

Lena R. Bruce, M.D.
Santa Fe Weight Loss Med Spa
12422 Hwy 6, Santa Fe, Texas 77510
Telephone: (409) 370-7779
Fax: (409) 316-9336

Patient Information
(Please print clearly)

Date: _____

Full Name: _____

SS#: _____ Address: _____

City/State: _____ Zip: _____ Suite/Apt. #: _____

Cell Phone: _____ Are you able to send/receive texts? ☐ Yes ☐ No

Email: _____

Male/Female Marital Status: _____ DOB: _____ / _____ / _____ Age: _____

*Insurance Provider: _____

**Though we do not take insurance, we may need to prior authorize your medicine. It is also used for any tests the doctor performs or requests. We will ask to make a copy of your insurance card and driver's license.

Drug Allergies: _____

Current Medications: _____

How did you hear about our clinic? _____

ADULT HEALTH HISTORY QUESTIONNAIRE

PERSONAL HISTORY

PAST ILLNESSES

Please check any illnesses you have had:

- ☐ Asthma
- ☐ Hay Fever
- ☐ Emphysema
- ☐ TB
- ☐ Kidney Trouble
- ☐ High Blood Pressure
- ☐ Rheumatic Fever
- ☐ Diabetes
- ☐ Stroke
- ☐ Cancer _____
(Type)
- ☐ Anemia
- ☐ Arthritis
- ☐ Gout
- ☐ Abnormal Pap Smear
- ☐ Stomach Ulcer
- ☐ Mental Illness
- ☐ Seizures
- ☐ Depressions
- ☐ Back Trouble
- ☐ Bowel Trouble
- ☐ Thyroid Disease
- ☐ Glaucoma
- ☐ Gallstones
- ☐ Hepatitis
- ☐ Liver Problems
- ☐ Bleeding Problems
- ☐ Skin Problems
- ☐ Alcoholism
- ☐ Drug Addiction
- ☐ Hearing Loss
- ☐ Polyps of Bowel
- ☐ Sexually Transmitted Disease
- ☐ Ovarian Cysts
- ☐ HIV
- ☐ Other: _____

Hospitalizations/Surgeries/Injuries

Please list any hospitalizations, injuries, or surgeries you have had:

Family History

Please circle any diseases your parents, brothers, sisters, grandparents, aunts or uncles have/had:

Diabetes, Asthma, Stroke, Cancer, Alcoholism

Seizures, Heart Attack, High Blood Pressure

Other: _____

Women Only

Age of last menstrual period _____

of pregnancies _____ # of living children _____

Birth Control Method _____

ADULT HEALTH HISTORY QUESTIONNAIRE

PERSONAL HISTORY

Please explain which diets you have tried:

What are your occupations and activity level:

What are your goals for this program?

Have you ever taken diet pills? ☐ Yes ☐ No

If yes, please list them.

Did any of the medications listed above improve your progress? ☐ Yes ☐ No

Did you have any side effects to the pills, such as jitters, headaches, etc.? ☐ Yes ☐ No

If yes, please list the side effects:

ADULT HEALTH HISTORY QUESTIONNAIRE

PERSONAL HISTORY

Name: _____

Please answer the questions below:

Yes

No

Do you smoke cigarettes?

Packs per day? _____ How many years? _____

Do you smoke cigars?

Do you snuff or use chewing tobacco?

Do you drink alcohol?

If so, do you drink daily, weekly, or occasionally? _____

Do you ever drink a morning eye-opener? (Energy drinks,
coffee, etc)

Do you have any trouble sleeping?

How many glasses of water do you drink a day? _____

What are your current eating habits?

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

What time of the day you snack the most? _____

Physician/Patient Medication Management Agreement

This agreement between _____ (patient) and Dr. Lena R. Bruce M.D. (the physician) is for the purpose of establishing an agreement between the physician and patient on clear conditions for the prescription and use of anti-anxiety, anti-depressant, pain control, and amphetamine medications (to be referred to as medication) prescribed by the physician for the patient. Physician and patient agree that this agreement is an essential factor in maintaining the trust and confidence necessary in the physician/patient relationship.

The patient agrees to and accepts the following conditions for the management of medication(s) prescribed by the physician for the patient. These conditions are as follows:

1. I understand that all the medications have potential adverse effects as well as the possibility of getting physically dependent on their use.
2. I realize that it is my responsibility to keep myself and others from harm, including the safety of my driving. If there is any question of my impairment of my ability to safely perform any activity, I agree that I will not attempt to perform the activity until my ability to perform the activity has been evaluated or I have not used my medication for at least four days.
3. I will not use any illegal controlled substances, including cocaine, methamphetamine's, etc.
4. I will not share, sell or trade my medication for money, goods or services.
5. I will not attempt to get medication from any other health care provider without telling them I am taking medication prescribed by Dr. Bruce. I understand it is against the law to do so.
6. I will safeguard my medication from loss and/or theft and agree to the consequences of my failure to do so, which is to be without my prescribed medication for a period of time.

I agree to use _____ (name of pharmacy)

Located at _____ (pharmacy's address)

Pharmacy's phone number _____ - _____ - _____

For all my medications (mentioned in the agreement)

7. If I change pharmacies for any reason, I agree to notify my physician at the time I receive a prescription, and advise my new pharmacy of my prior pharmacy's address and phone number.
8. I agree to waive any applicable privilege or right of privacy or confidentiality with respect to the prescribing of my medication and I authorize my physician and my pharmacy to cooperate fully with any city, state, or federal law enforcement agency; including, but not limited to, the Texas Board of Pharmacy, in the investigation of any possible sale, misuse, or other diversion of my medication.
9. I authorize the physician to provide a copy of this agreement to my pharmacy.
10. I agree that I will submit to a blood or urine test if required by my physician to determine my compliance with my regiment of medication.
11. I agree that I will use my medication at a rate no greater than the prescribed rate and that use of my medication at a greater rate without my physician's consent will result in termination as a patient.
12. I understand that this medication regiment will be continued for a certain period of time or deemed appropriate by my physician after which I will be reevaluated.
13. Physician and patient agree that this agreement is essential to the physician's ability to treat the patient's condition effectively and that failure of the patient to abide by the terms of this agreement may result in the termination of the patient/physician relationship.

Patient Signature

Physician's Signature



Date

Witness Signature

Lena R. Bruce, M.D.

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Appointment Cancellation / No Show Policy

We request that all patients give a **24-hour notice** to our office for appointment cancellations.
We do realize it is not always possible to give notice within those guidelines.

However, any no-shows or cancellations without notification may be charged with the “no-show” fee. (after a patient has signed this notice)

The charges are as follows:

\$25.00 FOR ESTABLISHED PATIENT VISITS

Thank you for your understanding and cooperation.

Patient Signature

Date

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CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our privacy practices before you decide whether to sign this consent. A copy of our privacy practices accompanies this consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our notice, we will issue a revised Notice of Privacy Practices.

You may obtain another copy of our Notice of Privacy Practices, including any revisions by contacting the number listed above.

Right to revoke: You will have the right to revoke this consent at any time by giving us a written notice of your revocation submitted to the contact person listed above. Please understand that the revocation of this consent will not affect any action we took before we received your revocation, and that we may decline to treat you once revoked.

I understand that, by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the office's Notice of Privacy Practices.

Print Name: _____ **Date:** _____

Signature: _____

If this consent is signed by a personal representative on behalf of the patient, complete the following:

Representative's full Printed Name: _____

Representative's Signature: _____

Relationship to Patient: _____

You are entitled to a copy of this consent after signed.

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AUTHORIZATION TO RELEASE INFORMATION

Please read carefully, and print/initial below:

I, _____, give Dr. Lena R. Bruce's staff permission to release information in the following manner.

_____ I give permission to mail my clinical notes or lab work to my home address, P.O Box, or assigned address, *if requested.*

_____ I give permission to leave any other personal pertinent medical information on my **cellphone voicemail, text messaging, or email.** (*I.E., appointment or medicine information, messages from the doctor, etc).*)

_____ I give permission to disclose my health information, such as lab results, appointment date/times, medications, and care plan **to the following individual, if needed.**

Name: _____ Relationship: _____

Phone: _____

OR _____ I do **NOT** wish to have any information released in any manner, except to me personally.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

Did you know that stress can cause weight gain?
(Must be completed as part of the New Patient Packet and for Follow-Up visits)

Name: _____ Date: _____ Age: _____

For each question below, circle the number to the right that best represents your answer.

Base your answers on your behavior in the last 6 months.

0 – Never, 1 – Rarely, 2 – Sometimes, 3 – Often, 4 – Very Often.

1. How often do you make careless mistakes when you are working on boring/difficult projects?	0	1	2	3	4
2. How often do you have difficulty keeping your attention on a task if it is boring/repetitive?	0	1	2	3	4
3. How often do you have difficulty concentrating on what is being said directly towards you?	0	1	2	3	4
4. How often do you have trouble wrapping up final details of a project after the challenging parts are completed?	0	1	2	3	4
5. How often do you have difficulty getting things in order when you have a task that requires organization?	0	1	2	3	4
6. When you have a task that requires a lot of thought, how often do you avoid or put off getting started?	0	1	2	3	4
7. How often do you misplace or have difficulty finding things at home or work?	0	1	2	3	4
8. How often are you distracted by activity or noise around you?	0	1	2	3	4
9. How often do you have problems remembering appointments?	0	1	2	3	4

Part "A" Total:

1. How often do you fidget with your hands or feet when you must be seated for a long period of time?	0	1	2	3	4
2. How often do you leave your seat in situations in which you are expected to remain seated?	0	1	2	3	4
3. How often do you feel restless or fidgety?	0	1	2	3	4
4. How often do you have difficulty unwinding or relaxing when you have time to yourself?	0	1	2	3	4
5. How often do you feel overly active or compelled to do things?	0	1	2	3	4
6. How often do you find yourself talking excessively in social situations?	0	1	2	3	4
7. While in conversation, how often do you find yourself interrupting and finishing sentences of the people you are talking to?	0	1	2	3	4
8. How often do you have difficulty waiting your turn in situations?	0	1	2	3	4
9. How often do you interrupt others when they are busy?	0	1	2	3	4

Part "B" Total:

Lena R. Bruce M.D.

Santa Fe Weight Loss Med Spa

The remaining pages are for you to keep, but please bring them with you for orientation.

Notes or questions you would like to ask when you see the doctor at the time of your visit.

Lena R. Bruce M.D.

Drug Therapy for Obesity

These are a few of the different medications that Dr. Bruce uses. After reviewing your health history and speaking with you one on one, she will discuss these and other options to customize a program for you.

Phentermine, (Fastin and Adipex), is used for a short period of time to promote weight loss, if exercise and calorie reduction are not sufficient, and in addition to exercise and calorie reduction.

Rare cases of pulmonary hypertension and cardiac valvular disease have been reported. The appetite-suppressing effect usually wears out after a few weeks as the person taking it develops drug tolerance; there is also a risk of addiction. People taking phentermine may be impaired when driving or operating machinery.

Other adverse effects include:

- Cardiovascular effects like palpitations, tachycardia, high blood pressure, precordial pain; rare cases of stroke, angina, myocardial infarction, cardiac failure and cardiac arrest have been reported.
- Central Nervous System effects like over-stimulation, restlessness, nervousness, insomnia, tremor, dizziness and headache; there are rare reports of euphoria followed by fatigue and depression, and more rare yet, psychotic episodes and hallucinations.
- Gastrointestinal effects include nausea, vomiting, dry mouth, cramps, unpleasant taste, diarrhea, and constipation.
- Other adverse effects include trouble urinating, rash, impotence, changes in libido, and facial swelling.
- People taking phentermine should not drink alcohol as it can increase the CNS side effects. Phentermine may prevent drugs like clonidine, methyldopa, and guanethidine from having any effect. Drugs to treat hypothyroidism may increase the effect of phentermine.

Tenuate Dospan(Diethylpropion), Diethylpropion is an appetite suppressant similar to an amphetamine. Diethylpropion stimulates your central nervous system (nerves and brain), which increases your heart rate and blood pressure and decreases your appetite.

Diethylpropion is used as together with diet and exercise to treat of obesity.

You should not take this medication if you are allergic to diethylpropion or if you have pulmonary hypertension, severe coronary artery disease, glaucoma, overactive thyroid, uncontrolled high blood pressure, a history of drug or alcohol addiction, if you are agitated, or if you are taking any other diet pills. Common side effects are nausea, vomiting, diarrhea, upset stomach; headache, blurred vision; feeling nervous, anxious, or jittery; sleep problems (insomnia); dizziness, drowsiness, tired feeling; depressed mood; dry mouth, unpleasant taste in your mouth; decreased sex drive; or mild itching or rash.

Bontril (phendimetrazine) is a sympathomimetic amine, which is similar to an amphetamine. It is also known as an "anorectic" or "anorexigenic" drug. Bontril stimulates the central nervous system (nerves and brain), which increases your heart rate and blood pressure and decreases your appetite.

Bontril is used as a short-term supplement to diet and exercise in the treatment of obesity.

Stop using Bontril and call your doctor at once if you have a serious side effect such as:

- feeling short of breath, even with mild exertion;
- chest pain, feeling like you might pass out;
- swelling in your ankles or feet;
- pounding heartbeats or fluttering in your chest;
- confusion or irritability, unusual thoughts or behavior;
- feelings of extreme happiness or sadness; or
- dangerously high blood pressure (severe headache, blurred vision, buzzing in your ears, anxiety, confusion, chest pain, shortness of breath, uneven heartbeats, seizure).

Less serious Bontril side effects may include: feeling restless or hyperactive; headache, dizziness, tremors; sleep problems (insomnia); flushing (warmth, redness, or tingly feeling); dry mouth; diarrhea or constipation, upset stomach; or increased or decreased interest in sex, impotence.

Qsymia This medication is used with a doctor-approved exercise, behavior change, and reduced-calorie diet program to help you lose weight. It is used by certain overweight people, such as those who are obese or have weight-related medical problems. Losing weight and keeping it off can lessen the many health risks that come with obesity, including heart disease, diabetes, high blood pressure, and a shorter life.

Possible side effects include Dizziness, drowsiness, dry mouth, difficulty sleeping, tiredness, tingling of the hands/feet, constipation, and metallic taste may occur. If any of these effects persist or worsen, tell your doctor or pharmacist promptly.

Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor right away if you have any serious side effects, including: temporary difficulty concentrating/finding words/remembering things, signs of kidney stones (such as painful urination, fever, chills, pink/bloody urine), rapid breathing, fast/slow/irregular heartbeat, bone pain/broken bones, loss of consciousness, change in sexual ability/interest, or unusual bleeding/bruising.

Contrave (Naltrexone) belongs to a class of drugs known as opiate antagonists, and bupropion is an antidepressant that may help restore the balance of certain natural chemicals (neurotransmitters) in your brain. These two medications work together on separate parts of the brain to reduce appetite and how much you eat. Most opiates should not be used for 7 to 10 days before starting naltrexone, but some opiate drugs (such as methadone) should not be used for 10 to 14 days before starting naltrexone. Ask your doctor or pharmacist for more details.

Other forms of naltrexone or bupropion are used to treat a variety of conditions including depression, other mental/mood disorders, smoking cessation, addiction to narcotic medication, and alcohol abuse. This combination product is not approved for these other uses. Possible side effects are Nausea, vomiting, constipation, stomach pain, headache, dizziness, trouble sleeping, increased sweating, flushing, and dry mouth or strange taste in the mouth may occur. If any of these effects persist or worsen, tell your doctor or pharmacist promptly.

Saxenda is an FDA-approved, prescription injectable medicine that, when used with a low-calorie meal plan and increased physical activity, may help some adults with excess weight who also have weight-related medical problems (such as high blood pressure, high cholesterol, or type 2 diabetes), or obesity, to lose weight and keep it off.

Common side effects of Saxenda include nausea, diarrhea, constipation, headache, vomiting, low blood sugar (hypoglycemia), decreased appetite, upset stomach, tiredness, dizziness, stomach pain, and changes in enzyme (lipase) levels in your blood. Nausea is most common when first starting Saxenda, but decreases over time in most people as their body gets used to the medicine. Tell your health care professional if you have any side effect that bothers you or that does not go away

Belviq (Lorcaserin) belongs to a class of drugs known as serotonin receptor agonists. It is thought to work by affecting a certain part of the brain that helps control your appetite. Possible side effects can include Nausea, dry mouth, headache, dizziness, constipation, or tiredness may occur. If any of these effects persist or worsen, tell your doctor or pharmacist promptly.

Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects.

Tell your doctor right away if you have any serious side effects, including: easy bleeding/bruising, enlarged breasts or abnormal breast milk production, mental/mood changes (such as confusion, depression, thoughts of suicide, unusual agitation, difficulty with attention/memory), shaking/twitching muscles, shortness of breath, slow/fast/irregular heartbeat, swelling ankles/feet/hands, unexplained fever. A product that may interact with this drug is: cabergoline.

This medication can slow down the removal of other medications from your body, which may affect how they work. Examples of affected drugs include dextromethorphan, among others.

Topomax (topiramate) is an anticonvulsant prescribed for preventing epileptic seizures and migraine headaches. Topamax is available as a generic drug. Common side effects of Topamax include: tiredness, drowsiness, dizziness, nervousness, numbness or tingling feeling, coordination problems, diarrhea, weight loss, speech/language problems, changes in vision, sensory distortion, loss of appetite, bad taste in your mouth, confusion, slowed thinking, trouble concentrating or paying attention, memory problems, and cold symptoms such as stuffy nose, sneezing, or sore throat.

Didrex, or Benzphetamine is a substituted amphetamine used short-term along with a doctor-approved, reduced-calorie diet, exercise, and behavioral program for weight loss. This medicine works by suppressing your appetite. If you suddenly stop using this medication, you may have withdrawal symptoms (such as depression, severe tiredness). To help prevent withdrawal, your doctor may lower your dose slowly.

Wegovy injection 2.4 mg is an injectable prescription medicine used for adults with obesity (BMI ≥ 30).

- Wegovy should be used with a reduced calorie meal plan and increased physical activity.
- Contains semaglutide and should not be used with other semaglutide-containing products or other GLP-1 receptor agonist medicines.

How does it work? Your brain gets signals from different places in your body. Some of these signals are called appetite hormones that help regulate how much food you eat. Wegovy works similarly to one of these natural appetite hormones, so you eat fewer calories, and lose weight.

The most common side effects of Wegovy may include: nausea, diarrhea, vomiting, constipation, stomach (abdomen) pain, headache, tiredness (fatigue), upset stomach, dizziness, feeling bloated, belching, gas, stomach flu and heartburn.

Zepbound, is an injectable prescription medicine that may help adults with obesity, or with excess weight who also have weight-related medical problems, lose weight and keep it off. Zepbound should be used with a reduced-calorie diet and increased physical activity.

- Zepbound contains tirzepatide and should not be used with other tirzepatide-containing products or any GLP-1 receptor agonist medicines.
- It is not known if Zepbound is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.
- It is not known if Zepbound can be used in people who have had pancreatitis.
- It is not known if Zepbound is safe and effective for use in children under 18 years of age.

The side effects are similar to the semaglutide injections. There are compound versions of semaglutide and tirzepatide that are more cost effective.

The FDA-approved long term and short term lists of medications for weight loss is ever changing, many of them have websites of their own name, such as Wegovy.com, etc. We encourage you to research any new medication especially if this packet hasn't been updated to include it yet.

Digestive Inhibitors

Orlistat (Xenical) and ALLI prevents the absorption of about 30 percent of the dietary fat. Gastrointestinal side effects are flatus with discharge, oily spotting and oily stool, fecal urgency, fecal incontinence and abdominal pain.

Fiber is very important in our diet. We as a society eat too much fatty, fried, fast foods that lack high fiber. You need fiber for good colon and digestive care. If you are not evacuating your colon daily you are already slowing down your metabolism. It does not matter which fiber you use – Benefiber, FiberONE, or our Chitosan – just use it and drink lots of water. If you suffer from IBS or constipation already, you might consider a series of colon therapy.

Chitosan is a dietary fiber that captures or adsorbs fats in the stomach and carries it safely out of the body as waste before the body can absorb it. Chitosan has no calorie value, it dissolves in the stomach and provides a feeling of fullness, which suppresses the appetite. Chitosan as a safe a effective diet aid remains somewhat controversial, however.

Citrin-RX

Prevents the body from storing carbohydrates as fat. Stimulates the body to burn existing supplies of fat. Lowers sugar cravings by balancing blood sugar levels. Maintain a higher blood level of chromium throughout the week to produce faster results than the injection by itself.

Lap-Band in a Bottle

All natural expanding fiber with benzocaine to numb the stomach lining. Curves hunger and controls calorie intake by expanding 9 times its volume.

Everything you do an exercise; sweeping, parking further away. Wake up 30 minutes earlier and walk, or do an exercise routine. Use the time you participating in the program getting shots, appetite suppressants, and support to change your lifestyle and eating habits. The benefits are endless when you adopt a healthy life style for yourself and your family. You WILL see results from proper food combining with smaller portioned, healthy, simple, frequent meals, and exercising 5-6 days a week for at least 30 minutes, and by drinking water all day long. Say goodbye to junk food/drinks and hello to a longer life.

Santa Fe Weight Loss Med Spa

Business Hours

For Injections Only

(Please call ahead if you need after 2:55 pm)

For Scheduling Appointments

Monday	10:00 am – 3:00 pm	10:30 am – 3:00 pm
Tuesday	10:00 am – 5:15 pm	10:30 am – 5:15 pm
Wednesday	10:00 am – 3:00 pm	10:30 am – 3:00 pm
Thursday	10:00 am – 5:15 pm	10:30 am – 5:15 pm
Friday	10:00 am – 3:00 pm	10:30 am – 2:15 pm
Every other Saturday	8:00 am – 11:45 am	8:00 am – 11:15 am
Sunday	Closed	Closed

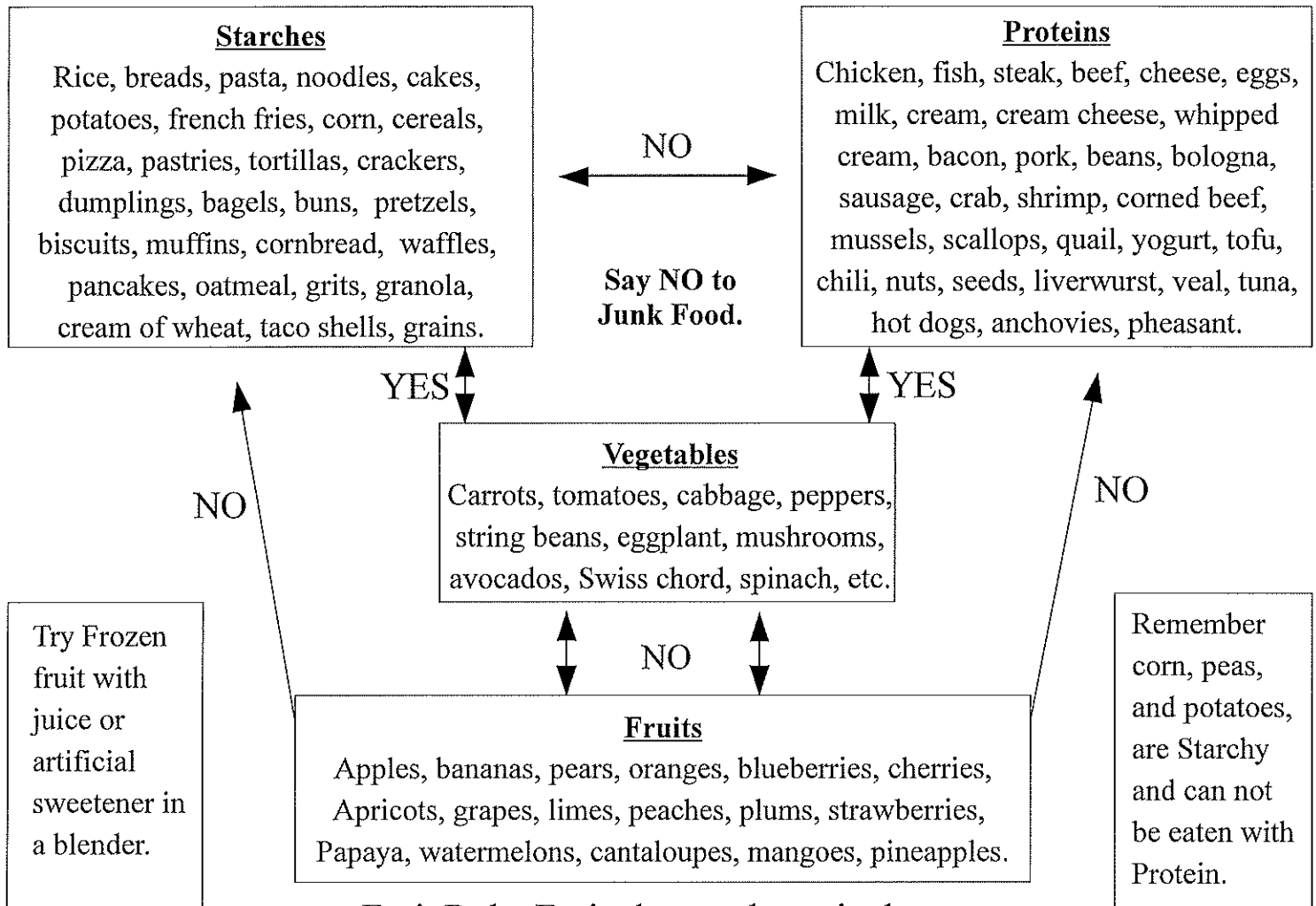
*Please contact us for holiday hours, or to confirm an open Saturday.

***Please contact the office first if you need to come after 2:55 for injections.**

*We will also post holiday closures, sales, and special announcements on our Facebook page. - Santa Fe Weight Loss Med Spa

*If you need to reschedule Your appointment, please call/text **409-370-7779**, or email **SantaFeWeightLoss@gmail.com**.

Combination Diet



Fruit Rule: Fruit alone or leave it alone.
Fruit all morning long and you can't go wrong.

*Vegetables are best eaten raw to preserve vitamins and mineral content. Live foods = Live Bacteria
 Eat melons alone, and do not combine acid fruit with sweet fruit.
 Simple, small, more frequent meals save energy.

<u>Improper Combinations</u>		<u>Proper Combinations</u>	
BLT	Steak & potato	Steak & veggies	Baked eggplant
Milk & donuts	Hot dog w/bun	Potato & veggies	Dumplings/salad
Cheese pizza	Pancake & eggs	Potato lasagna	Fish & Veggies
Hamburger w/bun	Egg rolls	Mixed veggies	French fries/salad
Egg muffin	Cereal w/milk	Egg & sausage	Veg. pizza
Spaghetti w/meat	Bean burritos	Veg. Burrito	Pancakes w/syrup
PB&J	Breaded veal	Stir fry veg./rice	

Digestion Times

Fresh fruit juice = 0 mins.
 Fresh fruit smoothies = 15 mins.
 Fresh Vegetable juice = 10 mins.
 Whole fresh fruit = 20 mins.

Salad & raw vegetables = 2 hours.
 Properly combined Starch & Veg. meal = 3 hours.
 Properly combined Protein & Veg. Meal = 4 hours.
 Improper combined Starch & Protein meal = 8 hours.

Improperly combined meals followed with fruit = 40 hours.

Fees

New patient visit w/shot - \$150.00

Restart (180 days or more) - \$125.00

Follow up visit - \$50.00 /\$70.00

Weekly Single injection - \$30.00

Weekly Combination injection - \$40.00

B12 shot - \$25.00

Important Notice

During weight loss clinic hours, Dr. Bruce will only be able to see patients for weight loss issues. Any other issues not related to this program must be addressed with a medical appointment during her medical practice hours or with your regular physician. If you do discuss medical issues along with the weight loss, your visit will be \$125.00. We hope all understand in fairness of time to other patients.

Follow-Up Appointments

Also, if you can not make your appointment, please send an email to us at SantaFeWeightLoss@gmail.com, or call/text at (409) 370-7779. This will allow us to schedule someone else in your place. Failing to call, email or text in at least 24 hours prior to your scheduled appointment will result in a charge of \$25.00.

Dear weight loss client,

Just a few friendly reminders and procedure changes:

If you are put on any controlled substance:

- These require a special prescription from the doctor and must be filled within 21 days, or the prescription will expire. You will need this special type of prescription for that medication every month. It is very important to keep your appointments, not doing so will delay in getting your medication refilled.
- Do not lose the prescription or actual medicine. We will not replace lost or stolen prescriptions.

Sometimes Dr. Bruce prescribes a medicine that your insurance plan will require our staff to call and preauthorize. This is just for medication, not coverage for the program itself. This is a process where the staff calls your prescription plan company to answer questions to why you need this medicine. Your insurance decides coverage or not based on the information. The staff will do this within 24 hours of notification from your pharmacy. However, your insurance can take up to a week to give approval or denial. For this purpose, please remember to give us updated insurance cards at your next visit, so we may have copies in your chart.

Re: Medication contract

To keep in compliance with the DEA, FDA, and PMP, as of 2014 I must include this document in my charts on each patient. Because we are a weight loss clinic and the types of medications used in a clinic such as this, we need to meet the guidelines set by governing agencies to continue serving you. Unfortunately, without this agreement, I will not be able to prescribe your medications. This contract is just one of the tools I will be using to show that my practice is actively monitoring the use and distribution of medication. This contract just states an agreement between you and me, that you will take your medication as directed. Also a drug screening must be taken randomly throughout your care. We send your drug screen to an off site company with your insurance. If you do not have insurance, we may do an in-house drug screening at random, since we can not bill insurance for these, the cost for an in-house test is \$10.00. My first and upmost concern is your health and well being and this will assure that I am doing just that.

Thank you for your cooperation and understanding in the matters above.

Sincerely,

Lena R. Bruce M.D.

Examples of the Combination Diet

IHOP: PROTEIN MEAL

Bacon, eggs, vegetables (sliced tomato, mushrooms, onion, etc).

IHOP: STARCH MEAL

Pancakes, grits, toast, waffles, oatmeal.

RYAN'S STEAKHOUSE: PROTEIN MEAL

Steak with non starchy vegetables, salad.

RYAN'S STEAKHOUSE: STARCH MEAL

Pasta with vegetables.

STARCH MEALS

Acorn squash stuffed with curried quinoa

Pasta w/ marinara sauce

Millet casserole w/ squash

PROTEIN MEALS

Poached fish with stir-fry vegetables

Roasted chicken w/ leafy green salad

Grilled salmon with steamed vegetables

Get creative, write down your favorite combinations.

While some starch and carbs are needed for energy, you really only need about a fist full. Proteins and vegetables are a sure way to a healthy weight.

Alcohol is ok in moderation but remember, alcohol is just empty calories that slow down your metabolism.

UNDERSTANDING HOW AND WHY THE COMBINATION DIET WORKS

Protein and Starch

This is the worst possible combination of foods to mix together at a single meal, and yet it is the mainstay of modern Western diets; meat and potatoes, hamburgers, eggs and toast, etc. When one consumes protein and starch together, the alkaline enzyme pours into the food as it's chewed in the mouth. When the masticated food reaches the stomach, digestion of starch by alkaline enzymes continues unabated, thereby, preventing the digestion of protein by pepsin and other acid secretions. The ever present bacteria in the stomach are thus permitted to attach the protein and putrefaction commences, rendering nutrients in the protein food largely useless to you and producing toxic wastes and foul gases, including such poisons as indol, skatol, phenol, hydrogen sulfide, phenylpropionic acid, and others. If that is the case, you may well wonder, "Then why does the stomach have no trouble handling foods that naturally contain both protein and starch, such as whole grains?" As Dr. Shelton points out, "There is a great difference between the digestion of a food, however complex its composition, and the digestion of a mixture of different foods." To a single article of food that is a starch-protein combination, the body can easily adjust its juices, both as to strength and timing, to the digestive requirements of the food. But when two foods are eaten with different, even opposite, digestive needs, this precise adjustment of juices to requirements become impossible.

Protein and Protein

Different proteins have different digestive requirements. For example, the strongest enzymatic action on milk occurs during the last hour of digestion, whereas on meat it occurs during the first hour, and eggs somewhere in between. It is instructive to recall the ancient dietary law which Moses imposed on his people, forbidding the simultaneous consumption of milk and flesh. Two similar meats such as beef and lamb, or two types of fish such as salmon and shrimp, are not sufficiently different in nature to cause digestive conflict in the stomach and may be consumed together.

Acid and Starch

Any acid taken together with starch suspends secretion of ptyalin, a biochemical fact of life upon which all physicians agree. Therefore, if you consume oranges, lemons, and other acid fruits, or acids such as vinegar's, along with starch, no ptyalin is secreted in the mouth to initiate the first stage of digestion. Consequently, the starch hits the stomach without the vital alkaline juices it needs to digest properly, permitting bacteria to ferment instead. A single teaspoon of vinegar, or its equivalent in other acids, is all it takes to entirely suspend salivary digestion of starch in the mouth.

Acid and Protein

Since protein requires an acid medium for proper digestion, you'd think that acid foods would facilitate protein digestion, but that is not the case. When acid foods enter the stomach they inhibit secretion of hydrochloric acid, and the protein-digesting enzyme pepsin can work only in the presence of hydrochloric acid, not just any acid. Therefore orange juice inhibits the proper digestion of eggs, and a strong vinegar dressing on salads inhibits the digestion of steak.

Starch and Sugar

It has been established that, when sugar enters the mouth along with starch, the saliva secreted during mastication contains no ptyalin, thereby sabotaging starch digestion before it reaches the stomach. Furthermore, such as combination blocks passage of sugar through the stomach until the starch is digested, causing it to ferment. The by-products of sugar fermentation are acidic, which in turn further inhibits digestion of starches, which require alkaline mediums for digestion.

Melon

Melons are such a perfect food for humans that they require no digestion whatsoever in the stomach. Instead, they pass quickly through the stomach and move into the small intestine for digestion and assimilation. But this can happen only when the stomach is empty and melons are eaten alone. When consumed with or after other foods that require complex digestion in the stomach, melons cannot pass into the small intestines until digestion of other food in the stomach is complete. So they sit and stagnate instead, quickly fermenting and causing all sorts of gastric distress.

Desserts

One should avoid any sort of sweet dessert. This type of food combines poorly with everything. Even fresh fruit should be avoided after a meal because it will back up in the stomach and ferment instead of digest. If you have a "sweet tooth" and crave cakes, pies, and pastries, indulge your habit occasionally by making a whole meal of them. Or you can try some of our supplements to block these sugar cravings.

Trophology Summary

Correctly combining foods makes all the difference in the world to proper digestion and metabolism. Without complete digestion, the nutrients in even the most wholesome food cannot be fully extracted and assimilated by the body. Moreover, incomplete digestion and inefficient metabolism are the prime causes of fat and cholesterol accumulation in the body. A low calorie diet of overcooked, processed and improperly combined foods will still make you fat and leave sticky deposits in your arteries, just as the wrong mix of fuels will leave carbon deposits on the spark plugs of an engine, clog the pistons, and create foul gaseous exhaust. On the other hand, if foods are properly combined for consumption, the regardless of how many calories or how much cholesterol they contain they will not make you fat or clog up your veins and organs, especially if at least half your daily food intake is taken raw. If one follows the rules of Trophology, there is no need to be a fanatic about controlling one's diet, no need to count calories, and no need to worry about cholesterol. Note also that there is no such thing as food that is 100 percent protein.

Trophology Introduction

Compared to taoist concepts of balance, the Western notion of a balanced diet is simplistic and superficial. Western physicians advise everyone to take a little of everything at every meal, jumbling together such a disparate ingredients as meat, milk, starch, fat and sugar. Such indiscriminate consumption of food is no different than pouting a combination of gas, oil, alcohol, and sugar into the gas tank of your car. These blends will not burn efficiently, will provide little power and will quickly clog up the engine so badly that the entire system grinds to a halt. Modern medical training in the West, especially in America, is notoriously deficient in nutritional science, although there are a few enlightened nutritional scientists in America and Europe today who, despite sneers from their pees in the medical establishment, are making great stride through the science of Trophology. The Western scientific equivalent of yin/yang balance in food combinations is something we all learned in elementary high school chemistry: acid/alkaline balance, or "PH". We all know that if we did add a measure of alkaline to an equal measure of acid, the resulting chemical solution is as neutral as plain water. That's the principle behind for bicarbonate (a strong alkaline) to relieve acid indigestion. It is an established scientific fact in western medicine that, in order to initiate efficient digestion of any concentrated animal protein, the stomach must secrete pepsin. But it is also a well know fact that pepsin can function only in a highly acidic medium, which must be maintained for several hours for complete digestion of proteins. An equally well established fact of science, is when we chew a piece of bread of potato or any other carbohydrate/starch, ptyalin and other alkaline juices are immediately secreted into the food by saliva in the mouth. When swallowed, the alkalized starches require an alkaline medium in the stomach in order to complete their digestion. Anyone should be able to figure out what therefore happens when you ingest protein and starch together. Acid and alkaline juices are secreted simultaneously in response to incoming protein and starch, promptly neutralizing one another and leaving a weak, watery solution in the stomach that digests neither protein nor starch properly. Instead, the proteins putrefy and starches ferment owing to the constant presence of bacteria in the digestive tract.

This putrefaction and fermentation are the primary cause of all sorts of digestive distress, including gas, heartburn, cramps, bloating, constipation, foul stools, bleeding, piles, colitis, and so forth. Many so called allergies are also the direct result of improper food combinations: the bloodstream picks up the toxins from the putrefied, terminated mess as it passes slowly through the intestines, and these toxins in turn cause rashes, hives, headaches, nausea, and other systems commonly branded as allergies. The same foods that cause allergic reactions when improperly combined often have no ill-side effects whatsoever when consumed according to the rules of Trophology. The final fact of the matter is this: when you immobilize your stomach and impair digestive functions by consuming foods in indiscriminate combinations, the bacteria in your alimentary canal have a field day. They all get all the nutrients and thrive, while you get all the wastes and suffer.

Source: Daniel Reid.

VITA-LEAN ULTRATM

with ACETYL L-CARNITINE, B-5, Long and Short acting Vitamin B-12 and B-6.

REVS UP FAT METABOLISM WITHOUT LOSING LEAN MUSCLE TISSUE!

Each mL Contains: Acetyl L-Carnitine 200mg, L-Arginine HCl 200mg, Methylcobalamin 500mcg, Hydroxocobalamin 250mcg, Cyanocobalamin 125mcg, Pyridoxine 25mg, Dexpanthenol 25mg, Methionine 5mg, Inositol 10mg, Choline 10mg, Chromium Picolinate 250mcg, Thiamine 250mcg, Riboflavine 250mcg, Niacin 125mcg, procaine HCl 8.6mg, benzyl alcohol 3.6mg, Glacial Acetic Acid 0.442mg, Sodium Acetate Anhydrous 0.2mg, sterile water for injection. Additional Glacial Acetic Acid and/or Sodium Acetate Anhydrous may have been used to adjust pH. pH range is 3.5 to 5.0

EASY, CONVENIENT DOSING TO ENHANCE:

- the Utilization of Stored Body Fat as Fuel ● Lean Body Mass ● the Body's Metabolic Rate ● Fatigue and Alertness
- the Metabolism of Carbs, Fats and Proteins ● Energy Production ● Thyroid Stimulating Action ● Insulin Secretion
- Focus and Reduce ADHD Symptoms ● Circulation and Anti-Oxidant Protection ● Anti-Aging and Neuroprotective Benefits

What is L-Carnitine?

L-Carnitine encourages the metabolism of fat by helping the transfer of fatty acids to the power houses of the cells, the mitochondria. It increases the body's ability to release stored fat in the form of triglycerides which provide more energy to the body. Your diet becomes easier to stick to because you have sufficient energy and you are able to get more fat burning power out of your workouts. It can help transport the fat you currently have stored, to your cellular furnaces to get burned as energy. The most critical role that L-carnitine plays in the body, is in helping to transport fat, particularly long-chain fatty acids, into the mitochondria of cells. Once there, they can be oxidized (used as fuel) to generate adenosine triphosphate, or ATP. L-carnitine does this cellular work, both, when you exercise and rest, but research confirms that it is especially effective during intense exercise.

L-ARGININE This amino acid improves glucose tolerance, and promotes thymus activity. It is used to reverse hypertension; increase blood flow and nitric oxide (NO); and increase human growth hormone levels (used as a GH stimulation test). L-Arginine also has significant effects on muscle metabolism and recovery. It remains the largest source of nitrogen in the body for NO production. It has several important metabolic and biological effects, which include improving vascular function, being a substrate in the synthesis of creatine, and the ability to stimulate insulin; glucagon; catecholamine; and growth hormone (GH) secretion, leading to anabolic and anti-catabolic effects on skeletal muscle.

The Vita-Lean Ultra Injection remains in your system for approximately 3-5 days. Therefore, best results are obtained when patients receive 2 injections per week (when a steady blood level is kept and maintained on a weekly basis). If you can not return to the office to get a second injection, an oral supplement should be used on a continual basis to keep and maintain an optimal blood level of the injection for an extended duration of time.

INCREASE AND MAINTAIN THE EFFECTS OF INJECTIONS!

ASK ABOUT WEIGHT LOSS SUPPLEMENTS!

● VITA-LEAN oral for home use.

Combining the same effective, fat burning Acetyl L-Carnitine along with Forslean (standardized forskolin) raises cyclic AMP (cAMP) levels, and promotes lean body mass.

● LAP-BAND in a bottle

Natural "Expanding" Appetite Suppressant.

VITA-CELL PLUS™

Lipotropics with Long and Short acting Vitamin B-12, Vitamin B-5 & Vitamin B-6.

PROMOTES FAT BURNING, BOOSTS ENERGY WITH LIPOTROPIC NUTRIENTS!

Each mL Contains: Methionine 50mg, Inositol 75mg, Choline 75mg, Methylcobalamin 500mcg, Hydroxocobalamin 250mcg, Cyanocobalamin 125mcg, Pyridoxine 25mg, Dexpanthenol 25mg, procaine HCl 8.6mg, benzyl alcohol 3.6mg, Glacial Acetic Acid 0.442mg, Sodium Acetate Anhydrous 0.2mg, sterile water for injection. Additional Glacial Acetic Acid and/or Sodium Acetate Anhydrous may have been used to adjust pH. pH range is 3.5 to 5.0

EASY, CONVENIENT DOSING TO ENHANCE:

● weight loss ● metabolism of fats & carbs ●
appetite suppression ● liver health ● energy ● fat burning

Targeted for patients who need an extra boost, having slow moving numbers or have reached a plateau. The main ingredients in Vita-Cell Plus are Methionine, Inositol, and Choline, (lipotropic nutrients), as well as vitamin B-6, short acting B-12 (Cyanocobalamin) and a "SUPERCHARGED", high potency, long acting B-12 (Hydroxocobalamin).

"Lipotropic Nutrients", Methionine, Inositol, and Choline, increase or speed up the removal of fat in the body and also prevent excessive fat build-up and reduce blood cholesterol. The combination of these ingredients, give patients higher energy, decreased body fat and outstanding results. Research has discovered that patients had a noticeable reduction in their waistlines and a reduction in total weight loss times, when Vita-Cell Plus was used in conjunction with diet and vigorous aerobic exercise.

After receiving an injection of Vita-Cell Plus, you should notice an increase in energy in the next 24 hours, however, it will be very subtle, not a burst of energy. You will feel more alert, more able to concentrate, and mentally sharp. This will help deliver energy where it's needed, while the Lipotropics are breaking down and removing the lipids (fats) from your body.

The Vita-Cell Plus Injection remains in your system for approximately 3-4 days. Therefore, best results are obtained when patients receive 2 injections per week (when a steady blood level is kept and maintained on a weekly basis). If you can not return to the office to get a second injection, an oral supplement should be used on a continual basis to keep and maintain an optimal blood level of the injection for an extended duration of time.

INCREASE AND MAINTAIN THE EFFECTS OF INJECTIONS!

● **VITA-CELL PLUS CAPS**

Combining the same effective, fat dissolving, lipotropic ingredients, along with B6 for appetite suppression, "lipotropic in capsule form" for home maintenance.

ASK ABOUT WEIGHT LOSS SUPPLEMENTS!

● **LAP-BAND in a bottle**

Natural "Expanding" Appetite Suppressant.

FORSKOLIN-PLUSTM

Forskolin Injection with Vitamin B12 & Lipotropics

30 ml.

PROMOTES FAT BURNING, BOOSTS CELLULAR ENERGY!

Each mL Contains: Forskolin 75mg, Methylcobalamin 500mcg, Hydroxocobalamin 250mcg, Cyanocobalamin 125mcg, Pyridoxine 25mg, Dexpanthenol 25mg, Methionine 5mg, Inositol 10mg, Choline 10mg, Thiamine 250mcg, Riboflavine 250mcg, Niacin 125mcg, procaine HCl 8.6mg, benzyl alcohol 3.6mg, Glacial Acetic Acid 0.442mg, Sodium Acetate Anhydrous 0.2mg, sterile water for injection. Additional Glacial Acetic Acid and/or Sodium Acetate Anhydrous may have been used to adjust pH. pH range is 3.5 to 5.0

EASY, CONVENIENT DOSING TO ENHANCE:

- weight loss ● metabolism of fats & carbs ● liver health ● cellular energy
- mitochondrial dysfunction ● boost energy ● burn fat ● reduce appetite

Maximum Boost for the HIGHEST level of Effectiveness!

**Forskolin-Plus* works at the cellular level. This increases your metabolic rate in order to promote faster weight loss. Forskolin is an active compound that is extracted from the *Coleus Forskohlii* plant. The plant is related to mint, historically grows in India, and has been used in traditional Indian medicine for hundreds of years. Forskolin-Plus is comprised of Standardized Raw Forskolin which has been shown to burn fat from the inside out and targets the stored fat, not the muscle. Simply put, *Forskolin-Plus* increases cellular energy and has a positive effect on weight loss, stamina and overall mood. It is excellent for chronic fatigue, thyroid disorders, slow metabolism and weight plateau.

Forskolin-Plus Injections **WORK FASTER** due to the very high dose of Forskolin in its raw standardized form (which is the highest potency raw material available), and the fact that it is injected directly into the body, therefore achieving near 100% absorption rates. *Forskolin-Plus* forces the fat cells to do work and burn calories across the cellular membrane of each fat cell in the body.

Forskolin-Plus Injections also includes **Lipotropic Nutrients** which are Choline, Inositol and Methionine, compounds that enhance liver function and increase the flow of fats and bile from the liver and gallbladder. By definition, Lipotropics increase or speed up the removal of fat. Choline, Inositol and Methionine, work together to enhance fat metabolism, prevent excess fat buildup and reduce blood cholesterol. The *Forskolin-Plus* injection remains in your system for approximately 3-4 days. Therefore, best results are obtained when patients receive 2 injections per week (when a steady blood level is kept and maintained on a weekly basis). If you can not return to the office to get a second injection, an oral supplement should be used on a continual basis to keep and maintain an optimal blood level of the injection for an extended duration of time.

Sauna Wrap (Pressotherapy)

After extensive study, this equipment was carefully created and designed using Human Bionic research. The outcome showed the functions of this machine will break down and dissolve fat cells, lymphatic and fluid drainage, while firming the skin with magnetic therapy. Combined with infrared heat, electro-stimulation and pressure therapy, the effects can be significant.

Slimming

- Low frequency pulses from the electrode tags stimulate the muscle tissues to contract and release, which eliminates large fat pockets. The more active the body is, the higher the metabolic burn.
- Infrared has a direct effect on the fat structure, which can release a great deal of heat energy. This action accelerates the circulation of blood to the lymph nodes, which in turn promotes an accelerated metabolism, speeds up biochemistry reaction and largely decreases the fat cells.
- Air bags are inflated and deflated regularly, with continually changing air pressure. This action dislodges, disassociates and compresses the fat cells so they can easily be eliminated as waste.

Beautifying Body and Skin

- When weak bionic electric current stimulates sensory nerve endings in the epidermis, the slack skin will gradually be toned and and restore elasticity.

Relaxing and Promoting Immunity

- The circulation of blood will be accelerated and muscles will be relaxed after the microelectro-stimulation works through the body.
- Heat energy generated by the infrared heat can lesson the tension in the muscles.

Leading in Medicine

- There will be a stimulation of the absorption of medicine.
- Promotes curing, decreasing inflammation, promotes peaceful and restful sleep.

Process of Treatment

- ❖ Each session is 30 minutes
- ❖ Each treatment is \$40^{.00}

Bring a change of shorts/undergarments/sports bras, etc. to wear to allow maximum showing skin and so you don't sweat in your normal clothes. Drink a bottle of water and use the restroom prior.



Lena R. Bruce, M.D.

Santa Fe Weight Loss Med Spa
12422 Hwy 6, Santa Fe, Texas 77510
Telephone: (409) 370-7779
Fax: (409) 316-9336

Notice of Privacy Practices

Effective Date: February 15th, 2014

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

If you have questions about this Notice of Privacy Practices, please contact:

Privacy Officer: Dana Wilson

Phone number: 409-316-9298

Section A: Who will follow this notice?

This Notice describes Lena R. Bruce, M.D. Family Practice (hereafter referred to as "Provider") Privacy Practices and that of:

Any workforce member authorized to create medical information referred to as Protected Health Information (PHI), which may be used for the purposes such as treatment, payment, and healthcare operations. These workforce members may include:

- All departments and units of the Provider.
- Any members of a volunteer group.
- All employees, staff and other Provider personnel.
- Any entity providing services under the Provider's direction and control will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operational purposes described in this notice.

Section B: Our pledge regarding medical information.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Provider. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or maintained by the Provider, whether made by Provider personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of this notice that is currently in effect.

Section C: How we may use and disclose medical information about you.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other Provider personnel who are involved in taking care of you at the Provider. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Provider also may share medical information about you in order to coordinate different items, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Provider who may be involved in your medical care after you leave the Provider.
- **Payment.** We may use the disclose medical information about you so that the treatment and services you receive at the Provider may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the Provider so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a prescribed treatment to obtain prior approval or to determine whether your plan will cover the treatment.
- **Healthcare Operations.** We may use or disclose medical information about you for Provider operations. These uses or disclosures are necessary to run the Provider and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also combine medical information about many Provider patients to decide what additional services the Provider should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose health information to doctors, nurses, technicians, and healthcare students, and other Provider personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning a patient's identity.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Provider.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Authorizations Required.** We will not use your protected health information for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization, this includes uses of your PHI for marketing or sales activities.
- **Emergencies.** We may use or disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will obtain your consent as soon as we reasonably can after we treat you.
- **Psychotherapy Notes.** Psychotherapy notes are accorded strict protections under several laws and regulations. Therefore, we will disclose psychotherapy notes only upon your written authorization with limited exceptions.
- **Communication Barriers.** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.
- **Provider Directory.** We may include certain limited information about you in the provider directory while you are a patient at the Provider. This information may include your name, location in the Provider, your general condition (fair, stable, etc.) and your religious affiliation. The directory information, except your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the Provider and generally know how you are doing.

- **Individuals Involved in your Care or Payment for your Care.** We may release medical information about you to a friend or family member who is involved in your medical care and we may also give information to someone who helps pay for your care, unless you object in writing and ask us not to provide this information to specific individuals. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required by Law.** We will disclose medical information about you when required to do so by Federal, State, or local law.
- **E-mail Use.** E-mail will only be used following this organization's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

Section D: Special situations.

- **Worker's Compensation.** We may release medical information about you for worker's compensation or similar programs.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons or similar process;
 - to identify or locate a suspect, fugitive, material witness, or missing person;
 - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at the Provider;
 - and emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiners. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Provider to funeral directors as necessary to carry out their duties.

Section E: Your rights regarding medical information about you.

You have the following rights regarding medical information we maintain about you:

- **Right to Access, Inspect and copy.** You have the right to access, inspect and copy the medical information that may be used to make decisions about your care, with a few exceptions. Usually, this includes medical and billing records, but may not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
- We may deny your request to inspect and copy medical information in certain very limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Provider will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Provider. In addition, you must provide a reason that supports your request.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the medical information kept by or for the Provider;
 - is not part of the information which you would be permitted to inspect and copy;
 - or is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosures". This is a list of disclosures we made the medical information about you. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting (for example, on paper or electronically, if available). The first accounting you request within a 12 month period will be complimentary. For additional lists, we may charge you for the costs of providing the list. We will notify you the of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to your spouse). We are not required to agree to these types of request. We will not comply with any requests to restrict use or access of your medical information for treatment purposes.

You also have the right to restrict use and disclosure of your medical information about the service or item for which you have paid out of pocket, for payment (I.E. health plans) and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.

- **Right to Receive Notice of a Breach.** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:
 - a brief description of the breach, including the data of the breach and the date of its discovery, if known;
 - a description of the type of Unsecured Protected Health Information involved in the breach;
 - steps you should take to protect yourself from potential harm resulting from the breach;
 - a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
 - contact information, including a toll-free telephone number, e-mail address, web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or hard copy or email. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, LenaBruceMDLLC.com.

To exercise the above rights, please contact the individual listed at the top of this notice to obtain a copy of the relevant form you will need to complete to make your request.

Section F: Changes to this notice.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are admitted to the Provider for treatment or health care services as an inpatient or outpatient, we will off you a copy of the current notice in effect.

Section G: Complaints.

If you believe your privacy rights have been violated, you may file a complaint with the Provider or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Provider, contact the individual listed on the first page of this notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Section H: Other uses of medical information.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke your permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

Section I: Organized healthcare arrangement.

The Provider, the independent contractor members of its medical staff (including your physician), and other healthcare providers affiliated with the Provider have agrees, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your healthcare needs.

Revision Date: March 3rd, 2013, to be compliant with HIPAA Omnibus Privacy Rules.

Original effective Date: April 14th, 2003