



Notice of Protection of your Privacy

This Notice describes how medical information about you may be used, disclosed, and how you can get access to this information.

Dylan Murray, D.C. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment: We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. (Example) *"In the event of your primary healthcare provider is absent due to vacation, sickness, or other emergency situation, it is our policy to provide a substitute healthcare provider, authorized by one of the doctors to provide assessment and/or treatment to our patients, with out advanced notice."* Every effort will be made to protect your privacy. If you are at all uncomfortable, please inform any of our staff. Our answering machine is not a closed system. When messages are retrieved, there is a chance your message could be overheard. Again, every effort is made to take messages off the machine with your privacy considered. Our staff monitors our filing area at all times and it is separate from the treatment rooms.

Worker's Compensation: We may disclose health information to comply with State Worker's Compensation Laws.

Emergencies: We may disclose health information to notify or assist in notifying a family member or another person responsible for your care about your medical condition or in the event of emergency or of your death.

Public Health: As required by law, we may disclose health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting diseases or infection exposure.

Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

Law enforcement: We may disclose your health information to law enforcement officials for the purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons: We may disclose your health information to coroners or medical examiners.

Research: We may disclose your health information to researchers conducting research that has been approved by an institutional Review Board.

Public Safety: It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies: We may disclose health information for military, national security, prisoner and government benefit purposes.

Marketing: We may contact you for marketing purposes as described below:

1.) As a courtesy to our patients it is our policy to contact via text or e-mail, on the day prior to a scheduled appointment as a reminder. No personal health information will be disclosed during this reporting or message other than the date and time of your scheduled appointment. 2.) As a service to our patients, it is our policy to occasionally send a health newsletter or a flyer regarding upcoming health classes offered on our premises. It is not our policy to disclose any personal health information about your condition for the purposes of these marketing mailings. 3.) It is our practice to participate in charitable events to raise awareness, food donations, gifts, money etc. During these times, we may send you a letter, postcard, invitation or call to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the date and times, and request your participation in such an event. 4.) Occasionally, we will send birthday or holiday greetings or health reminders to our patients. It is not our policy to disclose any personal health information about your condition in these mailings and your personal contact information will not be shared with any other businesses for marketing purposes.

Change of Ownership: In the event that Dr. Dylan Murray sells or merges with another organization, your health record will become the property of the new owner.

Your Health Information Rights

1.) You have the right to request restriction on certain uses and disclosures of your health information. Please be advised, however, that the doctors are not required to agree to the restriction that you requested. 2.) You have the right to have your health information received or communicated through an alternative method when sent to an alternative location other than the usual method of communication or delivery, upon your request. 3.) You have the right to inspect your health information. 4.) You have the right to request that the doctors amend your protected health information. Please be advised, however, that the doctors are not required to agree to amend your protected health information. If you request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial. 5.) You have a right to receive an accounting of disclosures of your protected health information made by Dylan Murray D.C.

Changes to this Notice of Privacy Practices

Dr. Murray reserves the right to amend this Notice of Privacy Practice at any time and will make the new provisions effective for all information that it maintains. Until such amendment is made Dr. Murray is required by law to comply with this Notice.

We are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact us at (831) 426-4325. If Dr. Murray is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.



Informed Consent

I have voluntarily requested that Dylan Murray, D.C assist me in the management of my health concerns. I have understood and agree to all policies and terms provided. I understand that he is licensed and that his services are not to be construed or serve as a substitute for standard medical care. The doctors recommend that I undergo regular routine medical check-ups by my medical doctor.

Medical doctors, doctors of chiropractic, osteopaths, and physical therapists who perform manipulation are required by law to obtain your informed consent before starting treatment. I, the undersigned, do hereby give my consent to the performance of conservative noninvasive treatment to the joints and soft tissues. I understand that the procedures may consist of adjustments involving the movement of the joints and soft tissues. Physiotherapy modalities (ex: Graston Technique, motor nerve stim, ultra sound, etc), in-office exercises, taping, nutritional supplements/dietary recommendation, among others, may also be used.

Routine chiropractic examination and treatment involve some of the following methods

- **Observation and Inspection:** Visualization includes general body viewing in a standing position from the front, back and side. All symptomatic (painful) body parts may be viewed. Although not usually required, if clothing interferes with the examination or treatment of an area patient gowning will be utilized. Women may request a female observer be present at any time during examination and/or treatment.
- **Auscultation:** Using a stethoscope to listen for blood pressure and other body sounds
- **Palpation:** This means the doctor will touch you. The doctor will feel for tenderness, heat, swelling, nodularity, laxity/integrity of the tissues, and the other abnormalities.
- **Percussion:** Using a rubber hammer and tapping on bones or tendons.
- **Orthopedic/neurologic testing:** These are standard tests to assess your neuromusculoskeletal systems.
- **Muscle testing:** testing muscles for weakness and/or pain with contraction.
- **Myofascial and/or Graston Technique:** muscle work sometimes involves tools to increase flexibility and break up adhesions in the muscle or myofascial tissues

Although spinal adjustments is considered to be **one of the safest, most effective forms of therapy** for musculoskeletal problems, I am aware that there are possible risks and complication associated with these procedures as follows:

- **Soreness:** I am aware that like exercise, it is possible to experience muscle soreness in the first few treatments.
- **Dizziness:** Temporary symptoms like dizziness and nausea can occur but are relatively rare. Please inform the doctor if you experience these symptoms.
- **Fractures/Joint Injury:** I further understand that in isolated cases underlying physical defects, deformities, or pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disk, or other abnormality is detected, this office will proceed with extra caution.
- **Physical Therapy Burns:** Some of the therapies used in this office generate heat and may rarely cause a burn. Despite precautions, if a burn is obtained, there will be a temporary increase of pain and possible blistering. This should be reported to the doctors.
- **Stroke:** Although strokes happen with some frequency in our world, strokes from chiropractic adjustments are extremely rare. I am aware that nerve or brain damage including stroke is reported to occur once in a million to once in ten million treatments. Once in a million is about the same chance as getting hit by lightning. A 2009 study of 100 million person-years found "no evidence of excess risk of stroke associated with chiropractic care compared to primary care." If you have any question about this please ask the doctor. We would be happy to discuss other options and answer any of your questions.

A thorough health history and tests will be performed on me to minimize the risk of any complication from treatment and I freely assume these risks.

I also understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. However, I appreciate there is no certainty that I will achieve these benefits.

I realize that the practice of medicine, as well as chiropractic, is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

I agree to the performance of these procedures by my doctor and other such persons of the doctor's choosing

Reasonable alternatives to these procedures include rest, home applications of therapy, prescription or over-the-counter medications, exercises and possible injections and/or surgery.

Medications: Medication can be used to reduce pain or inflammation. I am aware that long term use or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate or short-term relief, undesirable side effects, physical or psychological dependence, and may have to be continued indefinitely. Some medications may involve serious risks. We cannot advise you regarding any medication/s. Please consult your M.D.

Rest/Exercise: Simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice, heat, or other home therapy. Prolonged bed rest contributes to weakened bones and joint stiffness. Exercises are of limited value but are not corrective of injured nerve and joint tissues.

Surgery: Surgery may be necessary for conditions such as joint instability or serious disk rupture, among others, surgical risks may include unsuccessful outcome, complications, pain or reaction to anesthesia, and prolonged recovery.

Non-treatment: I understand that potential risks of refusing or neglecting care may include increased pain, scar/adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology. The aforementioned may complicate treatment making future recovery and rehabilitation more difficult and lengthy.

I have read or have had read to me the above explanation of chiropractic treatment. The doctor has also asked me if I want a more detailed explanation: but I am satisfied with explanation and do not want any further information. I have made my decision voluntarily and freely. To attest to my consent to these examination and treatment procedures, I hereby affix my signature to Informed Consent section on the Intake form.