



## Grand Rapids Natural Health Policies and Procedures

By signing this form below, I understand that my Grand Rapids Natural Health practitioner is trained as Naturopathic Doctor with doctorate level training, recognized by the US Department of Education. I also understand that naturopathic licensure is not currently available in the state of Michigan. This means that insurance in Michigan does not cover naturopathic care and I accrue an out of pocket cost to see a Grand Rapids Natural Health practitioner. I do understand that fees for services are due at time of care.

I understand that it is up to everyone to know and understand the background and training of their health care professionals. My Grand Rapids Natural Health practitioner is offering complementary consultation and care to my primary care physician and other specialty physicians. I acknowledge that my Grand Rapids Natural Health practitioner is not my primary provider for my diagnosed or other health conditions and I agree that I will maintain a relationship with a PCP throughout my care at Grand Rapids Natural Health.

I also acknowledge and understand that Naturopathic Doctors in the state of Michigan are not able to practice medicine due to lack of licensure. I understand that at Grand Rapids Natural Health, David Johnson, MD, oversees and delegates to my Naturopathic Doctor on all services rendered. I understand that Dr. Johnson will have access to my confidential health information in order to consult with my Naturopathic Doctor on my care, but that this information will at all times be protected under HIPAA privacy policies.

I also understand that as of September 21<sup>st</sup>, 2016 fees for Naturopathic Services at Grand Rapids Natural Health will be as follows:

- Initial Intake- \$300
- Standard follow up (45-minutes)- \$110
- Brief follow up (30-minutes)- \$75
- 15 Minute Check-in (in 15-minute increments)- \$40

\*This includes email conversation that takes more than 15 minutes of my practitioner's time or requires a change in my protocol.

### **Please be aware that late cancellations or no-show appointments will be charged 50% of the appointment fee.**

It is requested that if you must cancel your appointment, that you provide more than 24 hours' notice. A cancellation is considered to be late when the appointment is canceled without a 24-hour advance notice. A "no-show", is a patient who misses an appointment without canceling it. This includes arriving 15 minutes after your scheduled appointment.

Any occurrence of a late cancellation or a "no-show" within 24 hours will be subject to a fee of 50% of the visit applied to the credit card stored on file 24 hours after the visit booking time. We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

### **Wellness program, Weight-loss program, and Fertility program participant's cancellation policy:**

Any occurrence of a late cancellation or a "no-show" will not receive a refund for their missed session, but will be given the option to make up the missed session by paying 50% of the non-discounted rate of the appointment. We understand that special unavoidable circumstances may cause you to cancel within 24 hours. In this instance, we may allow you to reschedule without an additional fee, but only with management approval.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



I give Grand Rapids Natural Health permission to release diagnostic test results to and discuss protected health information with the following person(s):

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

I may terminate or amend the authorization to share my personal, protected health information with one or more of the individuals identified immediately above at any time by providing a written notice to Grand Rapids Natural Health.

I give Grand Rapids Natural Health permission to send my protected health information via email.

yes  no

I give Grand Rapids Natural Health permission to subscribe me to monthly newsletters and promotional deals.

yes  no

By signing this form, I give Grand Rapids Natural Health permission to send office correspondence to the address provided.

By signing this form, I acknowledge that I have received a copy of the Grand Rapids Natural Health Notice of Privacy Practices. I understand that my private medical information will be protected under HIPAA at all time.

Indicate your relationship to the patient:

patient  patient representative

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I understand that if at any time I have a plan to hurt myself, or become suicidal or homicidal I will immediately do the following:

- Call 911 or
- Call The NATIONAL SUICIDE HOTLINE NUMBER at 1-800-784-2433 or 1-800-273-8255

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_