

## Consent Form 2023

### Payment & Fees

- Dr. Annmarie Walsh is not contracted with insurance providers. We do accept payment from Health Savings Accounts (HSA) and Flex Spending Accounts (FSA). Payment is expected at the time of service, via cash, check, or Visa/MasterCard, Discover or American Express. See schedule of fees and services listed below.
- You will be notified if there are any changes of services or charges.
- Ohmni Naturopathic Medicine will collect a card number up front to keep on file. Your card can and will be charged in accordance to the specific cancellation and rescheduling policy outlined below.

### Cancellation and Rescheduling Policy

- Appointments can be changed or cancelled up to 24 hours prior to the scheduled time. Appointments cancelled within the 24 hour window up until the start of your appointment will be charged full price and an additional \$50 dollar charge for inconvenience with the card on file and you will have 30 calendar days to redeem the paid visit.
- Missed appointments with no prior cancellation or rescheduling up to the time of original appointment (ie. no-shows) are charged full price with no refund or redeemable option.
- If you are late for your appointment, Ohmni Naturopathic Family Medicine has the right to exercise their discretion in following through with the appointment as planned or rescheduling to a different day and/or time. If, in the case the appointment still ensues, you will be charged for the full original appointment time. If the appointment is rescheduled, you will be charged in accordance to the 24-hour rescheduling policy: charged for the full appointment and will have 30 calendar days to redeem the paid visit.

### Rates for Medical Services

- New Patient Visit, up to 80 mins: \$315
- Follow Up Visits: up to 45 mins: \$215
  - Initial follow up appointments usually required every 2-6 weeks.
  - Maintenance visits usually require follow up visits every 2-6 months.
- Lab Review: up to 60 mins: \$245  
Lab cost: subject to vary dependent on patient's needs.

### License

- Dr. Annmarie Walsh holds current licenses issued by the States of California and Washington. License numbers are on file.
- Naturopathic doctors are trained primary care doctors in the state of California. Naturopathic medicine is not a substitute for conventional medical care in certain cases. It is recommended that you continue services with your primary care physician.

### **Experience and Training**

Naturopathic training includes:

- Four years of post-graduate medical instruction
- Studies in basic sciences, conventional diagnosis, pharmacology, and natural therapies including homeopathy, botanicals, nutrition and hydrotherapy
- 1200+ hours of clinical training
- Medical degree accredited by the Council on Naturopathic Medical Education (CNME) and The Higher Learning Commission of the North Central Association of Colleges and Schools.
- Two-step licensing exams, including basic science and clinical examination, administered nationally by NPLEX

### **Product Sales**

Nutritional supplements are available to purchase at our online supplement store, Fullscript or Ohmni Naturopathic Medicine may drop ship supplements directly to your door. This is a service that is available for your convenience. You are not required to purchase items recommended by your doctor. You are free to purchase these or similar products at the retailer of your choice.

### **Insurance**

We do not accept insurance; however we can provide you with a **super bill** that you can submit to your insurance company if requested. Your insurance provider may reimburse labs, imaging, and/or office visits. However, we cannot guarantee this so please check with your insurance provider to clarify your coverage. Lab fees are contingent on your insurance plan and carrier. Fees are subject to change.

### **I authorize Ohmni Naturopathic Family Medicine Practitioners to perform with my approval and consent the following procedures for my diagnosis and treatment:**

- Physical Exam: general, cardiac, lung, EENT, neurological, musculoskeletal, etc.
- Common Diagnostic Procedures: venipuncture, diagnostic imaging, laboratory evaluation of blood, urine, stool, and saliva.
- Dietary Advice and Therapeutic Nutrition: which may include lifestyle and nutritional counseling, diet plans, oral nutritional supplements (with vitamins, minerals, and amino acids), intra-muscular and intravenous vitamin or supplemental injections.
- Botanical Medicine: with teas, tinctures, capsules, tablets, and creams.
- Homeopathic Medicine: using highly dilute quantities of naturally occurring plant, animal, or other substances for healing.
- Telehealth: diagnosis, consultation, treatment, education, care management, self-management via information and communication technologies.
- Pharmaceutical and compounded drugs: prescriptions as indicated.
- Treatments, procedures and/or products used in your treatment at Ohmni Naturopathic Family Medicine may or may not be FDA approved.

**I recognize the potential risks and benefits of these procedures as described below:**

Potential Risks: allergic reactions to prescribed supplements, medications, and herbs, which may be severe such as anaphylaxis, cardiac arrest and death. Side effects between natural medications and pharmaceuticals, inconvenience of lifestyle changes, aggravation of present conditions, injuries such as pain, discomfort, discoloration, and pneumothorax from injections, venipuncture, and other procedures. Soft tissue or bony injury from physical manipulation.

- Potential Benefits: restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, and prevention of disease and its progression.
- Notice to Cancer Patients: Dr. Annmarie Walsh does not treat cancer. We work with the immune system to be able to respond better to cancer. All healing is done by restoration of the immune system to full function. When the patients' own immune system is strong enough then it may respond differently to the cancer.
- Notice to Women: all female patients must inform the doctor if they know, suspect, or may be pregnant as some of the therapies used could present risk to the pregnancy and fetus.

**I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment in recommending the treatments that the doctor feels at the time, based on the facts then known, are in my best interest. I have had the opportunity to ask questions and discuss with Dr. Walsh, and/or an allied health care provider to my satisfaction:**

1) my suspected diagnosis or condition 2) the nature, purpose and potential benefit of the proposed care 3) the inherent risks, complications, potential hazards, or side effects of the treatment or procedure 4) the probability or likelihood of success 5) reasonable available alternatives to the proposed treatment / procedure 6) the possible consequences if treatment or advice is not followed and/or nothing is done.

**Phone and Video Consultations**

We are happy to provide phone and video consultation opportunities to patients who are unable to come into the office for follow up visits. While telephone and video consultations are not a substitute for seeing a physician in person and having a regular physical exam, these consults can be useful for lab review and follow up care. You will either enter a virtual waiting room for video appointments or receive a call from Dr. Walsh at the number you provided at the time of your scheduled visit (Pacific Standard Time).

**Patient Portal Message & Email Policy**

Medical care requires a 2-way conversation and thus cannot be effectively conducted via messages/email. Portal messages or emails may only be used to answer basic questions, or to accompany a telephone, video, or in-person consult. Time spent reading messages, researching, etc may be charged at our hourly rate.

**Treatment Plans**

Dr. Walsh has 48 hours to finalize and send out treatment plans after your in-office visit. You can view the treatment plan on Practice Better.

### **Telephone Call Policy**

- Our office number is 707-968-7056. If it is urgent, please call 911 or go to Urgent Care. Our business hours are Monday 10am- 6pm, Wednesday 10am-4pm and Friday 10am-5pm. Please leave a message during non-business hours and allow up to 72 hours for a call back.
- For medical emergencies, dial 911.
- For a psychological emergencies, call 1-800-479-3339 or 1-800- SUICIDE.

### **Risks of Using Email/Text**

I consent to communication via email, text, and phone call from Ohmni Naturopathic Family Medicine.

- I understand that email and text outside Practice Better EHR is not secure or private. I may cancel my consent at any time by notifying Ohmni Naturopathic Family Medicine in writing. It will be effective on the date Ohmni Naturopathic Family Medicine is notified of my cancellation. No further emails or texts outside of Practice Better EHR will be sent to me by Ohmni Naturopathic Family Medicine after the date my consent is cancelled.
- I agree to release and hold harmless Ohmni Naturopathic Family Medicine from any liability that may result from using the methods of communication I have given consent to in this form. This includes, but is not limited to, breaches of confidentiality or privacy that may come from using those methods of communication (except as required by law).

### **Medication Refills**

There are specific instances when pharmaceutical medications are necessary. Please note: if you need a refill on a medication, please call your pharmacy directly for a refill and anticipate 48-hours for our office to authorize the refill.

### **Consent and Authorization for IM Therapy Procedures**

1. Ohmni Naturopathic Family Medicine provides facilities and personnel to assist Dr. Walsh in the performance of intramuscular injection therapy. You have the right to be informed of the procedure, any feasible alternative options, and the risks and benefits. Except in emergencies, procedures are not performed until you have had an opportunity to receive such information and to give your informed consent. a. The procedure involves inserting a needle into your muscle and injecting the formula prescribed by your physician. b. Alternatives to intramuscular therapy is oral supplementation and/or dietary and lifestyle changes. c. Risks of intravenous therapy include: i. Discomfort, bruising and pain at the site of injection. ii. Inflammation of the vein used for injection, phlebitis. iii. Severe allergic reaction, anaphylaxis, cardiac arrest and death. d. Benefits of intramuscular therapy include: i. Injectables are not affected by stomach or intestinal disease. ii. Total amount of infusion is available to the tissues. iii. Nutrients are forced into cells by means of a high concentration gradient. iv. Higher doses of nutrients can be given than possible by mouth without intestinal irritation.
2. You have the right to consent to or refuse and proposed treatment at any time prior to its performance. Your signature on this form affirms that you have given your consent to the procedure(s) described above with any different or further procedures which, in the opinion of your physician, may be indicated.
3. The procedure will be performed by or under the direction of the physician named above with qualified naturopathic medical assistants. Your signature below means that: a. You understand the

information provided on this form and agree to the foregoing. b. The procedure(s) set forth above has been adequately explained to you by your physician. c. You have received all the information and explanation you desire concerning the procedure. d. You authorize and consent to the performance of the procedure(s).

### **HIPAA Privacy Rights**

I have received this practice's Notice of Privacy Practices written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights and the practice's legal duties with respect to my protected health information. The Notice includes: • A statement that this practice is required by law to maintain the privacy of the protected health information. • A statement that this practice is required to abide by the terms of the notice currently in effect. • Types of uses and disclosures that this practice is permitted to make for each of the following purposes: treatment, payment, and health care operations. • A description of each of the other purposes for which this practice is permitted or required to use or disclose protected health information without my written consent or authorization. • A description of uses and disclosures that are prohibited or materially limited by law. • A description of other uses and disclosures that will be made only with my written authorization and that I may revoke such authorization. • My individual rights with respect to protected health information and a brief description of how I may exercise these rights in relation to:

- o The right to complain to this practice and to the Secretary of HHS if I believe my privacy rights have been violated, and that no retaliatory actions will be used against me in the event of such a complaint.
- o The right to request restrictions on certain uses and disclosures of my protected health information, and that this practice is not required to agree to a requested restriction.
- o The right to receive confidential communications of protected health information.
- o The right to inspect and copy protected health information.
- o The right to amend protected health information.
- o The right to receive an accounting of disclosures of protected health information.
- o The right to obtain a paper copy of the Notice of Private Practices from this practice upon request.

This practice reserves the right to change the terms of its Notice of Private Practices and to make new provisions effective for all protected health information it maintains. I understand that I can obtain this practice's current Notice of Privacy Practices on request.

### **Acknowledgement of Consent**

By signing below, I acknowledge that I have been informed of the procedure, alternatives and risks of Naturopathic medical care and that my questions have been answered completely. I acknowledge that neither claims of cure nor promises of outcome have been made regarding my therapy. I have read the above information and consent to treatment by the doctor and other providers at Ohmni Naturopathic Family Medicine. With this knowledge, I voluntarily consent to the above procedures realizing that no guarantees have been given to me by Ohmni Naturopathic Family Medicine or any of its personnel regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and discontinue participation at any time.

**PATIENT SIGNATURE \***

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Name of Guardian (if applicable):

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Today's Date: \*

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There are occasions that Dr. Walsh has a medical student shadowing her clinic. Are you comfortable with a 4th year medical student or medical resident observing your visit? \*

Yes

No