

INFORMED CONSENT FOR TREATMENT

I authorize Dr. Debra Clapp, ND to provide health care for me, using the following agents and techniques for the purposes of examination, diagnosis, and treatment.

I understand there is no guarantee this treatment will completely resolve any or all conditions I may have.
I understand that a record will be kept of the health services provided to me. This record is confidential and will not be released to others unless I give written permission or it is otherwise permitted or required by law.
Emails containing medical information sent to and from Dr. Clapp will be copied into the patient's medical record.
I understand I have the right to request and obtain a copy of my record, and that this may require payment of a fee.
I understand that to receive refills of prescription medications, including thyroid and bio-identical hormones, I must comply with the required annual follow-up visit and the laboratory re-testing schedule.
I understand that payment is due in full at the time of service.
I understand that at this time, Medicare does not cover medical services (consultations, assessments, and treatments) provided by Naturopathic Physicians. Neither I nor Dr. Debra Clapp, ND will submit reimbursement requests to Medicare or to Medicare supplemental policies for consultation or treatment fees.
I understand that Dr. Debra Clapp, ND does not administer emergency medical care.
I understand that I may withdraw my consent and may decline participation in these procedures at any time. Refusing any specific procedure will not affect my ability to receive other care or future treatments.
I understand that my verbal informed consent to a specific treatment is sufficient; I waive the option of signing a consent-to-treat form for each and every specific procedure at each treatment date.

Dr. Debra Clapp, ND may function as my general family practice doctor, as one member of my health care team, as an interim health care provider if my usual doctor is temporarily unavailable, and as a provider of specialized naturopathic adjunctive care on an as-needed basis.

Naturopathic medical care may include, but is not limited to, the following procedures and treatments:
Diagnostic Procedures such as health and medical history interview, physical exams, gynecological exams, blood draws and blood lab work, urinalysis, pap smears, lab tests to assess food allergies, hormonal levels, gastrointestinal health, and toxic heavy metal levels.

Referrals may be made for diagnostic imaging such as ultrasound, MRI's, x-rays, endoscopies.

Referrals are made to other health care providers for additional diagnosis and treatment, as needed.

Dietary and Nutritional Education, Exercise Instruction, Lifestyle Counseling, Psychological Counseling.

Natural Medicines such as herbal medicine, nutritional supplements, digestive supplements, and homeopathic remedies.

Bio-identical Hormones are identical in structure to those made by the human body, and are used in amounts similar to those the healthy body normally produces.

Injection Therapies to reduce nerve pain, regenerate healthy joint connective tissue, and restore the body's ability to heal and regulate itself.

Body Work including Swedish massage, Trigger Point massage therapy, extremity manipulations, instruction in hydrotherapy and heat and cold applications, electro-stimulation, infrared heat therapy, therapeutic ultrasound.

Pharmaceutical Medications, if needed. Naturopathic doctors, like physician assistants and advanced registered nurse practitioners, cannot prescribe controlled drugs such as narcotics and strong sedatives.

Potential Benefits: improved health and vitality, reduced or eliminated symptoms, pain relief, restoration of function, reduced need for pharmaceutical medications, prevention of disease.

Although rare, **Potential Risks** include: aggravation of pre-existing symptoms; supplements risk allergic reactions, rash, nausea; topical therapies (heat, cold, friction, pressure, electromagnetic therapies) risk pain, discomfort, blistering, burns, discoloration; venipuncture and injection therapies risk bruising, fainting, nerve irritation, infection; physical manipulations risk soft tissue or bone injury. Other adverse effects may occur.

The patient has the right to request additional information regarding risks and benefits at any time.

PRINT Patient Name (or Guardian
or Personal Representative)

Patient Signature (or Guardian
or Personal Representative)

Date

If applicable, Relationship/Representative's Authority: _____

Dr. Debra Clapp, ND
Naturopathic Physician

~~~~~  
1213 14<sup>th</sup> Street

Anacortes, WA 98221

(360) 299-9038

### **STATEMENT OF FINANCIAL RESPONSIBILITY**

I understand that payment is expected in full at the time of service and that accepted forms of payment include cash and personal checks. Credit cards are not accepted at this time. I am aware that NSF checks will be subjected to a \$30 fee. I have been informed as to the current fee schedule, and realize that fees may change in the future, without notice. I have also been informed as to office policies regarding phone consultations and additional matters.

I understand that I may request the fees for various procedures before they occur in order to include that information in my healthcare decision-making process. I understand that my practitioner may offer telephone consultations, billed according to time the same as an office visit.

I understand that the office of Dr. Debra Clapp, ND does not bill insurance. However, I can request an insurance superbill receipt at the end of each visit, which I may then submit to my insurance company for reimbursement. I understand that this office does not guarantee reimbursement by my insurance company, and that it is my responsibility to determine my coverage for naturopathic care. I understand that it is not the responsibility of the office of Dr. Debra Clapp, ND to research whether reimbursement may occur, to submit forms for reimbursement, to provide additional documentation or codes to process claims, or follow up with insurance companies regarding reimbursement.

### **CANCELLATION POLICY**

I am aware that the office of Dr. Debra Clapp, ND requires at least 24 hour notice of cancellation in advance of the scheduled appointment time. I understand that missed appointments without sufficient notification will be billed \$35.

**Patient/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_