

**Winer Wellness Center**  
2419 Baldwick Rd. , Pittsburgh, PA 15205  
412-922-9355 www.drwiner.com

**HIPPA NOTICE:**

I have been offered to review and receive a copy of this office's *Notice of Privacy Practices* explaining:

- How this office will use and disclose my protected health information.
- My Privacy Rights with regard to my protected health information.
- This office's obligation concerning the use and disclosure of my protected health information.

I understand that the *Notice of Privacy Practices* may be revised from time to time and I am entitled to receive a copy of any revision.

I also understand that if I have any questions or complaints, I may contact: **Winer Wellness Center @ 412-922-9355**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**CANCELLATION AND NO SHOW POLICY**

**There is a \$45.00 fee for same day cancellations and no show/missed appointments.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**INFORMED CONSENT TO MASSAGE THERAPY:**

I understand the following-

- Massage therapy is provided for the basic purpose of relaxation and relief of muscular tension.
  - Massage should not be constructed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment.
  - Massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
  - For conditions related to pectoral muscle, sciatica, hip, and pelvis issues, therapy may need provided to areas surrounding your pectoral muscles, pelvis, buttocks, and hips. At no time will therapy be provided directly to your breasts or genitals.
  - At times it may be necessary to remove the covering of an area of your body while the rest of your body remains covered. If I experience any pain or discomfort during a session, I will immediately inform the therapist so that the temperature, style, pressure, and/or strokes can be adjusted to my level of comfort.
  - Massage should not be performed under certain medical conditions, and I affirm that I have stated all my known medical conditions, including but not limited to pregnancy, fused vertebrae/joints, pacemaker, contact lenses, and blood thinners.
  - I am to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.
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**INFORMED CONSENT TO NUTRITIONAL CONSULT WITH JEFFREY NIZNIK:**

I understand the following-

Jeffrey E. Niznik is not a medical doctor and the information given is for informational purposes only. The purpose of the appointment is to promote broad understanding and knowledge of various health topics. It is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health care provider with any questions regarding a medical condition or treatment and before undertaking a new health care regimen. Statements and products have not been evaluated by the FDA, and are not intended to diagnose, treat, cure, or prevent any disease or condition. If you have a health concern or condition, consult a physician.

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## INFORMED CONSENT TO CHIROPRACTIC CARE

**The nature of chiropractic treatment:** The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a "click" or "pop", such as the noise when a knuckle is "cracked", and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound or dry hydrotherapy may also be used.

**Possible Risks:** As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or minor complications.

**Probability of risks occurring:** The risks of complications due to chiropractic treatment have been described as "rare", about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke, has been estimated at one in one million to one in twenty million, and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered "rare".

**Other treatment options which could be considered** may include the following:

- *Over-the-counter analgesics.* The risks of these medications include irritation to stomach, liver and kidneys, and other side effects in a significant number of cases.
- *Medical care,* typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.
- *Hospitalization* in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
- *Surgery* in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

**Risks of remaining untreated:** Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

**Unusual risks:** I would like the risks of my case explained to me.

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I have read the above explanations of chiropractic treatment, massage therapy and nutritional counsel. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment/therapy/counseling, and hereby give my full consent to the above.

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Patient Name

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Patient Signature

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Date