Date: _____

APPLICATION FOR NETWORKSPINAL CARE
A COMPREHENSIVE HEALTH PROFILE

Last Name: _____First Name: _____ Date of Birth: ____-____-_____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

SSN: _____ Occupation: _____

Marital Status: S M D W Partner's Name: _____

Do you have children? Y N Children's Name/Names: _____

Who referred you or how did you hear about our office? _____

_____

What are your reasons for seeking care at our office?

Please rank the following

(4=Very Important to me; 3=Important to me; 2=Not so Important to me; l=Does not apply)

____Improvement of my physical symptoms

____Improvement of my emotional/mental symptoms

____Improvement in my ability to respond to stress

____Improvement in my enjoyment/quality of life

Your Symptoms and How They May Influence Your Life:

Do you have a current health/life concern or symptom? If no, please describe the reason you are consulting our office then skip to History of Physical Stress Section. If yes, please describe:

_____

_____

When did it begin? _____ What were the circumstances? _____

_____

Have you done anything about this concern, or been given any advice or treatment for it? Y N

If yes, please share more about the advice and/or treatment. _____

_____

Did it seem to work? Y N Was the result sustainable? Y N

What was different about your symptom or concern after treatment? _____

_____

Is the reason you are consulting our office the result of an injury at work or an auto accident? Y N If so, date of injury? _____

APPLICATION FOR NETWORKSPINAL CARE
A COMPREHENSIVE HEALTH PROFILE

Please grade the level to which the concern/symptom affects the following aspects of your function and quality of life.

(O=does not seem to affect me; 1=slightly affects me; 2=moderately; 3=extremely)

Work	0 1 2 3	Recreation/Play	0 1 2 3	Rest/Sleep	0 1 2 3
Social Life	0 1 2 3	Walking	0 1 2 3	Sitting	0 1 2 3
Exercise	0 1 2 3	Eating	0 1 2 3	Lovelife	0 1 2 3

Comments: _____

Have any other family members had the same or similar concerns? Y N

What did/are he/she doing about it? _____

Did it seem to work? Y N

How aware are you of your symptom/concern during the day? 0 1 2 3 At night? 0 1 2 3

Is there any activity during which you totally, or almost totally, forget about this condition, symptom, or concern? _____

Why do you think this is happening, or continues to happen to you? _____

_____

Do you think this is the sole cause? Y N If no, what else is involved? _____

_____

Are you doing anything differently in your life because of this symptom/condition/concern?

Y N If yes, what? _____

If it were to go away tomorrow, what would be different about your life? _____

_____

Since the development of this symptom/concern, have you:

- Changed any habits? Y N If so, what? _____
- Noticed yourself holding/touching any parts of your body more often or differently? Y N
  If yes, where: _____
- Moaned, cried, or made sounds that you usually do not make? Y N

Which best describes your current feeling about yourself and your situation?

____I feel helpless, like little or nothing is working.

____This is terrible, really bad; I hope you can fix it for me.

____I feel stuck.

____I deserve more than this, and would like you to assist me with my healing.

____Other, please describe: _____

FRONT RANGE b·n·flow INFINITE POSSIBILITIES

APPLICATION FOR NETWORKSPINAL CARE
A COMPREHENSIVE HEALTH PROFILE

HISTORY OF PHYSICAL STRESS

Birth Stress:

Were there any problems associated with your mother's pregnancy with you? (check all that apply)

▫Falls/Injury ▫Illness ▫Difficult ▫Don't know

Comments: _____

Was your birth: (check all that apply)

▫Traumatic ▫C" section ▫Breech ▫Forceps or Suction ▫Cord around neck

▫Prolonged ▫Very Fast ▫Natural ▫Drug induced ▫Home

▫Hospital ▫Birthing Center

Comments: _____

General Physical Trauma:

Falls: (check all that apply, give age & year)

▫Crib/Carriage_____ ▫Steps_____ ▫On ice_____ ▫Out of Tree_____

▫Bars at school_____ ▫Skiing/Snowboarding_____

▫Other falls (please describe): _____

▫Knocked unconscious_____ ▫Used crutches/cane/wheelchair_____

▫Broken Bones/Sprains (please describe) _____

▫Involved in combat_____ ▫Physical fight_____ ▫Physical abuse _____

▫Sports Injuries _____ ▫Extensive dental work/orthodontia_____

▫Other, please describe: _____ _

Accidents, near accidents, driver or passenger: (check all that apply, give age & year)

▫Automobile, details: _____

▫Motorcycle_____ ▫Bus_____ ▫Train_____ ▫Bicycle_____ ▫Plane_____

▫Other:_____ Comments:_____

Daily Activities: (check all that apply)

▫Sit	▫Stand	▫Walk	▫Desk work	▫Phone work	▫Play musical instrument
▫Sports			▫Watch TV	▫Driving/commuting	▫Mechanical work
▫Heavy lifting			▫Wear contacts	▫Wear glasses	▫Computer work
▫Read for prolonged periods			▫Wear bifocals	▫Exercise	

Comments:_____

FRONT RANGE b·n·flow INFINITE POSSIBILITIES

APPLICATION FOR NETWORKSPINAL CARE
A COMPREHENSIVE HEALTH PROFILE

HISTORY OF PHYSICAL STRESS

Medical Intervention: (check all that apply, give age & year)

▫Hospitalization why? _____

▫ Surgery why? _____

▫Chemotherapy _____ ▫Radiation _____ ▫Casts/Collars _____

▫ Spinal neck brace_____ ▫Corrective shoes. bars, lifts _____

▫Physical Therapy_____ ▫Spinal tap/injections_____

▫X-rays _____ ▫Transfusion_____ ▫Organ Removal_____

Comments: _____

Have you or a family member suffered a serious illness? _____

Do you have a family doctor? Y N Who? _____

Date of last medical consultation & result: _____

_____

For women: Are you pregnant? Y N Date of last monthly period: _____

How do you grade your overall physical health?

▫Excellent ▫Good ▫Fair ▫Poor ▫Getting Better ▫Getting Worse

HISTORY OF CHEMICAL STRESS

Birth Stress:

During your mother's pregnancy, did she: (check all that apply)

▫Use prescription drugs ▫Use nonprescription drugs ▫Smoke

▫Consume alcohol/drugs ▫Don't know

At birth was your mother: (check all that apply)

▫Conscious ▫Semi-conscious ▫Unconscious ▫Given spinal anesthesia

▫Given chemicals to alter or induce labor ▫Don't know

General Chemical Stress: Do you or have you ever taken: (check all that apply and indicate if current)

▫Prescription drugs ▫Over-the-counter drugs ▫Antibiotics ▫Recreational drugs ▫Tobacco ▫Vape

List all current and past Medications: (include reason and length of time you were on them)

_____

_____

Did you or have you worked with or ever been exposed to:

▫Chemicals ▫Fumes ▫Dust ▫Powders/Particles ▫Smoke

▫Other substances: _____

Do you currently consume:

▫Alcohol ▫Coffee/Caffeine ▫Processed food ▫Artificial Sweeteners ▫Refined sugars ▫Soda ▫Tap water

FRONT RANGE b·n·flow INFINITE POSSIBILITIES

APPLICATION FOR NETWORKSPINAL CARE
A COMPREHENSIVE HEALTH PROFILE

HISTORY OF EMOTIONAL STRESS

Were you incubated or isolated after birth? Y N Were you: ▫Bottle fed ▫Nursed ▫ Both

PAST General Emotional Trauma: (check all that apply and note severity: mild, moderate, extreme)

▫Childhood	▫Personal relationship	▫Change of job/career
▫School	▫Divorce/separation	▫Change of lifestyle
▫Recreational	▫Work related	▫Loss of loved one
▫Parent's divorce	▫Commuting	▫Abuse
▫Family	▫Financial	▫Stress of being sick/ill

Comments:_____

_____

_____

LIFESTYLE PROFILE

How do you grade your emotional/mental health?

▫Excellent ▫Good ▫Fair ▫Poor ▫Getting Better ▫Getting Worse

How do you grade your overall quality of life?

▫Excellent ▫Good ▫Fair ▫Poor ▫Getting Better ▫Getting Worse

Have you pursued other avenues of growth, healing or personal development?
(check all that apply and note who you saw, for how long and if you are still going)

▫Chiropractic	▫Acupuncture	▫Aromatherapy
▫Massage/Bodywork	▫Homeopathy	▫Rebirthing
▫Psychotherapy	▫Ayurvedic Medicine	▫Energy Work
▫Osteopathy	▫Physical Therapy	▫Sound/Light Therapy

What aspects of your life please you, bring you joy, and help you to feel better about yourself?

_____

_____

What particular factors or elements about your life experiences, family, work, recreation, past injuries, genetics, dietary, programs, exercises, outlook, etc.:

Do you feel impair your opportunity for full glowing health? _____

_____

Do you feel give you an edge or add to your life and health? _____

_____

APPLICATION FOR NETWORKSPINAL CARE
A COMPREHENSIVE HEALTH PROFILE

LIFESTYLE PROFILE

Which of the following do you practice regularly (check all that apply and how many times per week)

- ▫Exercise ▫Movement/Dance ▫Prayer
- ▫Yoga ▫Meditation ▫Chi Gong/Tai Chi

List any herbs, nutritional supplements or natural remedies you regularly take:

_____

_____

When stressed how do you "center yourself" or "re-group"? _____

_____

Is there anything else you wish to share which may help us better understand you and why you have chosen to come to this office? _____

_____

What type of results would motivate you to tell others about the care you receive in this office, and encourage others to get under care? _____

_____

When communicating with you about your spine, nervous system, health and wellness (circle your preference):

a) Visual Communication - Mostly show me pictures and diagrams.

b) Verbal Communication - Mostly talk to me about the changes I'm making.

c) Kinesthetic Communication - Mostly I need to feel it.

LIFE INTENTION

We are committed to helping you reach and exceed your health and life goals. We know that a true state of Well-Being, one in which you feel alive, vibrant, and fulfilled in all the major areas of your life, is possible for you. If you were living your "Ultimate" life, what would it be like, look like, feel like Physically, Emotionally, Mentally, Financially, Relationally and Spiritually?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

FRONT RANGE b·n·flow INFINITE POSSIBILITIES

WELLNESS AND QUALITY OF LIFE SURVEY

I. Physical State

How often do you experience the following symptoms?

	Never	Rarely	Occasionally	Regularly	Constantly
1. Physical Pain (neck/back ache, sore arms/legs, etc.).	1	2	3	4	5
2. Feeling of tension, stiffness or lack of flexibility.	1	2	3	4	5
3. Fatigue or low energy.	1	2	3	4	5
4. Colds and flu.	1	2	3	4	5
5. Headaches (of any kind).	1	2	3	4	5
6. Heartburn or indigestion.	1	2	3	4	5
7. Nausea or constipation.	1	2	3	4	5
8. Menstrual discomfort.	1	2	3	4	5
8. Allergies or skin rashes.	1	2	3	4	5
9. Dizziness or light-headedness.	1	2	3	4	5
10. Accidents or near accidents or falling or tripping.	1	2	3	4	5
11. Ease of recovery from injury.	1	2	3	4	5
12. Restricted or shallow breathing.	1	2	3	4	5

II. Mental/Emotional State

Rate the following questions with respect to frequency:

	Never	Rarely	Occasionally	Regularly	Constantly
1. If pain is present, how distressed are you about it?	1	2	3	4	5
2. Presence of negative or critical feelings about yourself.	1	2	3	4	5
3. Experience of moodiness, temper or anger outbursts.	1	2	3	4	5
4. Experience of depression or lack of interest.	1	2	3	4	5
5. Over reacting to life's stresses.	1	2	3	4	5
6. Being overly worried about small things.	1	2	3	4	5
7. Experience of vague fears or anxiety.	1	2	3	4	5
8. Difficulty thinking or concentrating or indecisiveness.	1	2	3	4	5
9. Difficulty falling or staying asleep.	1	2	3	4	5
10. Experience of recurring thoughts or dreams.	1	2	3	4	5

III. Stress Evaluation

Evaluate your stress relative to the following:

	None	Slight	Moderate	Considerable	Extensive
1. Family.	1	2	3	4	5
2. Significant Other.	1	2	3	4	5
3. Physical Health.	1	2	3	4	5
4. Finances.	1	2	3	4	5
5. Sex Life.	1	2	3	4	5
6. Work or School.	1	2	3	4	5
7. Coping with daily problems.	1	2	3	4	5

FRONT RANGE b·n·flow INFINITE POSSIBILITIES

WELLNESS AND QUALITY OF LIFE SURVEY

IV. Life Enjoyment

Rate the following statements with respect to frequency:

	Never	Rarely	Occasionally	Regularly	Constantly
1. Openness to guidance from your "inner voice/feelings".	1	2	3	4	5
2. Experience of peace, relaxation, ease or well-being.	1	2	3	4	5
3. Presence of positive feelings about yourself.	1	2	3	4	5
4. Interest in maintaining a healthy lifestyle (e.g., diet, fitness, etc.).	1	2	3	4	5
5. Feeling of being open, aware and connected when relating to others	1	2	3	4	5
6. Level of confidence in your ability to deal with adversity.	1	2	3	4	5
7. Level of compassion for and acceptance of others.	1	2	3	4	5
8. Experience feelings of joy or happiness.	1	2	3	4	5
9. Experiencing gratitude.	1	2	3	4	5
10. Level of satisfaction with your sex life.	1	2	3	4	5
11. Satisfaction with the level of recreation in your life.	1	2	3	4	5
12. Time devoted to things you enjoy.	1	2	3	4	5

V. Overall Quality of Life

Evaluate your feelings relative to your quality of life:

	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Delighted
1. Your personal life.	1	2	3	4	5
2. Your wife/husband or "significant other".	1	2	3	4	5
3. Your romantic life.	1	2	3	4	5
4. Your job.	1	2	3	4	5
5. Your co-workers.	1	2	3	4	5
6. The actual work you do.	1	2	3	4	5
7. The handling of problems in your life.	1	2	3	4	5
8. What you are actually accomplishing in your life.	1	2	3	4	5
9. Your physical appearance - the way you look.	1	2	3	4	5
10. Your ability to adapt to change in your life.	1	2	3	4	5
11. Overall contentment with your life.	1	2	3	4	5

NETWORKSPINAL CARE
YOUR GUIDE TO THE JOURNEY

All true healing and transformation begin with a Conscious choice for More

Welcome. Your consideration to participate in our office represents an opportunity to engage in a collaborative relationship with our Doctors of Chiropractic Dr. Brooke Jaakola, Dr. Megan Sole, Dr. Rachel Rich, as well as the staff of b-n-flow, in an exciting profound approach to more than ordinary healing, and the experience and understanding of the forces that heal and enhance your life.

We consider conscious personal choice an essential part of healing. In honoring the sacred relationship between informed choice, in order for you to give consent to care, this “Agreement to Collaborate in Care” communication is being offered. When you choose to embark in further assessment and or care, you can do it with an understanding of the model of healing, the results-based chiropractic care we offer, and some of the assessments and outcomes for progress that will be central to your care.

The form of chiropractic health care provided in this office (NetworkSpinal care) is unique and goes beyond what most people expect and experience in health care. And you deserve the dignity of understanding the difference and making the choice for this approach for your health, spine, nervous system, and life.

We are offering this notice of agreement to collaborate in care to you as we value the magic of your personal choice in beginning this healing journey with us and in all sustained transformations in your life.

Informed consent to care includes providing you with enough information for you to freely and with dignity consciously make an informed choice.

We honor that healing and life transformation requires conscious awareness and personal choice. This co develops with a new organically developed experience of yourself and the world.

It is our central professional value that there is a self-organizing intelligence of life that coordinates through the spine and nervous system, as a modulator of health and consciousness impacting all areas of life. Symptoms and disease are means of downsizing and interrupting your current life so you can develop new resourcefulness and have more energy to heal, live, thrive, adapt, and make a difference in the world. We assist your body-mind to enhance its information and energetic systems through helping develop novel healing strategies and capacities not seen outside the practice of this system constantly evolving with new research findings and understandings.

NETWORKSPINAL CARE
YOUR GUIDE TO THE JOURNEY

Healing and More through an upgraded Human OS

It is our central understanding and basis for the service as original core tenants that created the need for chiropractic as a separate and distinct profession that there are innate intelligences that organize one's body and life. It is all coordinated and transmitted through the spine and nervous system providing the energy to organize healthy body, mind and spiritual expressions and outcomes. The care we offer you seeks to optimize and actually evolve or upgrade these healing and living "apps".

We offer a profound solution by helping you develop sustainably new resourcefulness, as well as helping you have more available energy to heal, live, adapt, and make a difference in your life, and over time with our wellness care, in the world.

Extraordinary is a different Standard

To have extraordinary, the care and results have to seem strange, different, unique. Extraordinary results require extraordinary and unique experiences, applications, and outcomes. We may appear a tad strange to today's culture. Humanity is at a crossroads and as information systems it is extremely beneficial to upgrade the way we experience and adapt to the world and to have more than enough energy to organize our body and life. And for those who know that there is more than they have been told or often experience, this care commonly offers the experience of "coming home." Strange, profound, and effective, we offer to you care which is at the leading edge of what is possible for individuals and humanity.

Your own healing "signature" wave and new spinal "gateways" to healing and transformation

A unique feature and hallmark found only in the care we offer, is the development of the unique spinal information and energy wave that is expressed with spontaneous undulation of the spine. It is associated with unique benefits only demonstrated in our system. This is a bold statement, and we are proud to make it. NetworkSpinal is the current evolution of the "Network" and healing educational systems developed by Donny Epstein, D.C. with its foundation in chiropractic's unique principles and practices for over almost 4 decades with likely millions receiving the various forms on all 7 continents.

NETWORKSPINAL CARE
YOUR GUIDE TO THE JOURNEY

We help your body to self-regulate adverse spinal cord tension and “subluxations” while supporting the organic development of profound healing and life strategies. These subluxations are small disconnections between your brain and body and your healing and energetic capacities. It is the clinical service for which chiropractic was developed as a separate and distinct profession. Network is an evolution of the understanding and application and developed a new research paradigm from this basis. We regularly assess and advance the systems that create, sustain and advance spinal and central nervous system energy and information efficiency.

The gentle “Network” adjustments, called Spinal Entrainments, are designed to enhance your beingness, increase your brain and spinal nerve coherence, improve brain-body communications, greater “beingness” and evolve new spinal and nervous system strategies for an extraordinary life. This enables more effective healing, living, choices, and greater coherence within your body, mind as well as your influence in your environment.

If you seek diagnosis and treatment in order to restore you to your prior state, please contact a medical physician or other health care provided for such care. If you are mostly seeking less of something, or an experience where you want to be “fixed” then another office might be better to meet your needs at this time.

The care we offer you, the objective and subjective assessments, and outcomes are linked to you effortlessly and organically experiencing an upgraded and more energy and informationally efficient (coherent) you. As your human OS upgrades you will be seeing the commonly unseen, feeling the commonly unfelt, and hearing the commonly unheard. We seek to provide unique care so you can have greater self-reported healing and quality of life. and a you that is More.

After a consultation and assessment, you will be advised as we suggest to you a plan of care. We will share with you on an ongoing basis what these subjective and objective assessment tools are, as well as what the results mean for you. We will first establish a baseline and then continue to measure your advancement in care, your health and you will report on changes in your life. We will be comparing our clinical findings with your personal experience and developing awareness of the forces and intelligences that heal and transform your body and life (Creation’s codes). Your choice to participate in care in our office is one of active participation in your healing and life enhancement.

All of the assessments evaluate aspects of the energy and information efficiency of your central nervous system, brain, and body and its impact on your healing and life.

Less or More

As a participant in our office, we are seeking to attend advancing towards more energy and information efficiency, more and novel strategies for healing and life and looking to developing with your strategies that go beyond where you have been in health, along with its ramifications for life. Most other practitioners and offices are seeking to make something go away, to make their patients more comfortable, and to restore them to the state they were in just before a symptom or condition arose.

In our care most people experience more energy flow, a wider range of body, emotional and energetic awareness, spontaneous realigning of the body, sense of who they are and why they are here, shift in relationships and a greater experience of the non-material energetics that connect us. Most often, even in extreme situations, the need for symptoms and other conditions significantly reduces, and unreasonable healing and life outcomes are achieved. With this stated, if you are here for diagnosis and treatment of your condition as your main objective for therapeutic reduction of symptoms to be restored or maintained at your current or recent baseline, then you might consider the care we offer to be less desirable at this point in time. In this case we wish you well on your therapeutic journey and suggest that you seek care in a different office at this time, until you have a calling to choose More and for the unique service of advancing your healing and human resourcefulness. Our starting point in care is with what is your highest goal for you, in your healing and its impact upon your life.

We invite you to continue with a consultation, examination, and assessment with a subsequent review with you of your doctor's findings and recommendations. You can then make a fully informed choice for care. With choice for more of what we can deliver to you as we fully can commit to one another for the benefits and outcomes of care.

The "Network" spinal adjustments called spinal entrainments are unique from the more commonly applied manipulative applications. At times, our DC team at b-n-flow may use other chiropractic or healing approaches, when deemed beneficial.

If you have any concerns at this time or in the future, please share them with your chiropractor or staff. Please also share your healing, and transformations and "magical" changes that you are experiencing in your life including others around you.

NETWORKSPINAL CARE
INFORMED CONCENT

I, _____ have read, and or had read to me, in person, or by electronic means, and discussed, if desired, elements of this Agreement to Collaborate in Care. I recognize that the care offered in this office, is unique in the health, healing, and life enhancement arena. The care in this office is designed to develop new spinal, central nervous system, energetic and healing strategies often associated with my own unique spinal healing wave. It advances with spontaneous, precise, and elegant rocking of vertebra and the movement to a higher order of More. Most care will be provided in a group room setting.

If I wish further assessment for the diagnosis or treatment of symptoms or disease or for specific therapeutic intervention I am advised to consult with a different health or disease care practitioner.

With this said, yes, I consciously choose to be assessed for and or to receive more Healing and Life experiences and strategies in this office.

_____

Printed Practice Member name

_____

Practice Member Signature

_____

Location and Date

SOMATO RESPIRATORY INTEGRATION (SRI) AND 12 STAGES OF HEALING CONSENT

Somato Respiratory Integration and Wellness Education* is specifically designed to educate you to your body rhythms and inner wisdom through focused attention, gentle breath, movement, and touch. As a consequence of this heightened awareness, you may have more resources to heal and advance through your Network Spinal (NS) Care.

You may have had instruction in other self awareness, breathing, movement, and meditation programs, please understand that SRI is different. SRI strengthens your inner connection. With SRI you will experience having the "higher" brain, (the part responsible for consciousness and awareness), focus its attention on a region and/or sensation that was formerly repressed, discarded, denied or desensitized.

This work allows for greater connections between your higher brain and your body, fostering the ability to focus your attention on your body and develop internally customized choices for your body and for your life.

Many of our crises occur when we become "unconscious" of our body, or a region of our body, and take it for granted, or we lose an important element of the interface between body and mind. Symptoms of all types ask us to pay attention, and that is often the last thing most people are looking to do. Symptoms force us to be in touch with our body, stop our usual routine, do things differently, breathe differently and even at times express emotion or make "foreign" sounds. There is healing in this and wisdom to be gained.

With SRI care you may not need to have severe crises to help you pay better attention to yourself, and with the addition of NS Care you will have the available tools to do this.

It is easier to make frequent small reassessments and adjustments in life than to have life force you to make a sudden large change. Our intent is to help you develop the somatic habit of consistent spontaneous reassessments, self-adjustments, and corrections of your body, its structure and its relationship to your life. In this way you can be more flexible and adaptable to the demands, suggestions, and encouragements in life. The exercises of the 12 Stages of Healing which produce Somato (body) Respiratory (breath) Integration will be taught during your SRI sessions. These exercises will help you to experience your body more fully with safety and peace.

As a home support program of self-care, they will also further your advancement in NS Care. It is our experience that these exercises allow you a positive and constructive tool that you can use to deepen the understanding, trust, and well being of your body-mind. In times of symptom crises, SRI will provide you with a method to redirect your body's attention, release tension, and promote greater ease.

SOMATO RESPIRATORY INTEGRATION (SRI) AND 12 STAGES OF HEALING CONSENT

Your SRI Wellness Educator will not diagnose, treat, or offer advice on any diseases or symptom. SRI Wellness Education is not specifically about your condition or symptom. It is about you and your available and developing resources.

It is common for self-awareness to heighten during the course of care in the NS office and during and after SRI sessions. Since you will be learning to pay attention to the body's subtle cues, areas that were "disconnected" from your awareness will awaken their connection.

You may experience physical sensations such as energy, vibration, heat, or at times discomfort. You can discover where you can touch to amplify peace, your inner "nuclear core" of energy and where you store a resource of "chi" (life energy) for your use. You will learn to redirect your body-mind's attention from a distressing circumstance of the moment to inner safety and peace.

During and after some SRI sessions you will likely also be aware of emotional shifts. Sensations may be subtle, or at times very intense, as one experiences greater depth in his/her range of healing stages.

I have read the above Notice of Intent and agree to participate in Somato Respiratory Integration Wellness Education.

I consent to receive SRI Wellness Education, including learning the SRI exercises. I understand that during these sessions I will be touching my body, moving, breathing, and at times verbalizing my experience of my body.

I understand that SRI exercises are not a replacement for any form of medial treatment.

I consent to allow the b-n-flow team to touch me for the purpose of assisting me in learning and refining my experience of these exercises.

I consent to allow information from my personal and clinical history to be shared with the SRI and 12 Stages team, and I agree to allow such communication on an ongoing basis so that the exercises and skills I am to learn can be fine-tuned to compliment my circumstance and current NS Level of Care.

_____

Printed Practice Member name

_____

Practice Member Signature

_____

Location and Date

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

b-n-flow Chiropractic is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your health condition and history as well as the care and treatment you receive from the Practice and other health care providers. This notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment of your care, health care operation of the practice and for other purposes permitted or required by law. This notice also details your rights regarding your PHI.

This Practice employs multiple Doctors of Chiropractic and practitioners at any given time. However for purposes of compliance with the Health Information Portability and Accountability Act (HIPAA) Privacy rules, all doctors are deemed to be a part of a single Organized Health Care Arrangement, which means that they operate as an integrated unit; that they will share protected health information in order to carry out chiropractic care (including coverage for each other), payment for services rendered and health care operations; that this notice provided serves as a joint notice made by each doctor, practitioner and staff person and that each of them will abide by the terms of this notice.

We provide most on-going care in an "open entrainment" area. It is NOT the environment used for taking patient histories, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting. This means that statements made by you or employees of the Practice during treatment may be overheard by others. There are various interpretations under federal law with respect to what is known as "incidental disclosures" of health information. It is our view that the kinds of matters related in an "open entrainment" environment are incidental matters. If you have comments or information you wish to share privately when you come into the entrainment room please inform the doctor or staff and we will accommodate your needs.

In the course of your care at b-n-flow Chiropractic, we may use or disclose personal and health related information about you in the following ways:

*Your PHI, including your clinical records may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.

*Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, or your employer if they are responsible for the payment of your services.

NOTICE OF PRIVACY PRACTICES

*Your name, address, phone number and health care records may be used to correspond with you during or after your care. This may include contacting you regarding appointment reminders, recommendation notices, birthdays, holiday, referral thank-you's, practice events, or other health related information (ie. Newsletters, e-mails, etc.) that may be of interest to you, as well as other similar correspondence.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances:

- *If we are providing health care services to you based on the orders of another health care provider.
- *If we provide health care to you in an emergency or if we are required by law to provide care and are unable to obtain your consent after attempting to do so.
- *If we are ordered by courts or another appropriate agency. Also, when required by law (ie. case of child abuse and neglect) or for special government functions (ie. military, veteran) and correctional institutions in the case of inmates.
- *If you are involved in a Workers' Compensation claim, we may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
- *If we contract with a business associate to provide a service necessary for your treatment, payment for your services, and health care operations (ie. practice or front desk coverage, billing or transcription service, etc.).

Any use or disclosure of your PHI, other than as outlined above, will only be made upon your written authorization. We normally provide information about your health care to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home please advise us in writing.

You have the right to inspect or request a copy of your PHI for seven years from the date the record was created or as long as the information remains in our files. In addition you have the right to request an amendment to your health information. The Practice has 30 days to comply. Requests to inspect, copy, or amend your health related information must be made in writing.

We are required by law to maintain the privacy of your patient file and the PHI therein. We are also required to provide you with this notice of our privacy practices with respect to your PHI and to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made we will notify you in writing as soon as possible following the changes.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities please let our staff know.

Your signature indicates your authorization of the policies outline in this notice.

_____

Printed Practice Member name

_____ _____

Practice Member Signature **Location and Date**

PHOTO RELEASE

I, _____, hereby grant and authorize b-n-flow Chiropractic Studio the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for legally promotional materials including, but not limited to, newsletters, fliers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of b-n-flow Chiropractic Studio and will not be returned.

I hereby hold harmless, and release b-n-flow Chiropractic Studio from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may take while acting on my behalf or on behalf of my estate.

_____

Printed Practice Member name

_____

Practice Member Signature

_____

Location and Date