

Welcome!

I'm so glad you're joining and I look forward to getting to know you! I love working with people like you. People who don't feel well and are tired of being told there's nothing wrong with them, that nothing more that can be done to help them, or that they have to wait until things get a lot worse before any treatment is possible. You're ready and willing to do what it takes to get well and have the energy for the life you want and I'm excited to help you get there.

My practice focuses on the principles of naturopathic and functional medicine. Naturopathic and functional medicine consider the whole patient (body, mind, and spirit) and seek to identify the underlying reasons for the symptoms of disease.

Your body isn't just a collection of unrelated parts. Every system in your body connects with and depends on the healthy function of every other system.

Your symptoms are like the check engine light in your car. They're a sign that something inside needs attention and we all know that if you let that go for too long you'll be headed for a breakdown! Taking a pill to make your symptoms go away is like putting a piece of duct tape over your check engine light and hoping for the best. Together we'll "look under the hood" and work to find the underlying causes of your symptoms and correct them so that you can feel vibrant, energized and healthy.

We'll start with a set of extensive questionnaires which you'll complete online. While the questionnaires may ask questions that initially seem irrelevant to you, they provide me (and ultimately you) with insight into what life events and circumstances have contributed to your current state of health and what imbalances need to be addressed. I'll also review any records from your other doctors and use conventional blood work, and various innovative tests like digestive analysis profiles, hormone analysis, food sensitivity testing, etc to develop a targeted program that will make your treatment plan more effective and get you faster results.

Your treatment plan will contain a mix of several modalities including whole foods diet strategies, lifestyle changes, exercise, stress reduction techniques, acupuncture, herbal medicines, nutrient supplements, and homeopathy. The right nutrition and lifestyle practices for YOU are the foundation of our work together.

My goal is to educate and empower you when it comes to your health and well-being so you can ultimately keep feeling great with as little support from me as possible.

I look forward to getting to know you and working with you to help you have the health and energy for the life you want!

In health,
Dr. Rachel M. Anderson

This packet contains all of the information and administrative documents that you and I need to get started. The following forms are included in this packet:

- **Consent for Treatment**
- Practice Information and Policies
- Notice of Privacy Practices and Practices Regarding Disclosure of Patient Health Information
- **Acknowledgement of Receipt** of practice policies and privacy practices

Please read all of the above documents thoroughly and be sure to ask questions if you have them. The **Consent for Treatment** and **Acknowledgement of Receipt** forms will need to be signed and returned to me.

Consent for Treatment

General Information. Dr. Anderson maintains a current license as a naturopathic doctor and current certification to practice acupuncture in the state of New Hampshire.

Methods, Procedures and Therapeutic Approaches: Dr. Anderson may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

- **General Diagnostic Procedures:** including but not limited to blood, urine, saliva, or stool lab testing, and physical exams.
- **Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions**
- **Acupuncture:** insertion of special sterilized needles at specific points on the body.
- **Botanical Medicines:** plant substances may be given in the form of teas, pills, powders, tinctures (may contain alcohol); topical creams, pastes, plasters, washes; suppositories or other forms.
- **Homeopathic Remedies:** highly diluted quantities of naturally occurring substances
- **Dietary Advice and Therapeutic Nutrition:** use of foods, diet plans or nutritional supplements for treatment—may include intramuscular vitamin injections.
- **Soft Tissue and Osseous Manipulation:** use of massage, muscle energy stretching, manipulations of the extremities and spine including traction and craniosacral therapy.
- **Pharmaceutical Medications:** includes non-prescription and prescription drugs within the scope of practice and formulary of naturopathic doctors in the state of New Hampshire

Potential Risks: While not common, can potentially occur from any therapy. Some examples include but are not limited to: pain, discomfort, or tissue injury from needle insertions; allergic reactions to prescribed herbs or supplements; soft tissue or bone injury from physical manipulations; and aggravation of pre-existing symptoms. In addition, the patient must inform the doctor if the patient has a severe bleeding disorder or pacemaker prior to any treatment.

Potential benefits: Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery and prevention of a disease or its progression.

Notice to Pregnant Women: All female patients must alert the doctor if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Dr. Rachel Anderson regarding cure or improvement of my condition. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law. **I hereby acknowledge that I am financially responsible for services rendered.**

Patient Name (printed)

Patient Signature

Date

Legal Guardian or Representative (printed)

Legal Guardian or Representative Signature

Date

Practice Information and Policies

In order to establish clear communication and understanding, the following are my practice policies:

Fee Schedule effective April 1, 2017

Naturopathic Visits

Naturopathic New Patient Visit (60 min)	\$295
Pediatric Naturopathic New Patient (under 18)	\$225
Naturopathic Return Visit (60 min)	\$225
Naturopathic Return Visit (45 min)	\$185
Naturopathic Return Visit (30 min)	\$145
Naturopathic Brief Visit (15 min)	\$105
Acupuncture Treatment (45 min)	\$145

Other Services

Bio-Impedance Analysis (BIA Test)	\$35
Intramuscular Injection (ex. Vitamin B12 injection)	\$25

Most standard return visits will be scheduled for 30 minutes, however, return visits may be scheduled for 15-60 minutes at the doctor and patient's discretion depending on your needs and the complexity of your concerns. The fees for office visits do not include the cost of supplements or any lab testing that may be recommended. Fees are subject to change.

CREDIT CARD ON FILE. All patients are required to place a valid credit card on file with this office to secure a new patient appointment. Your credit card on file will only be billed in the following circumstances:

- Your credit card on file will be billed for missed appointments and late cancellations in accordance with my 48 hour cancellation policy.
- Your credit card on file will be billed for any unpaid account balances with this office 30 days after the initial invoice is issued unless other payment arrangements have been made.
- Your credit card on file will be billed for products purchased to be picked up at the office if you are picking up at a time when you do not have a scheduled appointment.

PAYMENT. Payment is due in full at the time of service for office visit fees, specialty lab testing and supplements. My practice accepts checks, cash, Visa, MasterCard, American Express, and Discover.

APPOINTMENT CANCELLATIONS. 48 hours' notice is required for appointment cancellations and rescheduling. If you provide less than 48 hours' notice or no notice of your intent to cancel or reschedule an appointment, your credit card on file will be charged the total visit fee for the missed appointment.

INSURANCE. I do not contract with any insurance companies and do not bill any insurance company directly. Payment for visit fees is due at the time of service, however, if your insurance plan covers naturopathic specialists you may be able to submit receipts for your visits to your insurance company for reimbursement. Should you wish to do this, a detailed receipt with all of the codes you need will be provided to you at the end of your visit upon request.

Naturopathic services, lab testing, and supplements may be covered by your health savings account or flexible spending account, please check with your individual administrator.

LABORATORY TESTING. I use standard and specialty laboratory testing as indicated. Many specialty lab tests are not covered by insurance. Fees for all specialty lab tests are due at the time of sample collection or at the time when the patient takes possession of the test kit.

PATIENT PORTAL. I use an Electronic Health Records system which includes a Patient Health Portal and Scheduling. Your Patient Health Portal will contain your treatment plans for each office visit and laboratory test result reports. Your Patient Health Portal also contains a secure HIPAA compliant email application which may be used to reach me directly for brief questions and updates regarding current treatment plans. You can also schedule appointments with me through your Patient Health Portal.

PHONE CALLS AND EMAIL CORRESPONDENCE. There is no fee for brief emails or phone calls with questions regarding current treatment plans. Complex questions and new health concerns cannot be addressed by email or briefly by phone and will require a scheduled office visit. A secure HIPAA compliant email application is included in your Patient Health Portal and you may email any brief questions regarding current treatment plans directly to me via that email application. Please do not use regular email to send email related to your medical care as regular email is not secure.

PHONE VISITS AND TELEMEDICINE SERVICES. Visits may be conducted by phone or via a secure telemedicine application in the Patient Health Portal at the doctor and patient's discretion. In-office visits are generally preferred but when time or distance prevents in-office visits, phone and telemedicine visits work well. Fees for phone and telemedicine visits are the same as fees for in-office visits. Currently, insurance will not pay for visits that are not conducted in-office so those who wish to submit visit receipts to their insurance for reimbursement are not eligible for phone or telemedicine visits.

RETURNED CHECK FEE. There is a \$50 fee for each returned check.

SCENT-FREE POLICY. My office is a scent-free environment out of respect for clients with allergies and sensitivities. Please refrain from wearing perfume, cologne, and scented lotions on the day you will be visiting. If you smoke, please refrain from smoking immediately before entering the office.

DISPENSARY. I believe strongly in recommending only the highest quality professional grade supplements from reputable manufacturers and distributors. Because supplements are not regulated as medications, supplement quality can vary widely among brands. Because product

quality, potency, and efficacy can be substantially affected by storage and shipping practices, the seller/distributor from which supplements are purchased is also very important.

While you're not obligated to purchase any supplements recommended to you directly from this office, I can't guarantee quality, potency, or efficacy of products that are purchased elsewhere. I make available to my patients a wide variety of the highest quality professional grade products, guaranteed to have been stored and shipped under ideal conditions, in the following ways:

- A small stock of most-frequently recommended products is kept on hand in the office for purchase at the time of your appointment. You may also request to pick up product refills at the office at a time when you do not have a scheduled appointment and your credit card on file will be billed.
- A virtual dispensary is available online containing thousands of professional grade products that can be shipped directly to your home or office. I'll add an account for you within the virtual dispensary after your first visit so you'll have access to it. An email with a "prescription" detailing dosing instructions for any recommended products will be sent to you after each office visit.

As a courtesy to help offset the cost of purchasing high quality supplements, my patients receive a 15% discount on products purchased through the virtual dispensary. You may order any products I have recommended for you and refills on any products you take on an ongoing basis through the virtual dispensary. Full Script, the company that operates the virtual dispensary, is approved to accept HSA and FSA cards so these may be used to purchase any products I recommend for you provided that supplements are covered by your HSA or FSA.

RETURNED SUPPLEMENTS. You may return unopened supplements purchased at the office (not via the virtual dispensary) within thirty days of purchase for a refund with the exception of the following items: any probiotic products, fish oils, suppositories, compounded items and specially ordered items.

Notice of Privacy Practices

This notice, and the accompanying Practices Regarding Disclosure of Patient Health Information, describe how health information about you may be used and disclosed, and how you can get access to your health information. Please review this information carefully.

Understanding Your Health Record

A record is made every time you come to Dr. Anderson's office for a treatment or consultation. The symptoms and experiences you report, Dr. Anderson's assessments, and a treatment plan are recorded. This record forms the basis for planning your care and treatment at future visits, and also serves as a means of communication with other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will assist you to ensure it is accurate and make informed decisions about who will be allowed access to your health information and the circumstances under which others may be allowed access to your health information.

Understanding Your Health Information Rights

Your health record is the physical property of BodyMind Integrative Medicine, LLC, but the content is about you, and therefore belongs to you. You have the right to review or obtain a paper copy of your health record, and to request that appropriate amendments be made to your health record. You have the right to request restrictions, to authorize disclosure of the record to others, and to be given an account of those disclosures. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information. Should Dr. Anderson need to contact you, you have the right to request communication by alternate means or to alternate locations.

This Office's Responsibilities

BodyMind Integrative Medicine, LLC is required to maintain the privacy of your health information and to provide you with this notice of this office's privacy practices. Dr. Anderson is required to follow the terms of this notice and to notify you if she is unable to grant your request to disclose or restrict disclosure of your health information to others. Dr. Anderson reserves the right to change these practices and promises to make a good faith effort to notify you of any changes. Other than for the reasons described in this notice, Dr. Anderson agrees not to use or disclose your health information without your consent.

To Receive Additional Information or Report a Problem

If you believe your privacy rights have been violated, you have the right to file a complaint with Dr. Rachel Anderson and with the U.S. Secretary of Health and Human Services with no fear of retaliation by this office.

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019

Practices Regarding Disclosure of Patient Health Information

Your health information will be routinely used for treatment, payment, and quality-monitoring, and your consent, or the opportunity to agree or object, is not required in these instances:

- **Treatment**
Information obtained by Dr. Rachel Anderson will be entered in your record and used to plan the services and treatments provided to you. Your health information may be shared with other healthcare providers providing consultation about your treatment. Your name and other identifying information will be kept confidential in the event of consultation with other providers who are not directly involved in your care. Dr. Anderson's own expectations and those of others involved in your care may also be recorded.
- **Payment**
Your record will be used to receive payment for services rendered by Dr. Rachel Anderson. While payment is due at the time of service, there may be instances when a bill may be sent to either you or to a third-party payer with accompanying documentation that identifies you, your diagnosis and / or Dr. Anderson's impressions, and procedures performed.

In addition, the following disclosures are required by law and do not require your consent:

- **Food and Drug Administration (FDA)**
This office is required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products, and product defects for surveillance to enable product recalls, repairs, or replacements.
- **Worker's Compensation**
This office will release information to the extent authorized by law in matters of worker's compensation.
- **Public Health**
This office is required by law to disclose health information to public health and/or legal authorities to avert a serious threat to health or safety, to report a communicable disease, injury, or disability, or to comply with mandated reporting requirements for tracking birth and morbidity.
- **Law Enforcement**
As required under state or federal law, your health information will be disclosed to appropriate health oversight agencies, public health authorities, law enforcement officials, or attorneys: (1) In response to a valid subpoena; (2) When a patient is a suspected victim of abuse, neglect or domestic violence.

It is this office's practice to consider the following as routine uses and disclosures for which specific authorization will not be requested. You have the right to request restrictions on these uses. Otherwise, this office will request your authorization whenever disclosure of personal health information is necessary to parties other than those referenced here.

- **Contracted Administrative Staff**
Dr. Rachel Anderson contracts with an outside company for telephone answering service, patient scheduling, and other administrative tasks. Contracted administrative staff will have access to your name, date of birth, and contact information but will not have access to your medical record. Contracted administrative staff will only contact you with official business on behalf of Dr. Anderson.

**Acknowledgement of Receipt of Notice of Privacy Practices, Practices Regarding
Disclosure of Patient Health Information, and Office Policies**

Initial Next to Each Statement:

_____ I have read, understood, agreed to, and received a copy of Dr. Rachel Anderson's Practice Information and Policies.

_____ I have read, understood and received a copy of Dr. Rachel Anderson's Notice of Privacy Practices.

_____ I have read, understood and received a copy of Dr. Rachel Anderson's Practices Regarding Disclosure of Patient Health Information.

Patient Name (printed)

Patient Signature

Date

Parent or Legal Guardian if patient is under 18 (printed)

Signature

Date