



PRACTICE EXCELLENCE ART AND KNOWLEDGE

P.E.A.K. Patient Disclosure and Consent

I, the undersigned, have been informed that Doctor _____ is participating in the Life University Clinic PEAK Program, which is a senior chiropractic clinic preceptorship course. The intern will be identified by displaying a Life University student ID badge while on duty as a PEAK intern.

I have been informed that a Chiropractic Student Intern may be assigned to perform some part of my clinical care at this office and the intern is NOT yet a licensed Doctor of Chiropractic. I understand that the Intern is working under the authority and auspices of this office.

() I agree to allow the Intern to perform assigned clinical services under the supervision of the Extension Faculty Doctor. I further understand that I may withdraw this permission at any time by notifying the doctor or the intern.

() I DO NOT agree to allow the Intern to perform assigned clinical services under the supervision of the Extension Faculty Doctor.

PRINT NAME _____

Signature _____

Date Signed _____

JM: July 2016