

## Patient Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Name of Spouse/Legal Guardian (circle one) \_\_\_\_\_

Marital Status: Single Married Divorced Separated w/Partner Widow(er)

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Who is your primary care provider? \_\_\_\_\_

Other Physicians you currently see: \_\_\_\_\_

**Please choose Yes or No to the following and initial:**

I authorize employees or agents of Pure Health Naturopathic Clinic to leave a detailed message for me on a voice message device associated with the phone number \_\_\_\_\_, regarding my:

- |  |                    |                   |
|--|--------------------|-------------------|
| 1. <b>Laboratory reports</b>           | YES _____ initials | NO _____ initials |
| 2. <b>Protected health information</b> | YES _____ initials | NO _____ initials |

If you answered NO to either of the above, the physicians and/or staff members at Pure Health Naturopathic Clinic will, as necessary, leave a message indicating your need to call us to retrieve any of your health-related information.

Whom can we thank for referring you? \_\_\_\_\_

**Please list any drug allergies and your reaction:**

## Informed Consent and Request for Naturopathic Medicine

**I understand that the evaluation, diagnosis and treatment by a naturopathic physician, and specifically by the naturopathic physicians at Pure Health Naturopathic Clinic may include, but are not limited to:**

- Interview (history taking)
- Physical examination
- Common diagnostic procedures (such as, diagnostic imaging, laboratory evaluation of blood, urine, stool and saliva, Pap Smears)
- Dietary advice and therapeutic nutrition (such as the therapeutic use of foods, diet plans, nutritional supplements, intravenous and intramuscular injections)
- Acupuncture (insertion of specialized disposable stainless steel sterilized needles through the skin into underlying tissues at specific points on the body surface)
- Botanical medicines and nutraceuticals [also referred to as supplements] (such as the prescribing of various therapeutic substances including plant, mineral and animal materials. Substances may be given in the forms of teas, pills, creams, powders, tinctures-which may contain alcohol, suppositories, topical creams or other forms.)
- Homeopathic remedies (highly diluted substances)
- Over the counter medications
- Prescription medications to be filled at a pharmacy

**I understand and I am informed that in the practice of Naturopathic Medicine there are risks and benefits with evaluation, diagnosis and treatment including, but not limited to the following:**

- **Potential risks:** pain, discomfort, minor bruising from Acupuncture; allergic reaction to prescribed herbs, supplements, prescription medications; an aggravation of pre-existing symptoms.
- **Potential benefits:** restoration of the body's maximal functioning capacity, relief from pain and symptoms of disease, assistance in injury and disease recovery and prevention of disease or its progression.
- **Notice to pregnant women:** all female patients must alert the provider if they know or suspect that they are pregnant, since some of the therapies could present a risk to the pregnancy.

By signing below, I (print name), \_\_\_\_\_ acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. I also understand that it is my responsibility to request that the provider explain therapies and procedures to my satisfaction. I further acknowledge that no guarantees have been given to me concerning the results intended from the treatment. I intend that this consent form is to cover the entire course of treatments for my present condition and any future conditions for which I am seeking treatment.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you, as a patient of Pure Health Naturopathic Clinic, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations Act created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **Our commitment to your privacy (3 pages)**

Pure Health Naturopathic Clinic is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information and we must provide you with the following important information:

### **Use and disclosure of your health information in certain special circumstances**

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials, if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

### **Your rights regarding your health information**

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Pure Health Naturopathic Clinic, 1845 S Dobson Rd, Suite 214, Mesa, AZ 85202. *Note: Pure Health Naturopathic Clinic must respond to this request within 30 days.*
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Pure Health Naturopathic Clinic, 1845 S Dobson Rd,



Suite 214, Mesa, AZ 85202. You must provide us with a reason that supports your request for amendment. *Note: We must respond within 60 days. The Privacy Officer or the patient's physician will usually do this. If the physician believes the information is complete and accurate, the physician can refuse to make any changes.*

5. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact Pure Health Naturopathic Clinic.
6. If you believe your privacy rights have been violated, you may file a complaint with our practice/consultation service or with the Secretary of the Department of Health and Human Services. To file a complaint about our practice/consultation service, contact Pure Health Naturopathic Clinic. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Our practice/consultation service will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact Pure Health Naturopathic Clinic.

#### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

By signing below, I, \_\_\_\_\_, acknowledge that I have received, read, understood and accepted a copy of Pure Health Naturopathic Clinic Privacy Practices.

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name if signed on behalf of the patient

\_\_\_\_\_  
Relationship (parent, legal guardian, etc.)

## Policies

Welcome to Pure Health Naturopathic Medicine. We look forward to working with you on your healthcare needs. This document contains important policy information that pertains specifically to you. Please read over the entire document, if you have any questions please feel free to ask an agent of Pure Health Naturopathic Clinic.

### **Appointments**

Your appointments are important for your care and are considered to be an agreement between you and Pure Health Naturopathic Clinic. If you fail to give notice of cancellation of an appointment your physician becomes unable to provide service to another patient during your scheduled time. Please give us a 24 hours notice of cancellation. Should you decide not to keep the appointment without giving the appropriate notice, you may be charged the full appointment fee for that time. To uphold this policy, we may ask you for a credit card number to have on file at the time that you make your appointment. Your credit card will not be charged unless you miss your appointment without at least a 24 hour cancellation notice. Please note that insurance companies do not reimburse for missed appointments.

\_\_\_\_\_ please initial

### **Payment**

Payment in full is due at the time service. For your convenience we accept Check, Cash, Visa or Mastercard payments. There will be a \$35.00 fee for all returned checks or insufficient funds for an automatic membership withdrawal.

\_\_\_\_\_ please initial

### **Insurance**

Pure Health Naturopathic Clinic is not a recognized provider for any insurance companies nor does Pure Health Naturopathic Clinic submit claims to insurance companies on your behalf. We will however, provide you with the information necessary for you to submit your claim to your insurance company. We do not guarantee any coverage from your insurance company.

\_\_\_\_\_ please initial

### **Emergencies**

If you have a true medical emergency or serious medical concern you are to call 911 immediately. If you have an urgent medical concern please call the office; if it is after regular business hours (9am to 5pm) please leave a message for your physician at Pure Health Naturopathic Clinic 480-433-4051 and someone will return your call the next business day, if you feel you cannot wait until the next business day it is your responsibility to seek the appropriate medical care.

\_\_\_\_\_ please initial

### **Email**

Email offers an easy and convenient way for patients and doctors to communicate. In many circumstances, it has advantages over office visits or telephone calls. There are, however, important differences. E-mail is not the same as calling us; there is no person at the other end of the call – just a computer. You can't tell for certain when your message will be read, or even if your doctor is in the office or on vacation. Nonetheless, we believe that the ease of communication e-mail affords is a benefit to patient care. It will further assist us if you could identify the nature of your request in the subject line of your message.

The following are our rules for contacting us using e-mail:



E-mail is never, ever, appropriate for urgent or emergency problems! Please use the telephone or go to the Emergency Department for emergencies.

E-mail is great for asking those little questions that don't require a lot of discussion. Appropriate uses of e-mail and/or text messaging also include prescription refill requests, referral and appointment scheduling requests and billing/insurance questions.

E-mail messages should not be used to communicate sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.

**Unencrypted Email is not confidential and not secure under the Health Insurance Portability and Accountability Act (HIPAA). It is like sending a postcard through the mail. Our staff may read your e-mails to handle routine, non-clinical matters. You should also know that if sending e-mails from work, your employer has a legal right to read your e-mail if he or she chooses.**

Email may become a part of the medical record when we use it; a copy may be printed and put in your chart

Email is not a substitute for seeing us. If you think that you might need to be seen, please call and book an appointment.

E-mails may be forwarded to office staff for handling, if appropriate.

Finally, either one of us can revoke permission to use the e-mail system at any time.

I have read the above information and understand the limitations of security on information transmitted. I understand that my doctor may not be able to communicate with me electronically about my specific condition if I live outside of the state in which my doctor is licensed.

\_\_\_\_\_ please initial

\_\_\_\_\_ I DO want to communicate with my doctor electronically.

My email address is: \_\_\_\_\_

\_\_\_\_\_ I DON'T want to communicate with my doctor electronically

***My signature below indicates that I have read, understood and accept these policies as part of my agreement to do business with and receive care from Pure Health Naturopathic Clinic.***

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name