

Innate Empowerment Corporation

KB Chiropractic
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Kingston, NY 12401

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Terms of Acceptance

When an individual or family seeks and is accepted for chiropractic care, it is essential for all parties involved to be working towards the same objective.

Chiropractic has only one goal. It is important that everyone understands both the objectives and the method that will be used to achieve it. This will prevent any confusion or disappointment.

Health: A dynamic state of wholeness in which your body can accurately perceive its constantly changing needs and respond appropriately in a timely manner. In short, Health is the ability to adapt to both internal and external stresses, whether they are physical, chemical or emotional.

Subluxation Process: A downward spiral in an individual’s health and vitality as the result of a disruption in the normal flow of energy in the nerves between the brain and the cells of the body. This leads to a lack of health, or the inability of the body to adapt.

Chiropractic Adjustment Process: A program that employs the progressive and specific application of a gentle force to facilitate the body’s correction of the subluxation process and restore its innate adaptive healing process so as to progressively bring about a state of health and wholeness.

We do not offer to diagnose or treat any disease or condition other than the subluxation process. However, if during the course of a chiropractic evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis, or treatment of those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the “disease” is called, we do not offer to treat it, nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the full expression of your body’s healing capabilities. Our only method is specific adjusting to correct the subluxation process.

I, _____ have read and fully understand the above statements. All questions regarding the doctor’s objectives pertaining to my care in this office have been answered to my complete satisfaction. I understand the terms of acceptance and would like to participate as a patient in this office.

I therefore, accept chiropractic care on this basis from KB Chiropractic Center.

(Signature)

(Date)