

Junction Naturopathic Medicine (JNM)
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INFORMED CONSENT FOR TREATMENT and OFFICE POLICIES

I, _____, recognize that engaging in naturopathic medical care will require my commitment to lifestyle change and active involvement in my care.

I authorize the doctors at Junction Naturopathic Medicine (JNM) to perform and/or order the following processes and procedures, among others, as necessary to facilitate my diagnosis and treatment:

- *Common diagnostic procedures: medical interview, physical exam, diet evaluation, health assessment survey, imaging, laboratory testing
- *Minor office procedures: ear lavage, minor wound management
- *Intravenous (IV), subcutaneous and intramuscular (IM) nutrient injection therapy
- *Medical use of nutrition: therapeutic nutrition counseling, nutritional supplementation of vitamins, minerals, amino acids and other nutritional or therapeutic substances
- *Botanical Medicine: botanical (herbal) medicines may be prescribed in the form of tea, alcohol-based tinctures, glycerites, capsules, tablets, creams, or plasters
- *Homeopathic Medicine: the use of diluted quantities of plants, animals and natural minerals to gently stimulate the body's healing responses
- *Lifestyle counseling and hygiene: promotion of wellness including recommendations for therapeutic nutrition, exercise, sleep, stress reduction, balancing of work and social activities
- *Psychological Counseling: naturopathic doctors recognize that their patient's health issues can be positively impacted through addressing underlying emotional aspects that may be contributing
- *Cranio-sacral therapy: a gentle bodywork technique that uses light touch and releases tensions deep in the body to relieve pain and dysfunction and improve whole-body health and performance. It is used as a preventive health measure for its ability to bolster resistance to disease, and it is effective for a wide range of medical problems associated with pain and dysfunction.
- *Infrared sauna for detoxification and stress management
- *Alpha Stim & CES Device: electro-medical devices to help manage stress, insomnia, anxiety, depression, pain

*Acu-Beads Detox: placement of sterile beads on the outer ear at specific acupuncture points to improve the bodies innate detox capacity, sleep quality, and stress response.

Potential risks: Adverse, hypersensitive or allergic reactions to nutritional supplements, homeopathics or botanical medicines, inconvenience of lifestyle changes, wounds or adverse reactions from venipuncture, imaging or other procedures.

I recognize certain potential risks and benefits of the procedures I am receiving, as they were described above.

Potential benefits: Restoration of health and my maximum functional capacity, relief of pain or symptoms of disease, assistance in injury and recovery, prevention of disease or progression of disease, enhanced sense of health and well-being.

Primary Care: I understand that the naturopathic doctors at JNM are licensed as Primary Care Providers in the state of Washington. They are subject to the scope of practice according to their license, which does have certain limitations, including inability to do hospital admitting, inability prescribe Schedule I drugs/narcotics, among other issues. For these reasons, we recommend that you maintain a patient relationship with a MD or DO physician as well, to ensure you have access to the full spectrum of medical diagnosis, treatment, and procedures.

Pregnant Women: Any female patient should notify the doctor if you know or suspect you are pregnant as some therapies may present a risk to pregnancy.

Non-Covered Services: In the effort to address each of our patient's unique medical needs, we offer services at JNM that are not covered or reimbursable by most insurance plans. All costs incurred during your visit that qualify as non-covered services are the sole responsibility of the patient and are due at time of visit completion. This includes but not limited to: IV nutrient therapy, far IR sauna, acubead detox, cranioelectric stim, craniosacral therapy, vitamin injections, genetic analysis programs, constitutional hydrotherapy, kinesio tape therapy, and some special clinic programs, classes and events.

Telephone and Telephone Appointment Policy:

I understand,

1. I may contact the office by phone for assistance and information, and a staff member or the doctor will strive to respond in a timely manner.
2. any conversations or questions concerning my health are held in strict confidence.
3. if time is set aside for a telephone consultation, and the call is noted in the chart, there will be a fee for the telephone consult, pro-rated at \$150 per hour.
4. email exchanges are intended to be short exchanges between doctor and patient. They can available for a fee, pro-rated at \$150 per hour.

Emergency Policy:

I understand,

1. if an acute, or life threatening emergency occurs, demanding immediate attention, I will dial 911.

Accounts and Fees:

1. When we are “in-network” providers: we will bill your insurance for you. Applicable co-pays are required at time of service. Patients will be responsible for co-insurance and deductibles.
2. When we are “out-of-network” providers: we will gladly provide a superbill, at your subsequent visit, with the proper codes for you to submit to your insurance company. JNM does not guarantee any reimbursement by your insurance company will occur.
3. For patients without insurance or when we are “out-of-network” providers, payment for your initial visit is \$195.00 (after the time of service discount) and due the day of your visit. For follow-up visits, we offer a "time of service" discount based on time and the complexity of your visit, with the typical rate at \$150.00 per hour. We accept cash, your check, or credit card.
4. Costs for lab and imaging services are extra and separate from fees for office visits and due at time of service.
5. Costs for recommended natural medicines are extra and separate from fees for office visits and due at time of service.
6. Costs for non-covered services are expected to be paid at time of service. You can request a price list and it will be provided for you.

Appointment/Cancellation Policy:

I, the patient, understands,

1. if I am late it will reduce the amount of time I have to discuss my health care issues, however, I will still be responsible for the full fee of service.
2. if the doctor is running late and our time is cut short, I will be responsible only for the amount of time I spent with the doctor.
3. I will be notified by phone or email if I have missed my scheduled appointment.
4. there is a one time gratis waiver of the missed appointment cost per patient, per calendar year.
5. “no shows” after one time waiver will result in \$75 missed visit charge.
6. cancellation of appointments must be given prior to two full business days or there will be a \$75 charge for late cancellation. Ex: if appointment is on Monday at 9am and you need to cancel or reschedule, then you must cancel or reschedule by the prior Thursday at 9am
7. Credit card information is taken to secure First Office Visit and will be used to pay for missed appointments after the first waived fee.

Overdue Accounts:

I understand,

1. interest is charged on any overdue balances at 12% per annum.

With this knowledge, I voluntarily consent to the procedures, realizing that naturopathic doctors at JNM have given no guarantee of a cure or improvement of my condition. I understand that I am free to withdraw my consent and discontinue my participation in care at any time.

I understand that a record will be kept of health services provided. This record shall be confidential and not be shared with others unless so directed by my lawful representative, or me, or unless the law of the land permits or requires it. I understand that I can see my medical record at any time and request a copy. I will be charged the usual and customary rate. I understand that my medical record will be kept for at least three after the last day of my visit. I understand that the information contained in my medical record may be analyzed for the purpose of study and that my identity will be protected and kept confidential. I understand that my doctor will answer any questions I have, to the best of his/her ability.

I consent to treatment discussed between me and my doctor . All therapy will be used only with mutual consent. I agree to discuss any concerns about my care with my doctor.

By signing, I also acknowledge that I have received a copy of *JNM Notice of Patient Privacy Practices*, have reviewed the material, and understand my rights as a patient and who to contact if I have any questions or concerns.

I hereby state I have read, understand, and agree to abide to the above policies. I authorize the doctor to perform and/or order diagnostic tests deemed necessary for my care; to perform and/or order forms of treatment, medication and therapy that are indicated in accordance with the standards of Naturopathic Care. I am in agreement with and will abide by the JNM INFORMED CONSENT FOR TREATMENT and OFFICE POLICIES.

Signature of Patient or Authorized Rep.

Date

Relationship to Patient

Please print name of patient

Date