



# **Maryland Chiropractic Association**

720 Light Street, Baltimore, MD 21230 • (410) 625-1155 • Fax (410) 752-8295 • E-Mail: [MCA@assnhqtrs.com](mailto:MCA@assnhqtrs.com)

## **MCA Informed Consent Document**

### **Instructions**

- 1. Include your business or practice name in the space provided.**
- 2. Obtain patient's signature before exam and after explaining your recommendations to the patient.**
- 3. The patient record should also indicate all significant changes in the diagnosis or treatment plan and that the changes were discussed with patient. The elements related to obtaining a patient's informed consent to new developments and changes in care should be documented and as detailed as appropriate.**
- 4. You may consider deleting the reference to "stroke." Elements of this paragraph are not required as long as you are aware of the Cassidy study, which can be accessed on the MCA website. ([www.marylandchiro.com](http://www.marylandchiro.com))**
- 5. Inclusion of the consent elements, except in unusual circumstances, will concurrently meet those standards published by the American Chiropractic Association and the International Chiropractic Association, and meet the regulatory requirements of the Maryland Board of Chiropractic Examiners.**