

This is a suggested sample for use in developing an informed consent form and is for reference purposes only. This document does not establish a standard of care. It is intended for use as a tool to reduce malpractice risk and should be edited to fit your practice and to meet the legal requirements of your individual state(s). It is also intended to improve communication with patients so they may better understand the treatment recommended. NCMIC does not tell the practitioner what to document, but instead advises the practitioner to use their clinical judgment in determining the need for informed consent and the content of such a form.

Treatment Consent Form During (name of emergency) Emergency

Patient Name: _____ Date: _____

Treatment _____

Team Members Involved in Care: _____

I understand healthcare is not an exact science and there is no guarantee of results. When undergoing treatment during a public health emergency there are certain risks and increased potential for infection, in addition to a potential for unsuccessful results from the treatment. I knowingly and willingly consent to receive chiropractic treatment in-person during the public health emergency _____ (Initial).

This clinical provider/practice has engaged in all appropriate CDC, state and local health agency recommendations regarding sanitation [as available], personal protective equipment [as available], and safety protocols to slow the spread of the designated public health issue. _____ (Initial)

In order to minimize these risks, my provider is requesting additional information and informed consent .
_____ (Initial)

In order to help keep other patients and healthcare staff safe and healthy, I am confirming I do not present with any of the symptoms consistent with the designated public health issue such as fever, shortness of breath, dry cough, sore throat, etc. _____ (Initial).

I confirm I have not traveled internationally in the last 14 days to a country affected by the designated public health issue or traveled domestically within the last 14 days by public transportation. _____ (Initial).

I confirm I have not been diagnosed with the designated public health issue or been in close contact [less than 6ft.]with another person who has been diagnosed or is awaiting results of testing for the designated public health issue.
_____ (Initial).

I understand the designated public health issue may have a long incubation period during which time the carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given current limitations in virus testing. _____ (Initial)

Chiropractic procedures present the possibility of spreading the designated public health virus which can linger in the air for unknown periods of time, regardless of the highest sanitation procedures being followed. _____ (Initial)

I understand that by receiving in-person chiropractic treatment, due to the frequency of visits of other chiropractic patients, the characteristics of the designated public health issue, and the nature of chiropractic treatment, I have an elevated risk of contracting the virus simply by being in a chiropractic office. _____ (Initial).

Under the current designated public health emergency, CDC, HHS, and local chiropractic association guidelines, all non-urgent healthcare is not recommended. This chiropractic visit is limited to the treatment of an issue which necessitates an in-person visit based on my clinician's best judgment.

This is a suggested sample for use in developing an informed consent form and is for reference purposes only. This document does not establish a standard of care. It is intended for use as a tool to reduce malpractice risk and should be edited to fit your practice and to meet the legal requirements of your individual state(s). It is also intended to improve communication with patients so they may better understand the treatment recommended. NCMIC does not tell the practitioner what to document, but instead advises the practitioner to use their clinical judgment in determining the need for informed consent and the content of such a form.

If I cannot truthfully sign any of the above statements, the healthcare provider/practice has strongly encouraged me to contact my primary physician or public health department to determine if I should be seen or tested before coming in for any medical care. _____ (Initial)

This healthcare provider reserves the right to contact their local and state health department authorities to report any patient suspected of having the designated public health issue _____ (Initial)

Patient:

Date:

Witness:

Date:

SAMPLE

***To be signed in addition to standard consent form for treatment performed.