

Elk Grove Naturopathic Medicine

Consent for Naturopathic Treatment

I, _____ (**print name**), hereby pursue and consent to Naturopathic treatment rendered and provided by a licensed Naturopathic Doctor (ND) at Elk Grove Naturopathic Medicine, PC (EGNM) who is licensed in the state of California. Naturopathic Doctors in California are licensed as a primary care provider whom can diagnose and treat diseases with limited prescriptive rights. Naturopathic care and procedures include various therapeutic modalities. _____ (**initial**)

I have had the opportunity to discuss with a Naturopathic Doctor at EGNM the goal and purpose of Naturopathic Medicine, as well as possible risks and benefits associated with the different therapeutic modalities. In regards to recommended treatments by a ND at EGNM, I agree to immediately inform him/her of any adverse reactions. While under the Naturopathic care of EGNM ND, I understand that he/she will exercise medical judgments based on my best interest and available information during procedures and treatments. As with any medical treatment, I understand that treatment outcome is variable and there is no guarantee for resolution of my health condition. _____ (**initial**)

For pregnant women: It is my responsibility to inform an EGNM ND if I know or suspect that I am pregnant as some therapies may pose as health risks to the pregnancy. _____ (**initial**)

By signing this form, I voluntarily authorize to Naturopathic treatment by a Naturopathic Doctor at Elk Grove Naturopathic Medicine, PC. I realize that there were no guarantees given to me by Elk Grove Naturopathic Medicine in regards to a cure or improvements of my health condition. I understand that I can withdraw my consent and discontinue treatment at any time. I intend this consent form to cover the entire course of treatment for my current health condition(s) and for any future condition(s) for which I continue naturopathic care and treatment. _____ (**initial**)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, I, acknowledge that I have reviewed and understand the Elk Grove Naturopathic Medicine’s Notice of Privacy Practices and can obtain a copy of this notice upon request.

Signature of patient or legally authorized individual

Date

Printed Name of patient or legally authorized individual

Relationship (parent, legal guardian)

Elk Grove Naturopathic Medicine

Financial Responsibility & Cancellation Policy

Financial Responsibility Policy

I am financially responsible for service(s) rendered at Elk Grove Naturopathic Medicine. Unless prior financial arrangements were made, I understand that **full payment is required at the time of service**. If other arrangements have been made, I am held responsible for making regular payments until my bill is paid in full. Payment made by personal checks that are not honored by the bank will incur a returned check fee of \$25. When a check is returned, Elk Grove Naturopathic Medicine reserves the right to require payments by cash or certified funds.

Health Insurance Plan:

Currently, Elk Grove Naturopathic Medicine is not contracted with any insurance carriers. Upon request, we can provide you with a “Super Bill” with diagnostic and procedural information for you to submit to your health insurance company for possible reimbursement. It is the patient’s responsibility to submit forms for insurance reimbursement. Elk Grove Naturopathic Medicine does not guarantee that your insurance carrier will cover or reimburse for our service.

Cancellation Policy

We have a 24-hour cancellation/reschedule policy. If you do not contact us within 24 hours prior to your scheduled appointment to cancel or reschedule, you will be charged a \$35.00 fee for the appointment.

By signing below, I understand and agree to the financial responsibility and cancellation policy. I guarantee payment of all charges incurred as a patient of the Elk Grove Naturopathic Medicine.

Signature of patient or legally authorized individual

Date

Printed Name of patient or legally authorized individual

Relationship (parent, legal guardian, personal Representative, etc.)

Elk Grove Naturopathic Medicine

Email Waiver

E-mail offers an easy and convenient way for patients and doctors to communicate. In many circumstances, it has advantages over office visits or telephone calls. But remember: there are important differences. E-mail is not the same as calling our office; there is no person at the other end of the call – just a computer. You can't tell for certain when your message will be read, or even if your doctor is in the office or on vacation. Nonetheless, we believe that the ease of communication e-mail affords is a benefit to patient care. It will further assist us if you could identify the nature of your request in the subject line of your message. Below are our rules for contacting us using e-mail.

- E-mail is never, ever, appropriate for urgent or emergency problems! Please use the telephone or go to the Emergency Department for emergencies.
- E-mail is great for asking those little questions that don't require a lot of discussion. Appropriate uses of e-mail also include prescription refill requests, referral and appointment scheduling requests and billing/insurance questions.
- E-mails should not be used to communicate sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- E-mail is not confidential. It is like sending a postcard through the mail. Our staff may read your e-mails to handle routine, non-clinical matters. You should also know that if sending e-mails from work, your employer has a legal right to read your e-mail if he or she chooses.
- E-mail may become a part of the medical record when we use it; a copy may be printed and put in your chart.
- E-mail is not a substitute for seeing our doctor. If you think that you might need to be seen, please call and book an appointment!
- E-mails may be forwarded to our staff for handling, if appropriate.

Finally, either one of us can revoke permission to use the e-mail system at any time.

I want to communicate with Elk Grove Naturopathic Medicine electronically. I have read the above information and understand the limitations of security on information transmitted. I understand that my doctor may not be able to communicate with me electronically about my specific condition if I live outside of the state in which my doctor is licensed.

PATIENT:

Patient Name: _____ Date: _____

Patient Signature: _____

E-mail Address: _____

Please add me to Elk Grove Naturopathic Medicine's mailing list to receive monthly newsletter, info on health topics, etc