consent as evidenced by my signature below.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Chiropractor is not required to agree to the restrictions that I may request. However, if Chiropractor agrees to a restriction that I request, the restriction is binding on Chiropractor. I have the right to revoke this consent, in writing, at any time, except to the extent that Chiropractor has taken action in reliance on this Consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided with a copy of the Notice of Privacy Practices of Chiropractor and understand that I have a right to fully understand that Notice of Privacy Practices prior to signing this document. 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 Chiropractor. The Notice of Privacy Practices for Chiropractor is also posted in the examination room at 2558 S. Brentwood Blvd., St. Louis, MO 63144. This Notice of Privacy Practices also describes my rights and duties of the Chiropractor with respect to my protected health information.

Chiropractor 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 the office of Chiropractor and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Printed Name: _____ Signature: _____ Date: _____

Advanced Laser Therapy and Wellness

Dr. Brian Harasha

Consent for Laser Therapy specific treatment

This form is designed to clarify the consent between patient and doctor for laser therapy treatments received at Advanced Laser Therapy and Wellness.

Class IV Laser therapy utilizes lasers in the red to infrared spectrum with the goal of energizing cells in damaged or poorly functioning tissue. The device is finely tuned to allow the laser to penetrate safely and comfortably to tissues below the skin and water of the body.

A laser therapy treatment plan begins with a history and consultation with the doctor and he will administer the first treatment. If the treatment is straightforward he may delegate future treatments to his technician unless specifically requested by the patient not to.

The risks of receiving laser therapy are quite low, especially if specific contraindications are avoided. There is the possibility of slight discomfort after treatment as blood flow can be increased and nerves 'wake up'. This happens about 20% of the time and only last a day or two. Let you doctor know if you have this experience. The larger 250W laser used mostly by the doctor only has the possibility of getting quite warm. It should not be uncomfortable and you need to let the doctor or technician know if you feel uncomfortable heat. Beside heat, there are no real risks of adverse reactions as long as the following contraindications are avoided.

Let your doctor know any of these pertain to you (place checkmark in front if true):

- * You have cancer or have had cancer and are not yet officially 'cleared' by your doctor
- * You are pregnant
- * You want the doctor to treat your eyes or thyroid gland directly
- * You have a spinal cord stimulator
- You have a pace maker
- You are under 15yo and have open growth plates
- You are taking a photosensitizing medication (tetracycline, St. Johns Wort, chemotherapy, Accutane, etc.)
- You are taking corticosteroids or immunosuppressants
- You have an extra risk of bleeding or taking anticoagulants
- You have recently had a steroid shot into the area being treated
- You have tattoos over the area needed to be treated

The items with a '*' are absolute contraindications and you are not a good candidate for Laser Therapy. The other items on this list are decided on a case by case basis and based on clinical judgement.

Printed Name: _____ Signature: _____ Date: _____

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Cancellation/No-Show Policy

Dr. Harasha runs a full schedule and if a patient does not show up it takes away the opportunity for someone else who is trying to get in. It is also a financial loss that cannot be recovered. Dr. Harasha's Cancellation/No-Show Policy is both strict and lenient. It is strict because there are no exceptions and the reason for not showing does not matter. We do not want to be the ones to determine if a reason is valid or not. It is lenient because there is room for error before financial consequences. Cancellation with less than 24 hours' notice is considered a No-Show. Notice, that in the 24hr rule – voice messages after hours the day before are too late. The policy is as follow:

- The first No-Show is Free. Dr. Harasha knows things come up.
- The Second No-Show is charged at 50% of that visit's rate. This will be charged to the credit card on file. If it is declined, a statement will be sent to the patient and can be paid at the next visit or before.
- The Third No-Show is charged at 100% of that visit's rate. This will be charged to the credit card on file. If it is declined, a statement will be sent to the patient and Dr. Harasha will not schedule the patient again until it is paid in advance.

By signing this form, the patient agrees to pay any fees related to this No-Show policy. This policy remains in effect indefinitely or until an official change is made. This policy was also explained in person by Dr. Harasha or his staff.

**** there is absolutely no leniency for Lien based cases and the fee paid is Not reimbursable to the patient ****

Signed: _____

Patient Name (Print)

Patient Signature

Date