



Policies and Informed Consent Paperwork

Thank you for choosing Natural Health Solutions of Virginia. It is our intention to provide you with the best natural healthcare solutions available, specific to your individual needs. In consideration of care, please read carefully and initial or sign where appropriate:

Informed Consent:

Please Initial:

_____ I understand that the Natural Health Solutions of Virginia practitioners are naturopathic medical doctors and that naturopathic licensure is not available in the Commonwealth of Virginia. I understand that Dr. Courtney Paré and anyone else associated with Natural Health Solutions of Virginia are not licensed to practice medicine in the Commonwealth of Virginia and therefore do not provide treatment for, or diagnosis of, any medical condition. Rather, Natural Health Solutions of Virginia offers only adjunctive and supportive care, education and health coaching. I acknowledge that my Natural Health Solutions of Virginia practitioner does not and should not act as the primary provider for my health conditions or diagnoses. I agree to maintain a relationship with a licensed primary care provider throughout the duration of my care at Natural Health Solutions of Virginia and my Natural Health Solutions of Virginia practitioner is offering, upon my request, to consult with my primary care and/or specialty physician regarding my care.

_____ I understand that the practitioners at Natural Health Solutions of Virginia offer natural support and therapies. Such therapies may be different from those offered by other licensed health care providers and I am at liberty to seek care elsewhere at any time. However, should I begin or discontinue other care and/or treatments while I am still under the care of Natural Health Solutions of Virginia practitioners I will inform them of such changes immediately as they may affect my care.

_____ I understand that results vary on an individualized basis and that results are not guaranteed. I understand that practitioners and associates of Natural Health Solutions of Virginia cannot and do not guarantee any results or particular outcome.

_____ I understand that to receive the most optimal care possible, Dr. Courtney Paré and/or anyone else associated with Natural Health Solutions of Virginia may consult with other practitioners and specialists regarding my case presentation. All interactions will remain compliant with Natural Health Solutions of Virginia's privacy practices.

_____ I understand that Natural Health Solutions of Virginia practitioners are not equipped to provide emergency or after hours care. For any medical emergency I will **call 911 immediately** and/or report to the nearest emergency room and will follow up appropriately with my licensed health care provider.



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

- Call **911**
- Call the National Suicide Hotline number at **1-800-784-2433** or **1-800-273-8255**
or for Henrico Residents
- Call the Persons in Crisis line at **804-727-8484**

Signed: _____ Date: _____

Payment Policy:

Fees for Services:

New Patient Package – \$379

- Includes:
 - o Initial Appointment – 2 - 3 hours*
 - o One Follow up Appointment**

Follow Up Appointment – \$100

Brief Follow Up Appointment – \$85

Check In Appointment - \$65

Follow Up Appointment Packages Are Available. Please ask Dr. Courtney Paré for more information.

*Visit duration is approximate only.

**Follow up appointment must take place within 4 weeks of initial appointment.
After 4 weeks, all visits will be billed at regular follow up appointment rate(s).

Payment Policies:

- Payment is due at the time of service.
- Payment methods include: cash, check, credit card and most health savings account cards.
- Any fee accrued due to a bounced check will be paid for by the patient and Natural Health Solutions of Virginia reserves the right to refuse a check as a form of payment in future visits.
- New patients are required to provide a valid credit card number with valid expiration date and billing zip code before their new patient appointment will be scheduled. A non-refundable \$100 deposit is required to book your new patient appointment and will be applied to your new patient visit unless terms are not met as mentioned in “Appointment and Cancellation Policy” section.
- All patients are required to keep a valid credit card number on file during the duration of their care at Natural Health Solutions of Virginia.
- In special, agreed upon circumstances, an invoice for services may be emailed to the email address provided on your new patient forms. Invoices are due within

2200 Pump Road, Ste 220, Richmond, VA 23233

Tel: (804) 486-0801 | Email: naturalhealthsolutionsva@gmail.com

<http://www.nhsvirginia.com>



one week of receipt. Any/all invoices past due by 14 days will **automatically** be charged to the credit card on file.

- No refunds will be issued for any services.
- Appointments scheduled in person, on the phone, or via video are all billed at the same rate.
- Fees for services include my consultation with Dr. Courtney Paré, or any other practitioner of Natural Health Solutions of Virginia only. Fees for supplements or labs you may choose to purchase are additional and also due at the time of service**.

** You are not required to purchase any supplements, labs, or additional material from Natural Health Solutions of Virginia.

_____ I understand that I am solely responsible for payment at the time of service and agree to Natural Health Solutions of Virginia's payment policies.

Insurance Policy:

Please Initial:

_____ I understand that due to naturopathic licensure being unavailable in the state of Virginia, insurance does not cover naturopathic care and I am responsible for payment of services out of pocket. I understand that all fees are due at the time of service.

_____ I understand that I have the right to submit my office visit to my insurance company for reimbursement, however, Natural Health Solutions of Virginia does not offer services to submit to insurance and can not guarantee that my insurance company reimburse me for my office visits. I am responsible for paying all balances and fees accrued at Natural Health Solutions of Virginia regardless.

Appointment and Cancellation Policy:

New Patient Appointments:

- New Patient Appointments typically last between 2-3 hours and therefore require a large time slot to be blocked out for your visit, preventing others from scheduling during that timeframe. Due to this, Natural Health Solutions of Virginia has a **48 hour** cancellation policy on all new patient appointments. All cancellations or rescheduling of a new patient appointment must be done **48 hours** prior to the scheduled appointment or you are subject to lose your deposit.
- At the time of booking, a \$100 non-refundable deposit is required to hold your appointment. This balance will be applied to the cost of your initial visit.
- You are permitted to reschedule your appointment **twice**, within the appropriate **48 hour** time frame. If you must reschedule more than twice, your \$100 deposit will be forfeited and no longer applied to your initial visit.
- **All cancellations must be done over the phone.**



Return Appointments:

- Return appointments vary based upon your particular needs. Typically follow-up appointments occur every 2-4 weeks, however may be scheduled more or less frequently depending upon your individual needs. Return appointments range from 10 minutes to 1 hour.
- Return appointments are important to assess your progress and address any new concerns that arise. They're also helpful to assess how you are reacting to your current support protocol and adjust if appropriate. If new health concerns arise between scheduled visits or you feel as though you're not responding to your current support protocol, it's recommended you call the office to schedule a return appointment.
- Natural Health Solutions of Virginia offers in-office consultations and phone consultations for return appointments only. Follow-up care is not provided via email.
- Natural Health Solutions of Virginia has a **24 hour** cancellation policy for **all** return appointments. If you cancel or reschedule your appointment outside of the advanced **24 hour** time frame, or are a "no show", your credit card will automatically be charged **\$25**.

Please Initial:

_____ I understand the appointment booking, cancellation and associated fee policy listed directly above.

Privacy Practices:

Please Initial:

_____ I acknowledge that I have been provided access to Natural Health Solutions Notice of Privacy Practices describing how medical information about me may be used and disclosed. I acknowledge that I have read and understand, the rights, choices and responsibilities of myself and my practitioner under these privacy practices. I am aware that I can request a printed copy of this Notice at any time.

_____ I understand that Dr. Courtney Paré and any other practitioner, or support staff of Natural Health Solutions of Virginia, will respect my rights to privacy. However, I understand that if there is a threat to my own health or safety, or the health or safety of another individual, Dr. Courtney Paré and any other practitioner or support staff of Natural Health Solutions of Virginia has the obligation to disclose private information in an effort to reduce said threat(s). I do not hold liable these individuals for disclosing private information in these circumstances.

_____ I understand that support staff of Natural Health Solutions of Virginia may have access to my personal information for ease of booking appointments, billing, and/or contacting other health care professionals about my care. All individuals associated with Natural Health Solutions of Virginia who have access to my information will protect my



information in accordance with Natural Health Solutions of Virginia’s privacy practices. By initialing to the left, I authorize Natural Health Solutions of Virginia to use and disclose protected health and demographic information to the individuals working within the company.

In addition to Natural Health Solutions of Virginia practitioners and staff, I give Natural Health Solutions of Virginia authorization to discuss my protected health information with the following individuals:

- I **do not** give anyone access to my protect health information related to my care.
- I do give the following individuals access to my protected health information as it relates to my care:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

_____I understand that I may change or terminate the authorization to share my protected health information with one or more of the individuals identified directly above at any time. In order to change or terminate such authorization written notice must be provided to Natural Health Solutions of Virginia.

_____I understand that since the Internet is not secure or private, email is not a 100% secure method of communication. I understand that without my checking the authorization box below, Dr. Courtney Paré or any other individual associated with Natural Health Solutions of Virginia will be unable to communicate with me via email. I understand that I can change my communication preference and authorization at any time by notifying Natural Health Solutions of Virginia in writing.

- I give Natural Health Solutions of Virginia permission to communicate with me, including sending protected health information, via email.
- I **do not** give Natural Health Solutions of Virginia permission to communicate with me, including sending protected health information, via email.



_____ I understand that since voicemail and other telephone messaging services are not secure or private, voicemail messages are not a 100% secure method of communication. I understand that without checking the authorization box below, Dr. Courtney Paré or any other individual associated with Natural Health Solutions of Virginia will be unable to leave me voicemail messages. This includes voicemail messages for appointment reminders. I understand that should I choose not to receive voicemail messages I will still be responsible for showing up to my scheduled appointments and responsible for any associated “no show” fee should I not show up for my scheduled appointment (see “Appointment and Cancellation Policy” section). I understand that I can change my communication preference and authorization at any time by notifying Natural Health Solutions of Virginia in writing.

I give Natural Health Solutions of Virginia permission to leave voice messages on telephone number(s) provided on my intake form.

I **do not** give Natural Health Solutions of Virginia permission leave voice messages for me on my provided telephone number(s)

Email and Phone Policy:

Email:

Natural Health Solutions of Virginia recognizes that email may be a quick and easy way of communicating with your practitioner. We would like to offer this as a method to communicate with you about business matters and as a means of sending forms and documents.

Please Initial:

_____ I understand that if I have checked the appropriate box in the “Privacy Policies” section, Dr. Courtney Paré and other individuals associated with Natural Health Solutions of Virginia may contact me via email and vice versa and that some of the content transmitted may my contain personal health information.

_____ I understand that Natural Health Solutions of Virginia uses email **only** for business matters including announcements, newsletters, and to respond to simple, quick questions. Adequate care cannot be given via email and therefore should I send an email that requires healthcare advice or changes to my current support plan I may be asked to schedule a phone or in office return appointment.

_____ I understand that Dr. Courtney Paré and Natural Health Solutions of Virginia provide an email address for my convenience, however are not required to read or respond to my emails



and are not held responsible for receiving or acknowledging any information I provide in my emails. If I have a health concern I would like to make known, I am responsible for scheduling an appointment or getting in touch with Dr. Courtney Paré or another practitioner at Natural Health Solutions of Virginia in person or by phone. If I am experiencing a medical emergency I am to call **911** immediately.

Phone:

Please Initial:

_____ I understand that Dr. Courtney Paré offers phone consultations for return appointments and that they will be billed the same as in office appointments.

_____ I understand that if I have checked the appropriate box in the “Privacy Policies” section, Dr. Courtney Paré and other individuals associated with Natural Health Solutions of Virginia may leave voicemail messages on the phone number(s) I provided and am aware they may contain my personal health information.

_____ I understand that Dr. Courtney Paré does not use text messaging as a form of communication regarding my healthcare except for in emergency situations. I understand that text messaging is not a secure or private form of communication and that Dr. Courtney Paré, or anyone else associated with Natural Health Solutions of Virginia, is not held responsible for receiving, reading or responding to text messages.

Consent to Care:

By signing this agreement, I am acknowledging that I understand and agree to the terms of service explained above and that I consent to receive supportive naturopathic and related services by Dr. Courtney Paré and Natural Health Solutions of Virginia. I am acknowledging that I have had the opportunity to ask questions about any of the content above. I agree to maintain a relationship with a licensed medical provider throughout the duration of my care at Natural Health Solutions of Virginia and this consent form covers me for the entirety of duration I am under the care of Natural Health Solutions of Virginia. I understand that Natural Health Solutions of Virginia does not provide emergency care and I understand and agree to the appropriate steps to take should such a situation arise. I also understand Natural Health Solutions of Virginia’s payment and cancellation policies and give them permission to charge my credit card in accordance with these policies.

Printed Name of Individual or Legal Guardian

Signature of Individual or Legal Guardian

Date