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PRACTICE DESCRIPTION & POLICIES

My practice integrates, where appropriate, Naturopathic Medicine, Chinese Medicine, Internal Medicine, and Pain Medicine to assist you on the road to recovery and healing. To this end, it is my commitment to bring to our relationship the best of my knowledge, focus, intention, and compassion. I am committed to taking whatever time is necessary, beyond the confines of our face to face or telephone contact, to study literature relevant to your situation; and, with your approval, to confer with other practitioners.

Your initial evaluation includes a thorough history and a comprehensive physical examination. I will explain my findings and recommendations, and prescribe whatever herbs, supplements, prescriptions, and referrals that I believe to be appropriate for you. If I advise that you receive acupuncture, injections, manipulation, intravenous therapy, or other procedures, these will not be performed at the time of your initial evaluation, and will need to be scheduled with me on a subsequent visit.

I consider myself to be a complementary medicine consultant for your health care. Therefore, it is not my intention to supplant whatever relationship you have already developed with your primary care physician. Additionally, despite my breadth and depth of training, there are many specialized areas of medicine that are beyond my scope of expertise (such as obstetrics). I therefore ask that you maintain whatever relationships you have already developed with other specialty practitioners, so that you may continue to receive the full range of care that you require.

All treatment options and modifications, including medications, supplements, herbs, and procedures, will be thoroughly discussed with you at each office visit. This will include a discussion of the substances and / or processes, alternative (including conventional) choices, and risks of treatment or of withholding treatment. You will be fully apprised of any recommendations that might be considered 'alternative,' 'unconventional,' or 'experimental.' All your questions will be answered prior to session close, allowing for full verbal informed consent of all treatment recommendations.

I do not provide hospital care. And, as such, while I am personally on call the majority of the time for my practice, I do not promise to be available 24 hours a day, 365 days a year. If an urgent situation arises, and you cannot reach me by pager, you will need to seek treatment at a hospital emergency department. When I am available, I will be glad to communicate with you, and, when applicable, with hospital based physicians regarding your situation.

For off-hours paging, I charge \$75.00 for a (minimum) 10 minute consultation and \$7.50 per minute thereafter. Please note, however, that you will not be charged for pages that I respond to from other physicians to coordinate emergency care for you, or if you page me from an emergency room. If you need prescription refills or other routine concerns, please leave a message with my office. If you do need to page me, then call the office telephone number: either the staff will page me; or, if the office is closed, a message will provide you with paging instructions.

Payment for all charges is required in full at the time of service. I will then arrange, as a courtesy, to submit a bill to your insurance carrier on your behalf, if you so desire. Or, if you prefer, we will furnish you with a document that you may submit yourself. I will also provide, at your request, chart notes or any further documentation that your insurance company might require.

I am not a preferred provider for any insurance company. If you are eligible for Medicare, Medicaid, OMAP, or Workers' Compensation claims, you may not bill your insurance company (including any secondary insurance) for visits, goods, or services from my office.

I strive to remain on time, but medical care should not be hurried, and I may run late. If that is the case, you will get the full time allotted for your appointment when you are seen. If you cannot wait, you will not be charged for your appointment.

If you arrive late for your appointment, you will have whatever time is left in your appointment slot. If you fail to arrive for your appointment, or cancel with less than two full business days notice, you will be charged the full fee. If you cancel an appointment with two or more business day's notice, you will not be charged. (For example, a Thursday appointment would need to be canceled by close of business Monday). Past due accounts will be billed an additional 1.5% charge per month on any unpaid balances.

The supplements that I carry are of the highest quality available; many are obtainable only through physicians. What I stock is continuously updated based upon the latest research, product developments, and availability. I am committed to offering you quality, convenience, and good prices. I am not an owner, investor, or paid consultant for any of the companies whose products I recommend, other than my own Rising Health brand. Nevertheless, if you elect to receive your supplements elsewhere, you are welcome to do so without compromising our therapeutic relationship.

If you receive a product from me, and decide not to use it, you may return it unopened within thirty days for a full refund. I cannot accept returns on opened products, or custom blends (such as Chinese herbal powdered formulas), as federal law does not allow them to be dispensed to other patients. Special order products must be pre-paid. At your request, we will ship products to you with additional fees for shipping and handling.

If at any point you choose to discontinue working with me, I will promptly provide copies of your records to you, or whomever you choose, for a standard copying fee. Similarly, if I believe that I cannot continue to effectively work with you, I will give you at least 30 days written notice, and will provide you with referral sources to other potential practitioners.

No commentary such as this can anticipate all procedural issues relevant to your care. As such, I ask that you discuss with me, or my staff, any concerns that arise, and we will do our best to find an equitable solution. I am committed to serving you to the best of my ability, and to your satisfaction. If you are displeased with any aspect of your care, I welcome your communicating with me as frankly and promptly as you are comfortable doing.

I have read, accept in full, and have received a copy of, the above “Practice Description & Policies.”

Patient Signature

Date

Witness

Date