Introduction and Speaker Credentials

Hello, everybody. This is doctor Bob Hoffman from the Master Circle Global. And thank you again for participating in the practice Upgrade Summit. You know, it's not every day that you get to interview somebody you literally have known your entire life.

Happens to be my brother, my brother, Doctor Stu Hoffman. Stu is the founder and president of Cairo Secure malpractice Insurance, and he is the foremost expert on the everyday challenges and risks management and how it plays out in chiropractic practices.

His understanding about the public perception of chiropractic, about informed consent and the high risk has made patients understand and doctors understand that chiropractic secure has become the fastest growing malpractice insurance program.

Over the last 28 years, Stu has been a successful 39 year Doctor of Para practic and a practitioner who's owned 14 chiropractic offices. He's been recognized over and over again for making extra ordinary, positive and significant contributions to our profession, and his expertise and love for chiropractic allow him to stay on the cutting edge of risk management and be a sought after authority in our profession by state associations, doctors, state boards throughout the country.

To find out more about his expertise. With all of that being said, I've got to tell you there's probably less than a handful of colleagues in our profession who have such mastery over his expertise in risk management and malpractice, as my brother does.

And it's with a great pleasure and a great honor that I get the end of you, my little brother, Doctor Stu Altman. Thanks, Bob. That's pretty nice. Oh, I appreciate that. You're very welcome.

So, Stu, let's get right into the the content. The juicy stuff that doctors really need to know. And I'm begging whoever's watching this video right now, please do not shut it off in the next 30 or 40 minutes.

I promise you, you're going to hear some amazing gems that will help protect you and help you with your practice. So first, Stu, most people don't realize this, but you and I do very similar things.

We both counsel and consult and coach colleagues. We just do it for very different reasons and very different topics. You know, I'm helping doctors build themselves and build their practice.

Why Chiropractors Need Proactive Risk Management

But you're on the phone all day every day, traveling weekend after weekend, speaking to chiropractors about how to have risk avoidance in their practice, state laws, things they need to know.

Can you share in more detail from a practical perspective, what people watching this need to know about the things you coach and consult doctors on? Sure.

Well, first and foremost, the doctors need to understand this. As you said, I speak to doctors all day, every day. And when you're in your little square box, whatever that looks like, you don't really know what goes on outside of there.

And what I can tell you is this in its almost 30 years actually coming up, the start of it, that I've been doing this and doctors of chiropractic get sued.

People think that we're the safest healthcare modality in the world, and perhaps we are, but that doesn't mean that we don't get sued. And in this day and age, it is so easy for one of your patients that just takes something that you said wrong, something that they didn't like in your office, and they go on Google, find the website, and they make a complaint in two minutes flat to your licensing board.

So these are the things that doctors need to be aware of. And whenever I talk about it, it's sometimes a little bit scary for doctors. And I don't want that to be the case.

I want it to be about raising a level of awareness so that you do the right thing, rather than be fearful and be defensive, because we both know that never works out too well.

And the doctors themselves, you know, there are so many things that show up. But it's gotten to a point in our business career secure that it's really three of us that talk to the doctors every single day.

It's myself, but also my son Eric. He is better than I am at coaching the doctors. And then there's Brandon. He does the same thing. When we get a call from a doctor, we tell them, first and foremost, we're glad you called because I'd rather you call me before you actually have an attorney letter.

I want to be the first one on the scene, because a lot of times we can de-escalate the situation, and I you know what? Most doctors that are watching and listening to this wouldn't know is that you preach in a sense that everybody needs a coach.

And most people don't realize you're my coach. And when I have an issue, I come to you. But I want the doctors to be able to feel free to come to me. They're afraid to call their malpractice insurance company because they think, oh, they're going to have a claim and it drops it.

Well, no, we want to help avoid the claim in the very first place. And that's what I think is a starting point, Bob, for what doctors should really take to heart, is be proactive because too many people, something goes wrong.

They want to put their head in the sand and hope it goes away, when too often it doesn't. You're 100% right. And listen, even inherent in our chiropractic philosophy is to be proactive.

So we're not reactive. You know that that's the heart and soul behind preventative care or wellness care. So it's so much smarter for doctors to not have fear and to feel comfortable calling you and finding out their answers to their questions, or how to have risk management avoidance, how to prevent problems than it is to have to call you when there is already a problem.

So I love that you're suggesting that. And I would love any of the people watching this to feel comfortable reaching out to you and calling you. If they do have questions, why don't you share with the audience?

What are some of the common questions that you get on the phone every single day? Just a few of them, so that people could realize that they're not the only one, right?

Well, let's preface it by saying that, number one, I don't get as many of those calls from the master circle. And there's an absolute reason we find that most of the issues, certainly not all of them, but most of the issues that develop can be resolved based on the doctor either communicating or being more effective at communicating.

And you teach that you teach how to communicate, how to create the relationship, build rapport, which ultimately creates trust.

Associate Hiring, Coverage, and Social Media Risks

People generally don't sue people that they trust and that they like. And, you know, back 20, 30 years ago, that was more true than it is today. But it's still the foundation, and we need to start there.

But I get calls, a variety of things. One. Let's think about this. You hire an associate doctor. And the first week that that associate doctor is in your practice, you get a phone call.

And the phone call is woman calling you up because the doctor took care of her 16 year old daughter that day, and nothing happened. I know you all go to that thought, but that night he goes on to friend her on Facebook and he's private messaging her on Facebook.

She 16 years old and with the associate, didn't even take into consideration is that the 16 year old is the owner, doctor's niece, her mother, his sister called him and said, what the hell is going on?

And he said to me, well, what do I do? Well, what do you not instantly fire the guy? Pretty much was my, recommendation to him because this is the thing.

I had a second situation, and it's very different, but totally related. Another brand new doctor a few years ago now that called up to get insurance from us because she was going to be working with one of our doctors.

And when you're working with one of our doctors, we have very specific recommendations because not only do we want them protected, but we know how to make sure the owner doctor is protected with the right coverage and we send her an application.

We follow up, we follow up, nothing happens. We're done. You can't just keep pounding at somebody, to fill out an application. I get a call a month later from the owner doctor.

Still, we have a problem. Well, okay. Tell me what it is. So-and-so adjusted somebody. We had a call 911. They're saying that she stroked out. Okay, well, you have two problems now because the doctor never got insurance and you're not covered for another doctor's actions.

It's specific. And any policy, any licensed doctor has to have their own coverage. Now, if they name your corporation, you know will defend it. But ultimately you can't count on a lot of coverage for you.

And the doctor has none. And now we're talking about a stroke claim that can cost just to defend it between 2 and $300,000. Not even talking about payouts.

Now, fortunately, this particular end result turned out okay. The woman wound up okay in the end, but the doctor has this associate on speakerphone with me and asks that very same question.

What would you do? Well, I would take her case and fire her right now, and they're a little stunned when you suggest that. But I said, this is the reason she not only had poor judgment and compromised her entire future financially, because you can't bankrupt your way out of a malpractice claim very easily.

And you she also compromised your license, your business, and your future. If she did it once, are you willing to have that happen again? And that's the commonality between both of those two stories.

So with the guy trying to deal with a minor, I don't want that in my office. And instantly they need to go. So those are, two very different situations that come to the same end result, not about a malpractice claim.

What do I do here? But those are, some serious issues that do show up. And I don't want any of the doctors watching this to think that, God, I should never get an associate.

Now it's just, when are you going to play? You got to play by the rules of the game. You got to set it up properly. Again, this is another example on how to be proactive so that you're not put into a position to be reactive.

I'm a big fan of associates. Yeah. But when you hire them, you got to make sure that they have malpractice, that they're covered at the same level. You're covered. You have to have proof of that.

You've got to train them properly. And, you know, social media is a wonderful thing, but it can be a terrible thing as well. The reality of it is it doesn't matter that they were related or not.

No doctor should be friending a female patient if they're a male or a male patient if they're a female, without that person's permission and understanding ahead of time, it can only lead to bad things.

And once you do that, it's a permanent record, and you can't erase it. You can't pretend it's not there. So it's. I'm sure they did it with all the best of intent, but that's not good enough.

You got to follow the rules and the laws. So I want to add to that if I could, you know, we had, a clinic, a lot of clinics have other providers in there.

And whether it be a massage therapist, an acupuncturist or medical, you know, there's a lot of different situations that show up in today's environment.

But we have a ton of doctors that have massage therapists and, you know, like it or not, there are some awesome male therapists out there. But it seems like all of the sexual misconduct issues when it comes to massage show up with male therapists, at least the ones in my experience.

And I always make sure that the doctors know that. Because when a massage therapist has insurance, which you should make sure that they have, it's cheap, but it never covers sexual misconduct like a chiropractor's policy does.

And we did have, an owner doctor who doesn't even practice in the office. Call me up because this massage therapist, the police just showed up. They're investigating because a complaint was made.

He was inappropriate. And it turns out that there were other patients prior that had a similar complaint. And the owner doctor never did anything about it.

He just assumed that the guy was, you know, just getting a bad rap or whatever. And we looked up the guy's name on Google. And this is a historical issue with this guy, and you just need to do a little bit of homework.

We all want to hire. Sometimes it's a little bit challenging to hire, but you want to do it correctly. I agree, you want to be able to have an associate driven practice.

You want to have, the practice that you see, whether it be bringing in, you know, other providers or not, but you just need to be aware of what you're dealing with.

When you bring them in. So what are some of the big land landmines that you're confronted with or you hear about? Could you share some stories of of things you've dealt with, real life experiences you've dealt with with clients?

Sure. Let's start with broken ribs. Who hasn't broken one? Well, I know a lot of you say, well, I never did. Well, I can't say that I did, but it was so long ago.

You knew instantly that you broke that rib. That patient jumped. It hurts. They can't breathe because of the pain. Every time they inhale. But it was an older woman, and all I did was say the two magic words.

I'm sorry. And I gave her a big hug, and we were good, because what can you do about a broken rib? It needs its 4 to 6 weeks minimum to heal up and maybe they need a painkiller.

Maybe they don't, but there's not much you can actually do about it. But a lot. A lot of doctors don't know what to do. I've had doctors call me up and say, hey, doc, I just broke someone's rib.

They're in the other room. I told them, I'm going to call my insurance company. Well, don't do that. That's don't do it.

Handling Rib Injuries and Other Common Claims

But what you should do, because this does happen. And what, you know, we're talking about associates a minute ago. I find that it can happen to any of us, but it happens more to less seasoned doctors because they're taught if you don't get an audible, the patient wasn't really adjusted, and they think that they have to justify what they're doing.

So practice management 101. Hey, that's all we can do today. Everything was tight. I want you to come back tomorrow. Right. Something to that effect. But if it's too late and you think that that happened, there's a few things that are a must.

Number one, you should check and see if you really think they broke it, because what else could it have been? You could have broken up cartilage. You could have tore some soft tissue in between the ribs.

Most of all, I teach doctors. I can't do it in this forum, but I teach doctors how to easily in two seconds flat check to see if they actually, instead of breaking a rib, they subluxation it a rib head.

It could be posterior, could be anterior. It hurts just like a broken rib. But if you're not sure, send them out to an imaging center specifically for an X-ray.

Why send them out? Because we've had situations where the doctor takes an X-ray, misses it, a family member coaches them. You got to go to the emergency room.

They take an X-ray and sure enough, there's a fracture. Now, not only did you do something that hurt them, but you tried to hide it. You know that that's always worse than the actual action.

And that's where lawsuits always show up. So send them out if indeed it is broken. I want you to remember this. You let the patient know that that is not a normal response.

And I want you to go to your primary care physician for a thorough workup to find out if there is an underlying systemic issue, that can be causing your bones to be that brittle to fracture under such a little force.

And we actually, you know, most of you never call me back when it's something. Okay. But I did have a doctor call me back because a patient reported back to them that they wound up having bone cancer.

And that's why the bone fracture. This doctor never even took X-rays, and they wound up, you know, from the patient's perspective, he could have saved my life.

And that's a big deal. It doesn't always turn out that way, but it's another way to take the light spotlight off of you for something that you may have caused.

But it doesn't mean that it's malpractice. And if you have that in your informed consent that these things can happen, you know, it shouldn't be common escalated issue.

But this is the one question everyone asked who pays for the imaging? Well, you, because it happens under your hands. And if the patient. Yeah. And if the patient has insurance fine.

Let them use it. But you're going to cover any out-of-pocket costs related to something that happened under your hand. Well, I have insurance. Sure, you can be stupid and turn something like that into your insurance and have your risk free on your, I'm sorry, your claims free discounts lost and things like that.

Something that little you take and get moved on. You make sure the patient knows you're on their side. You're going to take care of it. Everything's going to work out well.

If it escalates, that's what we're here for. And we should be working this with you all the way through, you know, so

there's, you know, that's our most common injury type situation that shows up.

Everyone thinks it's strokes. Strokes our our our biggest money issue. But we all know we can't cause strokes. So you know we can talk about that a little if you want to.

But the number one most common injury happens to be related to ribs. I think that's a great and real life story that is really illuminating for the people watching this.

And I'm so happy that you ended it with the the situation about who should pay for it, because as soon as you said it, I jotted down, that's my next question, because I knew the answer.

But I knew that there were plenty of people watching that didn't know that answer. Right. Still, in embedded in your answer, you talked about informed consent.

And this is a really big issue in our profession and something that you have spearheaded for almost 30 years. And I just think there way too many doctors that ignore this or don't participate in this, or don't think this is a big deal, could you just share why informed consent is so important and how easy it is to get informed consent?

Sure. Years ago I said I would never use one. It seemed onerous, it seemed scary, and it there was no point to it. And so that's what I advise other doctors at the time.

And one of our competitors actually came out with what they tried to sell was a version of informed consent, but it really was an education piece for the patient.

There was no consent really about it whatsoever. In today's environment, every health care practitioner uses informed consent. It is the standard of being in the health care world.

Chiropractors have that advantage that we are so safe that you should want to use an informed consent. First of all, it's an opportunity. When you have your front desk, get your new paperwork signed at your front desk, you're going to get that when you go and do your consultation or whoever does the consultation with your patient.

And the first thing that you should do in terms of the paperwork, after you've established rapport, is review the informed consent with them. Some people like to read the entire informed consent.

Okay, I'm good with that. Some people say, Mary, have you read the informed consent? Yes or no? Yes. Were there any questions?

Informed Consent and Patient Communication

90% of the people are going to say no. Great. Are you ready to move on? Sure. You put in your notes and if you're doing digital notes, just have a template, no questions.

And it would be as, reviewed informed consent, no questions. Patient wants to continue with care or they're going to have one question, especially with ours.

And that is what is all of this about stroke. And we will at the end of this we're going to give you a gift which includes the informed consent and all of the research that's summarized for you, so that you'll know with authority how they explain to somebody by educating them rather than being defensive.

Anything about strokes. And you'll be able to go over that with the patient and you're going to ask them again, any other questions. No. You're going to put in the notes patient I had a question on strokes reviewed the most current literature.

Patient understood wants to proceed with care. That simple because that's the main thrust from my perspective of informed consent. Informed consent was designed for the patient.

It's the patient right to know. But if it's done right, it's the best protection for a doctor other than your actual documentation. If you ever get sued.

So I encourage everyone to use it. It needs to be a correct one. You said we've been working on this for a long time. We've had Gerry Klum working on it with us.

We had five different attorneys working on it with us. We had Bill asked them help write it up. So you can imagine we wound up with a four page informed consent.

That doesn't work for me. We eventually got it down to a one page that really is educational. And when I said at the very beginning of this, it's an opportunity.

It really is an opportunity for something that I said earlier. It when you're creating that relationship, when you first meet the patient, by going through this and not being afraid of it, you're developing that trust factor.

And I think that that's really important, in, you know, the totality of your care, if you want someone to be staying long term. You know, one of the people in our history that was a mentor to both of us was Fred Barge.

Yeah. And one of the most important things I learned from Fred a long, long time ago was the first and most important thing you have to earn from the patient, and that you have to return every single time you see the patient is there.

Trust? Because without that, there is no relationship and there is no compliance, and there is no follow through. And there won't be any results that we're in the trust business, we're in the relationship business.

So I think that's critical. And also what I love about your informed consent is it's not in legal these it's easy to understand there isn't any 14 syllable word in it that throws people.

And it's communicate clearly. And this gets back to something we spoke about a few moments ago that it's the breakdown in communication that really is what causes a lot of the the litigate litigation is problems that we have in our life and work our practices.

It's putting the things that are important up front, but saying them in a way that people get it. You know, there was a famous author who once said the single biggest problem in communication is the perception that it just took place.

Because just because our mouth moves and somebody on the other end goes, doesn't mean they understood a word you just said. And in fact, one of the things I teach doctors that the report of findings is that when you're done with the report of findings, ask a simple question.

Mrs. Jones, can you please, give me back, in your own words, the most important things you heard me say. And the purpose of that is not to give them a pass, fail not to judge them, but to find out what did they actually hear, and then reward them for what they heard, and then fill in what they might have missed.

And to me, that's a critical strategy and it relates back to your informed consent. Feel confident what it is I'm asking them to consent to protect yourself.

Build that trust, build that relationship, fill in the missing pieces and be done with it. Move on. It should it should be a 30, 60, 92nd exchange and it you never have to think or talk about it again.

It's in the patient file forever. Yeah. And with our in particularly our, informed consent, as I said, we highlight the stroke issue because you have to deal with it.

There's a difference whether or not we cause it versus the fact that it is attached to us. And I can attest to that because I get the calls when patients are on the table and they're vomiting and they're dizzy, what do I do?

Well, hang up and call 911 and call me back later. But in the informed consent, we acknowledge through the research that there is no greater risk, from going to a medical doctor as a chiropractor.

We go on to say this is really the key for us. Even though chiropractic visits, not adjustments, have been associated with 1 in 1,000,000 to 1 in 3,000,000, depending on who you ask.

If you just compare that to taking an aspirin, there are 1219 incidents per year per 1 million users of going to the hospital for upper and lower GI issues.

But get this there are 104 deaths per 1 million users per year just from taking an aspirin. How many times are we going to let stuff be put on us? We're 100 times safer.

Even if we allow those statistics about a chiropractic visit to hold true, we're 100 times safer than popping an aspirin and nobody thinks that serious.

So hold your head up and be, you know, get a little self-esteem in there, because we are offering the greatest gift that there is. And we need people to understand and compare based on what the paradigm that they're in.

And it'd be interesting to find out. You may know, I certainly don't. People on the chiropractic care take what percentage less aspirins than people not on the chiropractic care.

Yeah. No study yet? Yes. No study yet. But we can assume because we've all heard from all of the patients over the years. I used to take nine different aspirins a day.

Now I don't need them. We've all heard that. We've all heard it over and over again. Yeah. All right, let's go in another direction. Is something else you mentioned earlier social media, you know, what are some of the the pitfalls, the landmines that doctors inadvertently or unconsciously, certainly unintentionally fall into on social media that can put them in jeopardy?

Yeah, well that's good, but let's think about this. Number one, in social media, you need to be there. But you should always first and foremost separate your personal page from your business page.

I'm on social media all day long. You would not know that because I do not participate much. But I'm there and I get to see our doctors and sometimes I send them a message.

Private, you know, you're a doctor. Why are you letting all of your patients see you drunk on a boat in a little tiny bikini?

Social Media Pitfalls, Reviews, and Practice Reputation

I'm not making judgment. It's great if it's your personal page, but that's different from a business page, and they should be treated that way. And, in fact, platforms like Facebook don't like you mixing business on your personal page.

And if they realize it, they actually shut you down. So separate that. In addition to that, a lot of the doctors sell supplements. I'm just giving an example here.

And sometimes they actually sell supplements that are multilevel. You can call it whatever you want. It's still multilevel. And who's the first person you sign up.

You're okay because you're afraid to ask people, and you think it's a way for them to earn more than $7 an hour and they're the ones talking to patients.

But what you don't want is them going on social media and saying, Doctor Smith recommends this. He gets great results with this for headaches, because that's your staff representing you on something that can come back to

haunt you with your licensing board and I always recommend that you have a social media, guide for your team in your office.

What's okay, what's not okay, and is it okay to communicate? As for your staff with your patients, is it not? Is it okay for them to date your patients or not?

I mean, you need to create your own policy and you know, you want to make sure whether it be you or anyone on your team, no one is really talking about religion.

But politics. I mean, it is everywhere. And you instantly lose half of your population no matter what you say in the political world. And you just need to stay away from some of these things, and stay a little bit neutral.

If you're an advocate or even an activist in some settings. Cool. But don't do it under your brand. On social media. I had somebody that had a billboard in front of their office that they actually put up there, and this is a very, mixed area.

It said, if you don't like it in America, we will help you pack. They blew up from all over the country his Facebook page that he literally had to shut it down.

And he should have, because it was a stupid thing to do. Again, you're held to a higher standard by being a doctor, and you need to accept that responsibility as well.

And last but not least, Bob, in terms of social media, something that I would raise for everybody to remember. People get reviews. You should even be asking for reviews.

Sometimes you get a bad review. We get calls about that all the time. What do I do? I got a bad review and we learned that you don't have to go after that person on Facebook or Google or anywhere else.

Sometimes it is appropriate to have a short, sweet and to the point response. I'm not going to get into the specifics because it depends on the situation, and certainly you're always welcome to call us.

But once that happens, the magic is if you get ten, 15, five people to instantly go on and give you a five star review that's glowing, it buries that one negative review.

No one ever hardly can see it. We just had this. And I told our team this morning in our morning meeting. I was going to use this as an example today because we have a five star rating on Kairos Secure.

And someone went on and said, worst company to work forever. Doctor Hoffman seems nice, but it's fake and okay. But they were chickenshit. They didn't even put a real name if it was a real person, which we don't know.

It was an initial, but it's still there. So we actually asked Google to take it off because they're not an employee, no record of them ever being an employee.

But I instantly had our staff go on yesterday and today and put on glowing reviews about working here if they think it's true and it's now buried. So realize we practice and you have to do the same what you preach.

And these are the things that we've learned and we teach and you need to do it. So just in the last year or maybe 15 months, I have a coaching client who's been in practice a long time and, in the Midwest and has always done extremely well and is very strong in his political views.

And he was posting two, three, four times a day, his views, his candidate, any opposition to that candidate and how terrible they were. And in a matter of about 90 days, his practice just kept dwindling and deteriorating.

He actually called me up because he wanted to, temporarily suspend his membership because he couldn't afford it. And I got on the phone with him and we had a serious conversation, and I made him promise me he wasn't going

to go on social media for like, the next 90 days.

And let's go back and reassess, resuscitate his practice. And fortunately, in a matter of about a month and a half, his numbers started coming way back up.

And right now he's doing better than he's ever done before. And I have another doctor in the, West Coast of the United States. Very different thing. He happens to be the local chairman of the anti 5G committee.

Okay. And he was on social media all the time. He was putting up videos of lectures he was doing all the time about we don't want 5G. Here is all the damaging effects of which we would agree with.

But it was so polarizing that his practice started slowly plummeting. And again I said, you're entitled to those views. I have no disagreement with those views.

Do not put anything like that up on social media. And it took a while. It took a longer time than the First Doctor. But just now his practice is starting to come back to life, and people don't realize how much damage they can do to themselves, again, unintentionally.

And I just think this is such a critical concept and people don't know what's right or wrong. You should. But if you don't, if you're blinded by your own feelings or your own emotions, you're like the perfect guy for them to reach out to Cairo, secure and ask those questions and be guided not based on our feeling, but based on what's best in class today.

Based on you know, you and I get to sit in a seat that we get feedback all day long of what works, what doesn't work, and what works occasionally, but only under these circumstances.

And as a result, we can then give them our suggestions and our recommendations. Not because we're smarter than them, but because we're sitting at that scene where we find out constantly what's right, what's wrong, what works, what doesn't.

So I just think these are critical things. I know our time is running short. I know you got to get back to work. I think that this this conversation has been unbelievably helpful and practical.

And again, I think the big from today is you have to be proactive or you're going to get to be reactive and proactive is a lot better. And, people should reach out to you and they should find out what's right or first wrong.

And they shouldn't be afraid and they should get their backbone back and be confident to speak their truth. But they need to become better communicators to do that.

Well. And, still, I'm sure you have some parting comments, but from my perspective, I just want to really, really thank you for what you do for our profession.

The contribution you've already made and will continue to make for our profession, and that you're one of the beacons of light that everyone I know who knows you, just absolutely loves you, admires you, and respects you.

Final Advice and Free Resource Offer

And I always tell them not quite as much as me. That's really nice. But, you know, it's a mutual love, that's for sure. And, I guess I, I would say this the doctors, I said at very early on, you know, some of these things can make you fearful.

I don't want you to ever have that. I want you to have the tools. And one of the things that I love about, you know, I've been part of the master circle.

I've been part of the winner's circle, and I feel blessed to have participated, to rub shoulders with a lot of people that

are friends today. And, you know, we all you do something, as I said, similar.

But it's so very different because you have the gift of being able to instill in people that confidence that, series of events to lead them to a higher level of communication and expertise.

And people need to remember that you still have to take action. And with us, it's really the same thing. You know, you I want you to get your insurance policy from us.

I want you to put it in a drawer and only keep my phone number handy, because anything that comes up, we're going to either help you or steer you one or the other, and we'll always be at your side to make sure everything goes as well as it could.

So I just want to give everybody the gift that I said I was Bob. And if they just simply text to 480500657 for the word gifts with s gifts, then I'll send you a link for our informed consent packet, which will have how to implement that.

It'll have the informed consent. It will have all the research summarized. So it's also thanked for you. Beautiful will also have a social media policy that you can use.

Make your own and implement it in your office. We have a whole thing on strokes. You'll get a number of different things from us that will be useful immediately in your office.

And if you have any questions, you know we're always here for you. And, just stick with what you're doing because you're in the right place. Thank you so much.

Greatly appreciate it. Love and appreciate you and have yourself a great day back at you. Thanks, Bob.