



Rasmussen Chiropractic

INFORMED CONSENT FOR WEIGHT CONTROL PROGRAM

I hereby consent to act as a participant in a weight control program involving the use of protein and other supplements.

If I have any questions about this or need further explanations, I understand that I should speak with my medical provider.

I have been informed that the possible benefit and value of this treatment is not guaranteed. I understand that there are many alternative treatments or procedures that are appropriate and available that might be of benefit to me. Some of these alternatives or choices include but may not be limited to:

1. No Treatment at All
2. Conservative Lifestyle Changes
3. Drugs
4. Surgery
5. Watch and Wait, while reporting my condition to a physician

I understand that I have the right not to participate in this program or to discount it after I have begun, for reasons whatsoever. I understand that I have the right to ask questions and to know the purpose and objective of my treatment program.

Having read this page, I hereby consent to this program. I have had adequate time to ask any questions and understand the answers provided. At this time, I have no other questions but I am aware that any future questions may be posed and will be responded to in a timely fashion.

Dieter Name _____

Dieter Signature _____ Date _____

Weigh Coach Signature _____ Date _____

ABOUT YOUR PRIVACY/HIPPA

OUR LEGAL DUTY

We are required by applicable federal law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices that are described in this notice while it is in effect. This notice takes effect 12/5/2011 and will remain in effect until we replace it. You are entitled to receive and review our full length legal notice of privacy practices that may be obtained at our clinic or on our website at www.rasmussenchiropractic.com

Dieter Signature _____