

Digital X-ray Agreement

Doctor of Chiropractic,

Please make sure that you understand the information contained in this agreement **PRIOR** to scheduling your patients for digital x-rays at Sherman College.

When your patient's digital x-rays are taken at Sherman College, the x-ray department personnel will copy the images onto a CD for your viewing. The software tools that come along with your patient's images on the CD are basic **viewing tools**. **They will not allow you to perform chiropractic line analysis** on the CD. In order to perform line analysis, take measurements, make annotations, etc., these images must be imported to a computer that has special chiropractic analysis software installed. This chiropractic analysis software may be purchased from any company that markets such software. The software must be DICOM conformant.

DICOM is an information technology standard designed to insure interoperability of systems that deal with healthcare images. DICOM conformance insures that your products can work with current and future imaging modalities and peripheral equipment regardless of vendor. DICOM will be required by all electronic health record systems that include imaging information as a part of the patient record.

If you choose to have your patient's digital x-rays taken at Sherman College, please be aware that we will provide **technical services only**. Sherman College x-ray department personnel will only be responsible for the production of your patient's images. **Sherman College x-ray department personnel will NOT:**

- Interpret your patient's images for pathology
- Be held responsible for identifying or diagnosing any abnormalities or conditions
- Provide consultation services to the patient

Initial _____

2/13/08

Digital X-ray Agreement

Payment for images may be in the form of cash, major credit card or check. Payment must be made at the time of the patient's x-ray appointment. The current fee is \$15.00 per image. This fee is subject to change. We will attempt to notify you of any foreseen fee increases. Sherman College policies do not allow us to accept or bill your patient's insurance or generate a super-bill form for patients who are not members of our facility. We will gladly provide your patient with a cash receipt.

Please understand that we will make every effort to take your patient's images at the time of their scheduled appointment. However, as in any health care facility, unforeseen circumstances sometimes arise that may cause delays. **If your patients are unable to wait past their appointment time, please have them notify the health center receptionist and she will reschedule their appointment.** Your cooperation is appreciated.

Sherman College is an educational institution operating on a quarterly system with four distinct 10-week class sessions. During the weeks that fall between class sessions, our services to your patients may be limited. The weeks affected typically are the first week of January, last week of March, the last two weeks of June, the first week of July, the last week of September, and the last two weeks of December. When scheduling your patient for digital x-rays, please be sure to check with our Chiropractic Health Center receptionist in advance regarding schedule availability and hours of operation.

*To ensure prompt service **please have the Digital X-ray Request Form completed and faxed to Sherman College at 864-599-4858 prior to the date of the patient's appointment, or have the patient present it at the time of the scheduled appointment.** Without the completed Digital X-ray Request Form, images cannot be taken.*

Initial _____

2/13/08

Digital X-ray Agreement

Please sign this agreement form, initial the first page, and return all three pages to Sherman College X-ray Department (fax 864-599-4858) before calling (864-578-8777) to schedule your patient's digital x-rays with us. X-ray department hours of operation are 1– 6 p.m. M, T, W, Th, 1-5 p.m. F, 9 a.m.- noon Sat. Please note that Sherman College no longer produces x-rays on conventional film.

You are free to refer as many or as few patients to us for digital x-ray as you wish. This agreement form does not bind you exclusively to our facility. You may stop using our services at any time. Sherman College reserves the right to discontinue this service at any time. Should this become necessary, you will be provided with 30 days notice.

I, (please print) _____, have read and understand the information contained in this agreement form. I accept the terms of this agreement form and chose to have my patient's images taken at Sherman College.

Referring chiropractor's signature: _____ Date: _____

Referring chiropractor's e-mail address: _____