

INTEGRATIVE HEALTH SOLUTIONS NATURAL HEALTH CONSULTANTS

INFORMED CONSENT AND FINANCIAL POLICY FOR TELEPHONE CONSULTATIONS

Welcome to Integrative Health Solutions, Inc. (IHS) Natural Health Consultants. We look forward to participating in your health and wellness. We are happy to provide this consultation opportunity to patients who would otherwise have little or no access to informed, licensed naturopathic care in their home communities or have other circumstances inhibiting them from visiting us personally. As licensed healthcare practitioners we take your needs and best interests very seriously. **Telephone consults are no substitute for seeing a physician in person and having regular physical exams. Evaluating a patient in person using the appropriate exams and the proper diagnostic testing is the only way to properly diagnose and treat a patient. This cannot be done via the phone.**

If you cannot come to Seattle to be seen in person by our physicians to establish a full doctor/patient relationship, a modified relationship via phone consult can then be established, in which no diagnoses will be made but, suggestions pertaining to your *established diagnoses* will be made and discussed for the purpose of optimizing your health and wellness. The telephone consultation does not create a doctor/patient relationship, and we recommend that you take our suggestions to your primary physician prior to taking any action on them.

This *Informed Consent* for telephone consultations is a contractual agreement between you and Integrative Health Solutions, Inc. (dba The University Health Clinic). After reading through the information contained within this agreement, you may give or withhold your consent for consultation. Although adverse reactions to nutritional and natural remedies are rare, they can happen. These may include, but are not limited to, allergic reactions to herbs and supplements, side effects of natural medications, interactions with certain allopathic medications and inconvenience of lifestyle changes. Potential benefits of such remedies commonly include restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

For the duration of this professional relationship you are expected to:

1. **Sign both *the Informed Consent and Financial Policy forms*** prior to your first consult.
2. **Disclose all medical diagnoses** and have an established physician in your area from whom we can request medical records and contact for consultation if necessary.
3. **Disclose all current medications**, pharmaceutical and natural, as serious interactions can result. ***We will not be liable if you withhold this information.***
4. **All female patients must alert the consulting physician at IHS Natural Health Consultants if she knows or suspects she is pregnant**, as some nutritional and/or natural therapies could present a risk to pregnancy.

For the duration of this professional relationship you can expect from IHS Natural Health Consultants:

1. **A complete record** to be kept of the health services provided to you via your phone consultation with us. This record will contain any records we may request from your current physician as well as a record of your phone consults and all suggestions made.
2. **This record will be kept confidential** as any medical file and will not be released to others unless so directed via signed consent by yourself or your representative, or unless law requires it. Your medical record will be kept for a minimum of three, but no more than seven years, after the date of your last consult.
3. **We will provide you with the best quality care** that will include up-to-date, research-supported nutritional supplementation plans, botanical medicines and health-promoting lifestyle recommendations. We will also suggest prescriptive medications and further diagnostic evaluations as we see appropriate. But these may need to be discussed and/or ordered by your current physician.

You understand that the phone consultation with an IHS Natural Health Consultant does not create a doctor/patient relationship and does not serve to diagnose or treat any medical condition or symptom. We are not providing medical treatment to you. Any suggestion provided by an IHS Natural Health Consultant will be based solely on information provided by you and your physician. You will be responsible for discussing any suggestions or options offered by IHS Natural Health Consultants with your primary physician prior to taking or refraining from any action. IHS will not be liable for any adverse effect due to actions or inactions by you in connection with the suggestions provided by IHS Natural Health Consultants.

Initials _____

This agreement is governed by the laws within the State of Washington. Venue for any and all disputes will be in King County, Washington.

After reading the above information contained in this agreement, I voluntarily consent to the above terms and conditions of this consultation agreement realizing that my IHS Natural Health Consultant cannot anticipate and explain all risks and complications of my health condition(s) and its related treatments. I understand my IHS Natural Health Consultant will exercise his/her educated judgment during any of the above procedures and in recommending dietary supplements, natural medicines, and dietary and lifestyle changes for my previously diagnosed condition(s). By signing below, I acknowledge that I have been provided ample opportunity to read, or have been read, this form and had any questions answered. I agree to use this consent form to cover the entire course of treatment for my present condition(s) and for any future condition(s) for which I seek treatment with IHS Natural Health Consultants. I also understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Print Patient Name

Print Guardian's Name

Signature of Patient

Date

Signature of Patient's Guardian

Date

Financial Policy

Telephone consults are not billable to medical insurance. As such, **all fees are due at the time of service** and may be paid by debit or credit card over the phone, before your consult begins.

You are to call The University Health Clinic at the time of your scheduled visit (Pacific Standard Time) and make payment arrangements. You will then be connected to the physician. Please call in 5 minutes prior to your scheduled appointment.

Fees are as follows:

Initial Consult (approximately 60 minutes): \$175.00

30-minute consult: \$90.00

15-minute consult: \$45.00

Appointment Changes and Cancellations:

- Due to the high demand for appointments, we require at least 24 hours notice for the changing or cancellation of appointments. A “no show” or cancellation without 24 hours notice will result in a \$50 charge to you.
- To provide you the best care possible, we will not provide “email healthcare.”

By signing below I attest that I, _____, have read, and understand, that I, not my health insurance, will be billed for the above services. I have received a copy of this information and agree to abide by the financial policy of The University Health Clinic.

Print Patient Name

Print Guardian's Name

Signature of Patient

Date

Signature of Patient's Guardian

Date