

5330 Manhattan Circle, Suite B; Boulder, CO 80303

P: 303.884.7557 F: 303.448.9069

**Welcome!** We are honored to be part of your journey to better health. Please review and sign our office *policies* that enable us to serve you best.

## OFFICE POLICIES

**Payment:** Payment is due at the time of service. If a patient fails to pay at time of service it may result in collections and discharge from the practice. A charge of \$30.00 may be imposed for any returned check. Payment is not conditional on response to care. **Initial**

### Insurance

NatureMed is not “in-network” with any insurance company, will not bill insurance, and does not accept insurance assignments for payment. Accordingly, to the extent you receive services from our office, you are **intentionally** receiving “out of network” services. You will be billed for all services and are responsible for payment.

When an out-of-network provider bills the difference between what an insurer decides is an eligible charge for a *covered* service and what a provider bills as the total charge, it is referred to as “balance” billing. Colorado law protects against balance billing when a person receives emergency services or **unintentionally** receives covered services from an out-of-network provider at an in-network facility. This law does NOT apply to ALL health plans—it only applies if you have a “CO-DOI” on your health insurance ID card. The law also provides that insurers will pay out-of-network providers and facilities directly for covered services and must count amounts paid for emergency services or certain out-of-network services toward the in-network deductible and out-of-pocket limit. Providers must refund overpayments within 60 days of notice and no one, including a provider, hospital, or insurer can ask you to limit or give up the rights provided by law. Because NatureMed does not provide emergency services and is out of network, you will be billed and are responsible for payment for all products and services.

We will provide diagnoses and procedure codes for you to submit to insurance on your own if you so choose. **If written letters (e.g. explanations about supplements, laboratory testing, or visits) are requested, NatureMed charges a 15 minute visit for this service.**

***I am intentionally receiving nonemergency services from an out-of-network provider and will be billed and responsible for all services.*** **Initial**

**Phone Appointments:** Payment for phone appointments are due the day of the appointment and your card on file will automatically be charged at the end of your appointment for the time spent with the doctor. A receipt will be emailed. **Initial**

**Late Arrival, Cancellation & Rescheduling:** Anyone arriving 15 or more minutes late to an appointment may be rescheduled and charged 50% of the appointment time or IV treatment cost. There is a 48-hour required notice for cancellation and/or rescheduling for all visits. Any cancellation and/or rescheduling within 48-hours of any scheduled appointment will be subject to half the price of the appointment. **Initial**

**Returns:** No refunds are available for any products, including supplements. **Initial**

**Refills:** All refill requests must be submitted one week prior to expiration. Once our office receives refill requests from a pharmacy, please allow one week to authorize. Refills may not be authorized if you are overdue for blood work or follow up appointments. **Initial**

## DISCLOSURES AND INFORMED CONSENT

**SERVICES:** Naturopathic medicine is a distinct branch of the healing arts involving prevention, evaluation, diagnosis, and treatment of injuries, diseases, and conditions through education, nutrition, naturopathic preparations, natural medicines, physical medicine, physical agents, and other therapies and modalities that support the body’s natural healing processes. You may be seen by a Naturopathic Doctor, another licensed provider, or an unlicensed assistant who provides services under supervision. Our Naturopathic Doctors (ND) are registered to practice under the Colorado Naturopathic Doctor Act. They are not Medical Doctors (MD), Doctors of Osteopathy (DO), Doctors of Chiropractic (DC), or Nurses (RNs, NPs). In

Colorado, NDs do not prescribe, dispense, administer, or inject controlled substances (including general or spinal anesthetics) or practice allopathic or osteopathic medicine (including performing surgery, obstetrics, or administering ionizing radiation therapy). The only adjustments/mobilizations performed are naturopathic manual therapies. Colorado NDs may not recommend against a course of care by a provider licensed in another branch of the healing arts.

Some services offered at NatureMed are alternative, complementary, controversial, experimental, unconventional and/or unproven. This means that effectiveness has not been demonstrated, they have not been subjected to the same degree of scientific scrutiny as conventional services, and long-term adverse consequences may be unknown, including serious complications. Accordingly, naturopathic medicine is not a substitute for other types of health care and we encourage you to have a relationship with other providers and communicate with all providers about the care recommended in our office. **Initial**

**CHILDREN:** Our office does not provide care to children two years old or younger. We recommend following the CDC immunization schedules and encourage relationships with a licensed pediatric provider, with whom you authorize us to attempt to collaborate.

#### **Initial**

**ALTERNATIVES:** Alternatives to naturopathic medicine include declining or ceasing such care and consulting with other providers such as an MD, DO, DC, or NP.

#### **RISKS:**

**Naturopathic Preparations, Natural Medicines, Nutritional Measures, Dietary Supplements, Vitamins, Minerals, Herbs, and Other Nutrients** are used to support function and homeostasis; however, they involve risks including changes in blood sugar, gastrointestinal upset, discomfort, pain, nausea, vomiting, fatigue, depression, dizziness, headaches, allergic reaction, anaphylaxis, liver or kidney disease/injury, infection, and toxicity, which can be life threatening. **Initial**

**Naturopathic Manual Therapies; Physical Therapy and Remedial Measures; Cryotherapy; Diathermy** move and alter body structures and temperature. Risks include fractures, disc injuries, dislocations, myelopathy, increased pain, irritation, burns, swelling, spasms, dislocations, separations, strains and sprains. Additionally, conditions may exist such as spinal tumors, weak or occluded arteries, and aneurysms. Accordingly, manual therapies have been associated with vascular injuries leading to serious complications including dissection and stroke. **Initial**

**Intravenous (IV) and Injection therapies** are generally considered unconventional and all involve risks including pain, bruising or burning at the IV site, infection, thrombophlebitis (vein inflammation associated with clot formation), pneumothorax, fatigue, weakness, damage to nerves, ligaments or tendons, injuries to the spinal cord or discs, dry mouth, muscle cramps, dizziness, headache, allergic reaction, anaphylaxis, rash, fever, anticoagulation, gastrointestinal upset, nausea, vomiting, blood sugar changes, liver or kidney disease/injury, kidney stones, hemolysis, and toxicity, which can be life threatening. Additionally:

- **Calcium EDTA chelation** for heavy metal toxicity requires 10-30 treatments and may cause low blood-calcium.
- **Mineral Replacement** for nutritional status (required while receiving chelation).
- **Glutathione** for detoxification, immune support and chemotherapy side effects requires 4-12 treatments.
- **Myers Cocktail** for muscle spasms, fatigue, immune support and nutrition.
- **Vitamin C (Ascorbic Acid)** for immune system modulation and complementary to oncology care requires multiple treatments.
- **Iron** (IV or injection) for low ferritin and anemia may also cause permanent staining of skin.
- **Phosphatidylcholine (Plaquex/PhosChol/essential phospholipids (EPL))** to support healthy balance of HDL and LDL cholesterol, VLDL and triglycerides and other uses.
- **Mistletoe** (IV or injection) to stimulate and support the immune system.
- **Photobiomodulation** delivers three light frequencies to irradiate blood.
- **Hydration** with normal saline, lactated ringers or D5W.
- **Therapeutic Phlebotomy** for hemochromatosis, polycythemia vera, porphyria cutanea tarda, sickle

cell disease, and nonalcoholic fatty liver disease with hyperferritinemia.

- **Alpha Lipoic Acid** to support the liver, mitochondrial health and energy production, and nerve pathways. **Initial**

**Pregnancy:** certain services may be inappropriate during pregnancy. Please notify all health care providers if you are pregnant or if you are trying to or may become pregnant.

**Initial**

**Voluntary Services/Termination/Second Opinions:** You have the right to terminate services at any time. You can seek a second opinion at any time. Providers may also terminate services. **Initial**

**EMERGENCIES:** If you are having a medical emergency, do not wait to seek care. Call 911. **Initial**

**NO GUARANTEE:** Results are not guaranteed. Every individual responds differently to services differently and no guarantee or assurance is made as to results or outcome. The benefits of any health service are much greater when following a healthy lifestyle (no smoking, weight control, exercise, proper nutrition). **Initial**

**CONSENT AND ACCEPTANCE:** By signing, you acknowledge that treatment purpose, benefits, risks and alternatives have been fully explained and are understood.

**DO NOT SIGN UNLESS YOU HAVE READ AND FULLY UNDERSTOOD THE INFORMATION PROVIDED!**

Print Patient's Name Date

Patient or Responsible Party's Signature Date

### **NOTICE OF PRIVACY PRACTICES AND ACKNOWLEDGEMENT**

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please Review it carefully.*

**Rights:** You have rights with respect to your health information, subject to legal limits, including:

- Obtaining an electronic or paper copy of your record, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Asking that incorrect or incomplete information be corrected. We may say "no," but if we do, we'll tell you why in writing within 60 days.
- Requesting confidential communication or to contact you in a specific way (e.g., home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- Asking to limit what we use or share for treatment, payment, or operations. We are not required to agree. If, however, you pay for a service or item out-of-pocket in full, you can request that we not share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- Obtaining a list (accounting) of those with whom we've shared your information for six years prior to the request and why. The list will not include disclosures for treatment, payment, and health care operations, and certain other disclosures (e.g. made at your request). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for additional accountings.
- Obtaining a paper copy of this notice at any time, even if you agreed to receive it electronically.
- Designating someone to act for you. If you have a medical power of attorney or if someone is your legal

guardian, that person can exercise your rights and make choices about your health information.

- Filing a complaint with: Kelly Parcell, [303-884-7557](tel:303-884-7557), [drkparcell@naturemedclinic.com](mailto:drkparcell@naturemedclinic.com); or Dept. of Health & Human Services, 200 Independence Ave, S.W., Room 509F HHH Bldg., Washington DC 20201, [OCRComplaint@hhs.org](mailto:OCRComplaint@hhs.org) [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints), 1-877-696-6775. We will not retaliate against anyone for filing a complaint.

**Choices:** You have the right to have us share information with family, friends, or others involved in your care; share information in a disaster situation; or include your information in a directory. We will not sell your information or share it for marketing unless you give written permission. We may contact you for fundraising efforts, but you can tell us not to contact you again. We do not maintain, and will not share psychotherapy notes without written permission. *If you are not able to choose, we may share information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.*

**Our Uses and Disclosures:** We can use your health information and share it with others for treatment, payment, and health care operations. This includes sharing information with others who are treating you, to bill and get paid, and to run our practice and improve care. We are also allowed or required to share your information in other ways, such as:

- Providing you with information related to your health;
- Contacting you regarding appointments, treatment, or other health related services;
- Incidental uses or disclosures (e.g., listing your name on a sign-in sheet, etc.);
- Legal compliance (e.g. reports of adverse reactions, suspected abuse, neglect or violence);
- Providing information to law enforcement or correctional institutions;
- Providing information to a coroner, medical examiner, funeral director, or for organ donation;
- Public health activities when requested by a public health authority or the FDA.
- Responding to health oversight agencies;
- Responding to court or administrative orders, subpoenas, discovery or lawful process;
- Research activities;
- When necessary to avert a serious threat to health or safety;
- Military/veteran affairs, national security, intelligence, State Department, or protective services;
- Providing information regarding location, general condition or death to disaster relief agencies;
- Providing information for workers' compensation claims; or
- Informing a family member, relative, or close friend when: Information is relevant to the individual's involvement with your care; notifying of your location, general condition or death; needed to assist in your care (pick-up prescriptions, documents, care instructions, etc.).
- Our practice will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing.

**Our Responsibilities:** We will maintain the privacy and security of your health information and let you know promptly if a breach compromises such information. We must follow the duties and privacy practices described in this notice and offer you a copy of it. We will not use or share your information other than as described unless you tell us in writing that we can. If you tell us we can, you may change your mind at any time, but please let us know in writing if you change your mind.

**Changes to the Terms of this Notice:** We reserve the right to change the terms of this notice, as posted in our office, on our website, and is available upon request. This Notice is effective 12/07/22.

*For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).*

**Patient Acknowledgement:** I acknowledge receiving a copy of this notice regarding the use and disclosure of my health information.

Signature of Patient/Legal Guardian

Date

Print Patient Name (required)

Print Guardian Name (if necessary)