

Junction Naturopathic Medicine (JNM)

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INFORMED CONSENT FOR TREATMENT and OFFICE POLICIES

I, _____,
(please print patient name)

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

I authorize the physicians 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, etc.

*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, homeopathic 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/well-being and quality of life.

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, cranio-electric stim, craniosacral therapy, vitamin injections, genetic analysis programs, constitutional hydrotherapy, kinesio-tape therapy, and some special clinic programs, classes and events, along with nutraceutical prescriptions, out of network lab services.

Telephone, Texting and Telephone Appointment Policy:

I, the patient, 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, typically within one business day.
2. any conversations or questions concerning my health are held in strict confidence.
3. if time is set aside for a telephone appointment, and the call is noted in the chart, there will be a fee for the telephone consult, pro-rated at \$225 per hour.
4. Dr. Kimball does not participate in or respond to text messages.

Emails:

I, the patient, understand

1. email exchanges are intended to be short exchanges between doctor and patient for quick clarifications. If the exchange becomes too time consuming, and/or more than 500 word count including spaces, the doctor will communicate that the response is too extensive for email and the choice will be to make an office visit appointment ASAP or long email response will be pro-rated at a fee of \$50 per email and you will be billed for this.

Emergency Policy:

I, the patient, understand

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

Accounts, Insurance and Fees:

I, the patient, understand

1. When JNM physicians act as “in-network” providers: JNM will bill my insurance. Applicable co-pays are required at time of service. I will be responsible for paying co-insurance and deductibles. I understand that I can request an insurance coding and price list and it will be provided for me. JNM recommends that patients familiarize themselves with their deductible, co-insurance, co-pay and preventive care service allowances. The relationship with insurance is between patients and their company, *not* the JNM physician. I am aware that some, and perhaps all, of the services provided may be “non-covered services and not considered reasonable and necessary under some medical insurances. I am aware that I am responsible for payment in full regardless of any insurance company’s arbitrary determination of usual and customary rates.
2. When JNM physicians act as “out-of-network” providers: JNM will provide a superbill at my request at the subsequent visit with the proper codes for me to submit to my insurance company. JNM does *not* guarantee any reimbursement will occur by my insurance company. I will likely need to transfer information to a HCFA form or another form my insurance company requires.
3. For patients without insurance or when JNM physicians are “out-of-network” providers, payment for the initial visit is \$350.00 (after the time of service discount) and due the day of the visit. For follow-up visits, JNM offers a time of service discount based on time and the complexity of the visit, with the typical rate at \$225.00 per hour. JNM accepts cash, check, Health Savings cards, Visa, Mastercard, Discover, American Express. JNM does *not* accept Pay Pal or Venmo or Bitcoin.
4. Costs for out-of-office lab (LabCorp, Quest) and imaging services are extra and separate from fees for office visits.
5. Costs for in-office lab (Salivary pH Test \$10, Digestive Test \$10, Nutrient Test \$10) are *not* covered by insurance and are due on day of the service.
6. Costs for recommended natural medicines are extra and separate from fees for office visits and due at time of service.
7. Costs for non-covered services are expected to be paid at time of service. I understand that I can request a price list and it will be provided for me.
8. Out of network labs (GI MAP stool tests, Periodontal Pathogens, Environmental Pollutant Panels, Salivary Cortisol, Hormone Advanced Testing, etc): I understand that I will pay cash at time of service for these labs and am personally responsible for trying to get out of network reimbursement from my insurance company. I understand that JNM does *not* do any billing for out of network labs, but will *only* provide a superbill with codes for me to submit on my own. I understand that JNM does *not* guarantee any reimbursement will occur by my insurance company.

9. JNM does *not* participate in Medicare or Medicaid.

Appointment/Cancellation Policy:

I, the patient, understand

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 for time originally allotted.
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 the one-time waiver will result in a full appointment fee of \$225 for the missed visit charge.
6. cancellation of appointments must be given prior to two full business days or there will be a \$225 full appointment fee for late cancellation. Ex: if appointment is on Monday at 9am and I need to cancel or reschedule, then I must cancel or reschedule by the prior Thursday at 9am. If appointment is on Friday at 9am, I must cancel or reschedule by the prior Wednesday before 9am.

Overdue Accounts:

I understand,

1. interest is charged on any overdue balances at 12% per annum.
2. A letter of overdue notice (120 days delinquent) will be sent by the billing company before being turned over to a collection agency.

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 below per Washington state law via RCW 70.02.010(37):

RCW 70.02.010(37) allows health care providers to charge fees for searching and duplicating health care records. The law requires a biannual adjustment on those rates, and the Department of Health recently adopted new rates that become **effective on September 7, 2017**.

WAC 246-08-400 states that the fees a provider may now charge cannot exceed the fees listed below:

(1) Copying charge per page:

- a. No more than one dollar and seventeen cents (\$1.17) per page for the first thirty pages;
- b. No more than eight-eight (\$.88) cents per page for all other pages.

(2) Additional charges:

- a. The provider can charge a twenty-six (\$26.00) dollar clerical fee for searching and handling records;
- b. If the provider personally edits confidential information from the record, as required by statute, the provider can charge the usual fee for a basic office visit. [\[1\]](#)

I understand that the information contained in my medical record will be protected and kept confidential. I understand that my health information may be used, as needed, to obtain payment from my health insurance plan for my health care services.

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 read a copy of *JNM Notice of Patient Privacy Practices*, located on the JNM website, and 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 by policies delineated in pages 1-5 of this document. I authorize the JNM physician 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