

## Thank you for choosing Herb-n-Wellness

We are committed to assisting you in your path toward health by offering the highest quality of natural wellness services. To begin the process, it is important that you fill out the Intake forms that are included with this letter. Please be as complete as possible and take your time considering each area and in answering the questions fully. The information you provide prior to your initial televisit will aid Dr. McCartney in designing a wellness protocol for you. Our goal is to help your body remain, or return, to a state of natural wellness, as soon as possible. We also wish to keep you fully informed of our fees and payment policies. Feel free to email us at any time with questions or concerns. We look forward to working with you.

**Cancellations:** Should you need to reschedule, we require 24 hour notice via phone. You may leave a message on our voicemail or email us if it is outside of business hours.

Please note, we are unable to bill for any client who has Medicare or a Medicare Advantage plans. All charges including consults and laboratory testing will be due on the day of booking service.

**Policies and Payments. Self-Pay and Payment Options:** Payment for televisits and procedures are due at the time of booking of the televisit, and all payments must be made through the website, we accept most credit cards. We reserve the right to make changes to our fees. It is your responsibility to follow up with your insurance company regarding payment concerns.

**Medicare, Medicare Advantage:** We are unable to bill for any client who has Medicare or a Medicare Advantage plan. All charges (consults, labs, etc.) will be “self-pay” and due directly by such client on the day of booking the service.

**Phone, Email, and Teleconferencing:** Televisits consists of phone consultations or video conferencing, depending on the circumstances. Both options billed at the same rate. Email messages that require more than simple yes or no answers will not be responded to without additional financial arrangements being made.

**Laboratory Fees:** Many of our laboratory tests are made payable to our clinic on the day of scheduling the service. Some laboratory companies require direct payment to the lab in the form of credit card or check. We do our best to keep up-to-date prices

on each individual test and take home kits. In the case where labs have increased prices without our knowledge, we will bill you to collect the additional balance. Some tests charge an additional add-on or reflex fee, which may be billed to you after results are processed. You will be billed an additional fee in this case. We strive to keep our laboratory prices under the suggested retail price.

**Health Records:** The law requires that requests for records must be in writing, even when released to self. Please allow 2-3 weeks for records release processing. There is a fee for this service for clients requesting greater than 10 pages. Upon request, copies of lab results are available to clients following each lab review.

**Client Conduct:** We value the safety and respect of all staff, clients, and providers. Threatening and/or aggressive behavior, or sexual advances, will not be tolerated. Any person exhibiting such behavior(s) will immediately be dismissed from the practice .

**Privacy Policy:** Our clinic is dedicated to maintain the privacy of your protected health information. Our privacy policy is available in the reception area for you to read at any time.

**MEDICINARY Purchase of Items:** All natural medicines and products must be paid for at the time of purchase. We do not bill insurance for these items. We do our best to keep the doctor's most commonly used items in stock. We cannot always predict what will be purchased each given week by all clients. As a result of fluctuations in purchases, there may be times when the item you use will be out of stock. Please be aware of the timing of your refills, and plan to order items with enough advanced notice as possible. We would appreciate at least one week notice of any refills you may need.

**Return of Items:** Many of our products are custom made items such as tinctures, homeopathics, salves, and powders. Accordingly, for the safety of our staff and clients, we are unable to accept returns.

**Shipping:** We will ship items to you after payment has been made, either with a credit card over the phone, or by check. If you opt to mail a check for payment of items, we will hold your order until your check is received. Please allow 2-3 business days after receipt of payment for your shipment to go out. All items ship out priority via USPS. Overnight shipping is NOT available. Please plan ahead for holidays and weekends. Please keep us informed of any changes to your shipping address. We cannot be responsible for items that fail to reach you.

**Delivery:** For faster delivery times, we are able to partner with third parties for same day delivery The fees vary according to location.

Policy and Payment Agreement I have received and agree to Naturopathic office policies and payment terms. I understand that I am responsible for payment for services and products rendered by Herb-n-Wellness Naturopathic Clinic. I agree to pay for all products and services.

Client Name (Please Print) \_\_\_\_\_

\_\_\_\_\_  
Client/Responsible Party Signature

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

Print Responsible Party Name (if not client) \_\_\_\_\_

## Herb-n-Wellness Naturopathic Clinic Email Consent Form

HIPAA stands for the Health Insurance Portability and Accountability Act, and was passed by the U.S. government in 1996 to establish privacy and

security protections for health information. Many email services do not utilize encrypted email. When we send you an email, or you send us an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may potentially be able to access your email account and read it without your permission. Email is a very popular and convenient way to communicate for a lot of people, so in their latest modification to the HIPAA act, the federal government provided guidance on email and HIPAA. This information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website. The guidelines state that if a client has been made aware of the risks of unencrypted email, and that same client provides consent to receive health information via email, then a health entity may send that client personal medical information via unencrypted email. Please initial your choice for email communication:

\_\_\_\_\_ ALLOW UNENCRYPTED EMAIL: I understand the risks of unencrypted email and do hereby give permission to Herb-n-Wellness Naturopathic Clinic to send me personal health information via unencrypted email to the email address on file, including but not limited to appointment reminders, receipts, billing statements, email responses to treatment questions, etc.

OR

\_\_\_\_\_ DO NOT ALLOW UNENCRYPTED EMAIL: I do not wish to receive personal health information via email. Herb-n-Wellness Naturopathic Clinic will not keep your email address active. You will not receive emailed appointment reminders, statements, or receive emailed responses from our office.

Client Name: \_\_\_\_\_

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

Client/Responsible Party

Signature: \_\_\_\_\_

\_\_\_\_\_ Name of Responsible Party if different from Client: \_\_\_\_\_