



Advanced Chiropractic of Virginia

Statement of Clinical Objective

We at Advanced Chiropractic of Virginia want to share our Statement of Clinical Objectives with you. It clearly defines our approach to chiropractic, to healing and to serving those who choose to come to this center. We want you to understand fully what you can expect from us and what we see as your role in this exciting new relationship. The following concepts are central to the way we practice chiropractic and use nutritional and homeopathic remedies. We are pleased to share these ideas with you so that we can be in alignment of purpose from the beginning.

- There is intelligence, a life force, a vital energy within each individual that not only keeps that person alive, but also animates, coordinates, repairs, renews, empowers and heals. The nervous system is the main coordinating system and distribution center for this energy or vital force.
- Any alteration in the shape, position, or tension of the spinal system will affect the nervous system and will alter the flow of this vital life force. Subluxations are minor misalignments of the spine, which create tension and interfere with the proper function of the nervous system. Your ability to adjust to stress cannot be fully expressed when your life force energy is blocked.
- The sole purpose of chiropractic adjustments and bodywork done in this center is to release spinal and body tensions (vertebral subluxations) so you can more efficiently react and adjust to stress.
- The nutrient reserve status of the body and the toxin burden placed on organ and tissues also affect the vital energy of the body and your ability to adjust and recover from stress.
- The sole purpose of using nutritional remedies in this center is to activate the self-healing mechanisms of the body and enhance the chiropractic adjustment. The use of supplements is an intermediary step until changes occur in your lifestyle.
- The FDA registers some of the equipment used in this center as “for investigation use only.” They are not intended to diagnose disease. They are used to provide information on your body’s ability to adjust to stress and to indicate how you are benefiting from making healthier lifestyle choices.
- We do not diagnose or treat disease. We do not discourage you from seeking medical attention to name or treat symptoms or disease. We actually encourage any individual having concerns about symptoms or conditions to consult with his or her medical physician. We provide referrals to appropriate health care professionals when indicated.
- We are not medical doctors and will not venture into any practice of medicine by advising you about the need for medication. We suggest that you speak with your physician to determine the objective and goals to be obtained by receiving medical treatment. You need to determine if this is consistent with your desire for wellness at this point in time. As your body makes changes and becomes well, your physician may guide you in changing any medication or treatment you are presently taking to accommodate your changing body/mind.
- The holistic health care evaluation and support offered by our center is considered complimentary to standard medical diagnosis and treatment. No matter what a current diagnosis or treatment might be, as the tension and blocks of the body and mind are released, your life force begins to flow uninterrupted. Just as a light bulb burns brighter by turning up the rheostat, we too function at a higher potential. We begin to react more appropriately to stress and better recover from past and present stressors.

- We at Advanced Chiropractic of Virginia choose to help each member of our practice release tension and blockages from his or her body and mind and to reach a greater level of wellness and empowerment. We accomplish this by using whichever chiropractic technique and/or natural healing remedy appears to most honor the individual.

Sessions, Fees, Payments and Patient Rights

1. As a patient, you have a right to ask questions about the process of holistic chiropractic care and your healing. You may end evaluations and support at any time without obligation. You are only responsible for the previously completed sessions and for any sessions that were not cancelled 24 hours before the scheduled appointment.
2. All information disclosed on a form or in a session is strictly confidential and will not be revealed unless our office is given your written consent.
3. Office visits can be half an hour or more depending on what is necessary. Visits are usually scheduled from once a week to once a month. Weekly sessions may require less time and monthly sessions may require longer visits. You and your doctor will jointly agree upon the length and frequency of your visits.
4. The cost of nutritional supplements varies and will be an additional charge when necessary. **Please be advised that we cannot accept any nutritional remedies back once they are purchased.**
5. We understand that things come up and you may not always be able to keep your appointment. As a courtesy, **we require 24-hour notice when rescheduling appointments. If we do not receive sufficient notice, you will be charged in full for your appointment, minimum of \$75.00.** It is only fair that you call us so that we may make the time available for other patients. This center may refuse you further service if this commitment is not honored. It is our objective to do everything possible to make available the support you need and to show concern for your well being.
6. **Cell phone usage is strictly prohibited because it interferes with the computerized therapy equipment in the office. Also it is a courtesy to other patients and the sanity of the staff. Thank you.**
7. I understand that my consultation is strictly informative and therefore does not include any X-Rays, adjustments, or therapies performed by Dr. Pinto. An office visit is \$85.00 which includes one chiropractic adjustment and a set of X-Rays can be up to \$400.00 depending on the number of views taken. **(Please initial here to state that you understand these fees for service: _____)**
8. **Payment is required as services are rendered. We accept Visa, MasterCard, Discover, American Express, cash and check.**

I understand the above conditions of service, my rights as a patient, and agree to follow the stated office policies.

Signature _____ Date _____