

Bayou City Breastfeeding, LLC

Chiropractic Treatment Consent

Version 2026.1 • Effective 05/04/2026

This Treatment Consent applies only to chiropractic services provided by Bayou City Breastfeeding chiropractors. Lactation services require a separate Treatment Consent for Lactation Services. Bayou City Breastfeeding does not provide chiropractic services by telehealth.

Scope of chiropractic care

Chiropractic care focuses on evaluation and treatment within the chiropractic scope of practice. In Texas, chiropractic practice includes evaluating and treating the biomechanical condition of the spine and neuromusculoskeletal system through nonsurgical, nonincisive procedures within the statutory scope of chiropractic.

Chiropractors do not prescribe medications, perform surgery, provide obstetric care, provide pediatric primary care, or replace care from a physician, pediatrician, obstetrician, midwife, emergency provider, or other licensed medical provider. I understand that chiropractic care is complementary to, and not a substitute for, medical care.

Evaluation and treatment

During a chiropractic visit, the chiropractor may review my or my child's health history; ask about symptoms, function, feeding-related concerns when relevant, movement, sleep, pregnancy/postpartum status, injuries, or other relevant history; observe posture, movement, range of motion, muscle tone, positioning, or functional patterns; palpate muscles, joints, spine, pelvis, extremities, head, neck, jaw, or other areas relevant to the concern; perform orthopedic, neurologic, musculoskeletal, or functional assessments within chiropractic scope; provide chiropractic adjustment or manipulation when clinically appropriate; and provide soft tissue work, mobilization, stretching, positioning guidance, therapeutic exercise, home care education, or referral recommendations.

For infants and children, care may involve gentle assessment and treatment appropriate to the child's age, size, condition, and tolerance.

Bayou City Breastfeeding may offer therapeutic laser treatment as part of a chiropractic treatment plan. Therapeutic laser treatment is not cosmetic, aesthetic, surgical, or hair-removal laser treatment. Therapeutic laser treatment requires a separate Therapeutic Laser Treatment Consent. A patient must be evaluated by a Bayou City Breastfeeding chiropractor before therapeutic laser treatment is provided. The chiropractor determines whether therapeutic laser treatment is appropriate and defines the treatment plan. Once the treatment plan is established, therapeutic laser treatment may be provided by the chiropractor or by a trained laser operator acting under the chiropractor-defined plan. Therapeutic laser treatment is provided only in a laser-specific visit and is not provided during a general lactation visit.

Benefits

Possible benefits of chiropractic care may include improved mobility or range of motion, reduced musculoskeletal discomfort, improved function, improved positioning, comfort, or movement patterns, improved ability to participate in daily activities, and identification of concerns that may need medical referral. No specific result or outcome is guaranteed.

Risks

Chiropractic care has risks. Risks may include temporary soreness, tenderness, stiffness, or discomfort; fatigue or fussiness after treatment; temporary increase in symptoms; headache, dizziness, or lightheadedness; skin irritation or mild bruising from touch or soft tissue work; muscle strain or joint irritation; aggravation of an existing condition; failure to improve; and need for referral to another healthcare provider.

Rare but serious risks may include nerve irritation, disc injury, fracture, worsening of an undiagnosed condition, or vascular injury. Certain risks may be higher when a patient has an underlying medical condition, bone fragility, infection, cancer, inflammatory disease, neurologic symptoms, trauma, or other risk factors.

Cervical (neck) chiropractic adjustment carries an additional, although uncommon, risk of injury to the vertebral or carotid arteries, which in rare cases has been associated with stroke. BCB does not perform high-velocity, low-amplitude (HVLA) cervical adjustments on patients under 18. Pediatric cervical care, when clinically indicated, is limited to gentle, low-force techniques calibrated to the child's age, size, and tolerance.

If the chiropractor recommends high-velocity, low-amplitude (HVLA) cervical manipulation for an adult patient, the chiropractor will discuss the specific risks, alternatives, and clinical reasoning at the visit, and the patient will be asked to consent to that specific procedure.

I understand that the chiropractor will use clinical judgment to determine whether chiropractic care is appropriate and may refer me or my child to another provider when needed.

Pediatric Chiropractic

Pediatric and infant chiropractic care is offered in select circumstances when the chiropractor determines, based on assessment and presentation, that gentle, age-appropriate care is clinically reasonable. Pediatric chiropractic care is not universally endorsed by the medical community, including the American Academy of Pediatrics, and I have the option to decline pediatric chiropractic care for my infant or child without affecting other services. Alternatives include observation, primary care evaluation, physical therapy, occupational therapy, or other treatment recommended by my child's medical provider. The chiropractor may decline to treat any infant or child if treatment is not clinically appropriate.

I understand that the chiropractor will use clinical judgment to determine whether chiropractic care is appropriate and may refer my child to another provider when needed.

Alternatives

Alternatives to chiropractic care may include no chiropractic treatment; care from a physician, pediatrician, obstetrician, midwife, physical therapist, occupational therapist, dentist, speech-language pathologist, lactation consultant, or other healthcare provider; medication or other medical treatment prescribed by a licensed medical provider; home care, stretching, exercise, positioning changes, or observation; and emergency care when symptoms require urgent evaluation. I understand that I may choose another option or decline chiropractic care.

Conditions outside chiropractic scope

Bayou City Breastfeeding chiropractors do not diagnose or treat medical conditions outside chiropractic scope. The chiropractor may refer me or my child to another healthcare provider if symptoms, history, or exam findings suggest a condition outside chiropractic scope or a condition requiring care beyond the chiropractor's training, abilities, or limitations.

Red flags and urgent symptoms

I understand that chiropractic care is not emergency medical care. I should seek urgent or emergency medical care for symptoms such as difficulty breathing; seizure; loss of consciousness; severe allergic reaction; high fever in an infant; signs of dehydration; blue or gray color around lips or face; severe or worsening pain; new weakness, numbness, or loss of coordination; loss of bowel or bladder control; recent major trauma; suspected fracture; severe headache unlike usual headache; chest pain; or symptoms that feel urgent or life-threatening.

Photography and Video for Care

I give permission to BCB to photograph or record video of me or my child for purposes of chiropractic treatment and care coordination (a use and disclosure permitted by HIPAA without separate authorization). Images and recordings will be retained as part of my medical record. Marketing use of any image or recording requires my separate written authorization through BCB's HIPAA Marketing Authorization. I may decline photography or video for treatment, and declining will not affect my chiropractic care.

AI-Supported Documentation Consent

Bayou City Breastfeeding may use Heidi Health, an AI-supported medical documentation tool, to assist with clinical documentation during my visit. If AI-supported documentation is used, Heidi Health may capture audio and create a transcript for the purpose of preparing draft visit notes, care plans, and provider reports.

AI-supported documentation does not replace my clinician's judgment. My clinician remains responsible for reviewing, correcting, and finalizing the medical record.

Heidi Health acts as a HIPAA Business Associate of Bayou City Breastfeeding to the extent it creates, receives, maintains, or transmits protected health information on Bayou City Breastfeeding's behalf, and Bayou City Breastfeeding has a Business Associate Agreement with Heidi Health.

If AI-supported documentation is used, audio and transcript data will be handled in accordance with BCB's Business Associate Agreement with Heidi Health. As of the effective date of this consent, that BAA provides that audio recordings are not retained after the clinical note is generated, that Heidi Health does not use recordings to train its AI models, and that Heidi Health personnel or subcontractors may access recordings or transcripts only for support, troubleshooting, or quality-assurance purposes consistent with HIPAA Business Associate obligations. If BCB's BAA with Heidi Health materially changes, BCB will update this consent and will provide notice on its website.

I may decline AI-supported documentation at any time before or during my visit without affecting the care I receive. If I decline, my clinician will document the visit manually.

Consent for treatment of a minor

If I am signing for a minor, I represent that I am the parent, managing conservator, guardian, or other person legally authorized to consent to chiropractic services for the minor. I agree to provide documentation of that authority on request. A legally authorized adult must remain present for the entire visit unless Bayou City Breastfeeding and the chiropractor determine otherwise in a legally appropriate situation.

Right to ask questions and withdraw consent

I have the right to ask questions before or during treatment. I may decline any part of the examination or treatment. I may withdraw consent at any time by telling the chiropractor. Withdrawing consent will not result in retaliation or penalty, but it may limit the chiropractor's ability to provide or complete care.

No telehealth chiropractic care

Bayou City Breastfeeding does not provide chiropractic services by telehealth. If I need chiropractic evaluation or treatment, I understand that it must be provided in person.

Relationship to other BCB documents

Financial terms, cancellation fees, card-on-file authorization, home-visit fees, and insurance billing terms are addressed in the Payment-Related Consent. Privacy, communication, electronic signature, and general office policies are addressed in the General Consent and Notice of Privacy Practices. If chiropractic care is provided in my home, the Home Visit Safety Acknowledgment also applies.

Right to Withdraw Consent

I may withdraw my consent to any aspect of care at any time, for any reason, by communicating my withdrawal to Bayou City Breastfeeding in writing or verbally to the provider. Withdrawing consent to a specific element of care — for example, the assessment of me or my baby, AI-supported documentation, or photography — will not affect the availability of other aspects of care, and will not result in retaliation or penalty.

Electronic Signature, Governing Law, and Scope

Electronic Signature. If I sign this consent electronically, my electronic signature has the same legal effect as a handwritten signature under the federal E-Sign Act (15 U.S.C. §7001) and the Texas Uniform Electronic Transactions Act. The General Consent contains the full E-Sign consumer disclosure block applicable to all Bayou City Breastfeeding forms I sign.

Governing Law. This Consent is governed by the laws of the State of Texas. **Severability.** If any provision of this consent is held invalid or unenforceable, the remaining provisions will remain in full force and effect.

Scope: This document addresses the matters set out above and does not limit or supersede any separate document I sign with Bayou City Breastfeeding, including the General Consent, the Treatment Consent for the service I am receiving, any Good Faith Estimate, or any other practice form or policy.