



NP: Consent to Treat, Office Policies

CAMELLA POTTER, N.D. at NURTURE HEALTH CLINIC AND GROW INTEGRATIVE HEALTH

Notice of Privacy

This is a comprehensive explanation on how we may use and share your medical records as a patient at Nurture Health Clinic.

Treatment - To give you medical treatment or other types of health services.

Payment -To bill you or a third party for payment for services provided to you.

Health Care Operations - For our own operations such as quality control, compliance monitoring, audit, etc..

Disclosures where we are not required to give you a chance to agree or object- As required by federal, state, or local law: If child abuse or neglect is suspected, or to avert a threat to an individual or to public health safety.

Lawsuits and disputes (in response to a court or administrative order). Law enforcement (to help law enforcement officials respond to criminal activities).

Disclosures where we must give you a chance to agree or object- To persons involved in your care or responsible for your appointment payment - we may share your health data with a person that you have named to be involved with your health care as written on the release of information form.

Other uses of health data: other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

You have the following rights relating to the medical records we keep about you: Right to inspect your health record and to receive a copy of your health record upon request. Right to know to whom we have disclosed your health information. Right to ask for limits on the health information data we give out about you. Right to receive communication from us about your health information in alternate ways. Right to a paper copy of the complete Notice of Privacy Practices. Also see link below for a copy.

http://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/consumers/consumer_rights.pdf

Consent to Treat

I authorize Nurture Health Clinic providers and Grow Integrative Health providers to treat me. I understand methods of treatment used in this practice may include, but are not limited to: botanical, pharmaceutical prescription, homeopathic, physical medicine, biotherapeutic drainage, hydrotherapy, nutritional evaluation, LENS Neurofeedback as well as others, which my healthcare providers deem appropriate. I am at liberty to seek alternate opinions or care, and may discontinue treatment at any time. I will not hold Nurture Health Clinic, Grow Integrative Health or any individual provider responsible for outcomes should I choose to disregard her medical advice. In signing this form, I acknowledge any inherent risks, and give my consent for treatment, payment and healthcare operations received, incurred or carried out by Camella Potter, N.D. or by a provider at Nurture Health Clinic and Grow Integrative Health



Grow Integrative Health
1655 SW Highland Ave. Suite 5
Redmond, OR - 97756

I understand that I am not a patient of Nurture Health Clinic or Grow Integrative Health, which is not a medical provider or a business. I am only a patient of the individual provider who I see for care, which provider is not affiliated with any other provider at the clinic. Camella Potter ND, Karen Jones ND, Khivan Oberoi ND, Angela Cortal ND, Brittany Long ND, and Erin Fix ND are all separate practices and as separate practices, they maintain separate charts and individually treat patients.

PATIENT SIGNATURE

PATIENT PRINTED NAME

Appointment Cancellation Policy

I recognize that scheduling an appointment involves the reservation of time specifically for my healthcare. Consequently, a minimum of 1 business day (24 hours) notice is required to reschedule or cancel an appointment.

A fee of \$150.00 will be charged for appointments cancelled or rescheduled within 24 hours of the original appointment time, and if I no-show without any prior notice the charge is \$150.00. LENS no shows will be charged \$75.00

Monday appointments must be cancelled by 5 PM of the Friday prior to the appointment. I understand that insurance companies do not reimburse for missed medical appointments. I understand that if I miss 2 appointments with less than 24 hours notice, I will not be able to reschedule until these fees are paid in full.

Payment is expected at the time of service. If arrangements are made to have the office bill my insurance company: I authorize all insurance payments be made directly to my practitioner, Camella Potter, N.D. I acknowledge that I have coverage for Naturopathic Medicine and have met or am prepared to meet my insurance deductible for the year. I understand that I am responsible for the balance of any charges not covered by my insurance and that any open balances not paid in the first month after the original invoicing will be subject to a 3% interest charge on the 10th of each month. This 3% charge can be waived if I set up an automatic payment plan with the office.

I acknowledge having received & read the Notice of Privacy Practices, Consent to Treatment, Consent to Clinical Research, Appointment Cancellation Policy, and Payments Policy.

By signing and submitting this form I acknowledge that I understand the above stated privacy, office policies and the financial agreement with Nurture Health Clinic. I will comply with them in all respects. I give my oral and written consent to the evaluation and treatment to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment.

**PATIENT SIGNATURE or
RESPONSIBLE PARTY**



PRINTED NAME

I understand that Dr. Potter does not provide urgent care, emergency care or primary care and she provides specialty care. I understand that Dr. Potter recommends that I have a primary care to discuss screening tests, vaccinations and annual exams. I understand that this payment for services provided within the allowed time for the visit and any requests outside of the visit will be billed separately and could range from \$50-100 (these include electronic communication, forms to fill out, communication via phone).
