



## VALLEY WELLNESS CENTER

### **Patient Responsibility Policies**

Valley Wellness Center is looking forward to working with you in an effort to achieve your health goals. To ensure this, we would like to present a few general policies for which we will hold patients in the practice accountable. It is important that you are willing to do ALL that you need to do to get well. You must play an active role in your health care for optimal results. Here are the expectations that we have of our patients. If you do not “keep your part of the bargain” we reserve the right to terminate our provider/patient relationship.

1. Keep regular follow up appointment as advised by Dr. Rhoades. We cannot be responsible for your care without your consistency. Telephone appointments may be arranged for some for your visit if you live out of the area. This must be approved by Dr. Rhoades.
2. Time is limited during your office visit. You should have a Primary Care Provider who treats your basic medical needs and emergencies. I understand that the role of Valley Wellness health providers is for hormone replacement therapy/nutritional supplement recommendations only. I agree that I am and will continue to be under the care of my primary care physician for all other medical care.
3. Missed follow up appointments will result in the full charge of the scheduled appointment if the appointment is not cancelled or rescheduled at least 72 hours before the original appointment time. This fee cannot be waived. For new patients, you must cancel or reschedule your visit at least 10 business days before your currently scheduled appointment or your deposit will be forfeited. Cancellations less than 10 business days ahead can be rescheduled but are not refunded.
4. Please come organized to appointments with a written list of concerns. Time may not permit addressing all of them, in which case, another appointment may need to be made.
5. We CANNOT give out your laboratory results over the telephone, by mail, or by fax, due to Federal HIPAA regulations. A copy of your laboratory results can be obtained at the time of your office visit. In order for us to forward any records including laboratory results to other practices, we would need a request form sent from their office on the official letterhead with your signature. Any questions that you have regarding new information that has not been discussed with Dr. Rhoades will have to be handled by the physician that the information was forwarded to or with Dr. Rhoades during your upcoming appointment.
6. Telephone inquiries will be answered as soon as possible and in the order of medical necessity. If you have a URGENT OR EMERGENT MEDICAL

- PROBLEM, please go to your nearest emergency room or contact your primary care provider immediately. Most treatment changes are complicated and cannot be managed over the phone. If a treatment change is necessary, it will usually require an office visit. We encourage you to book an appointment or phone consultation for anything beyond a simple question or two, and thank you in advance for your understanding.
7. If you need prescriptions refilled, please contact your pharmacy and ask them to FAX over a refill request. Please allow 10 business days for refill requests, but we will try to return those requests to the pharmacy as soon as possible. If prior authorization for specific prescriptions is needed then noted prescription will need to be pursued through your Primary Care Provider.
  8. Your office visit is for YOUR care only. We cannot discuss family member's or friend's symptoms or treatments during your visit. If other individuals need medical care, they will need to make a separate appointment.
  9. Former patients who have not been seen by the doctor in 2 or more years will be considered a new patient and will need to schedule for a new patient visit.
  10. Dr. Rhoades does not currently practice hospital medicine. We therefore require you to stay connected with a primary care physician who does have hospital privileges. Our practice is exclusively an office-based practice.
  11. Laboratory fees: There is a \$20 handling fee for most laboratories we use (with a maximum of \$60.00), a \$15.00 fee for venipuncture and a \$35 fee for a laboratory visit if you don't have a doctor's appointment on the same day. We will pass on our low laboratory fees directly to you, but payment is due on the day the tests are performed. There are several tests that your insurance carrier may not deem medically necessary and therefore will not reimburse. I understand that laboratory testing will be performed to establish my baseline levels and agree to comply with requests for ongoing follow up tests to assure proper monitoring when recommended. Because we look for imbalances in the body and for trends that may result in illness if not addressed, we sometimes order tests that may be considered by consensus-mainstream medicine to be either unnecessary or of no value. These may include tests for nutritional status (such as blood levels of functional vitamin-mineral tests), levels of hormones, amino acids, essential fatty acids, neurotransmitters, immune status, candidiasis, viral syndromes and toxic chemicals, saliva tests or tests for food intolerances, liver detoxification and stool analysis. Fees may also be incurred for interpretation of results if necessary.
  12. Laboratory results: We will only call you with the results of any laboratory tests if they contain critical values that need immediate attention. Otherwise, Dr. Rhoades will discuss test results during your next visit. Please make sure to book a follow up appointment whenever you have blood drawn or any other laboratory procedure performed.
  13. Changing or cancelling appointments: Please let us know as early as possible if you need to change your doctor's appointment. We regret we must charge for missed or changed appointments, unless we are given three full business day's notice (Business days are Monday to Friday). For changes within one full business day, you will be responsible for the full service fee.
  14. Renewal of medications: Unless you schedule a follow-up visit every six months, we will not be able to refill your prescription. Renewal of medication should be done well in advance. Except in emergencies, we do not refill medication after

- office hours when your medical record is unavailable for review. To get a refill, please have your pharmacy FAX us a refill request at (209) 338-5152.
15. I consent to the administration of bio-identical hormone replacement (including but not limited to Nature thyroid, female/male sex hormones, adrenal and neurotransmitters) and nutritional supplements prescribed. I acknowledge that no guarantees or assurances have been made with respect to the benefits of these therapies and all such therapies may not be recognized by the FDA. Individualized recommendations are offered and applied as an educational and informative consultation. Any action taken as a result of the consultation is done at the sole discretion of the client. Therefore, as noted above, it is required that each patient maintain a primary care physician. I understand that I will be responsible for administration of the therapies at the prescribed doses or schedule. I have been told about the risks and benefits of hormone replacement therapy and agree to report any perceived adverse reactions or problems that may arise from my therapy. I understand there are possible risks and complications if I do not comply with the recommended doses.
  16. By signing this document, I agree to forever release Dr. Patrick Rhoades, its officers and employees from any and all actions, claims or demands that I, my heirs, next of kin, spouse, legal representatives now have, or may have in the future related in my participation in a health care consultations at Valley Wellness Center. I agree to be responsible for all legal costs and fees that may result from actions on my part or on the part of my representatives against us. If a legal case is brought against us, I agree that we shall be judged by the standards and principles of complementary, alternative, and/or holistic medicine and not the standards and principles of consensus conventional medicine. I have the right to have this document reviewed by my lawyer.
  17. Your signature below verifies that you have not been told to discontinue treatments with any other medical specialists or health care providers. Your signature is being given to rendering any service, advice, and/or recommendations whatsoever.
  18. Dr. Rhoades makes available nutritional supplements and other health products. You are in no way obligated to purchase these products from our office or any other specific location or company. You may freely choose to purchase such products from any source you wish. Valley Wellness Center may profit from the sale of supplements and other products that are made available to their clients.
  19. As we are a “fee –for-service” office and are not contracted with any insurance companies, we request payment to be made at the time of service. Integrative health consultations provided by Dr. Rhoades may not be covered by any insurance plans including Medicare. By signing this form, you accept full financial responsibility for costs associated with the consultation including laboratory tests and treatment procedures provided by others. I have also been informed that insurance companies may not pay for some or all of my hormone replacement (and/or supplement therapy) and labs.
  20. **Medicare recipients please note: You must complete “Medicare opt out release”:** please request noted additional document from Valley Wellness Staff. Medicare does not cover most preventive/integrative/holistic medical therapies/testing services recommended by Valley Wellness Center. Such Medicare patients therefore agree to be responsible, whether through insurance or otherwise, to make payment in full for the services, and acknowledge that Dr.

Rhoades will not submit a Medicare claim for the service and that no Medicare reimbursement will be provided. Dr. Rhoades has informed such Medicare recipients that she has opted out of the Medicare program.

21. We make no representations, claims or guarantees that you will be helped with your medical problems or conditions by undergoing treatment here. However, we will do our best to help you accomplish your healthcare and wellness goals.
22. Most health-insurance plans today have clauses which limit coverage to “usual and customary fees for reasonable and necessary services.” Because many of the treatments used in integrative/holistic medicine are not recognized by consensus-mainstream medicine, we cannot guarantee the amount of availability of coverage for our services and treatment under your health-care insurance policy. You are responsible for the payment of our invoices at the time services are rendered without regard to insurance coverage. You are entitled to know the cost of all services and procedures in advance. Please ask if they are not told to you.
23. I have been given neither assurance of improvement or recovery nor guarantee of safety or efficacy as a participant at Valley Wellness Center. Neither I nor my heirs shall hold Valley Wellness Center liable or responsible for any presumed reaction or obvious reaction considered undesirable resulting from the therapy used that I have chosen to have performed on or within my body. Therefore, it is my right to contract for any and all of the above therapies, and is my right to stop at any time during the program the therapies that have been agreed upon by myself and Valley Wellness Center. I have been informed and understand that any such protocol may not be recognized or approved by the FDA as a standard therapy of treatment. I, therefore, hereby release Valley Wellness Center or their designates from any liability arriving out of the status of the approval or lack of approval of this therapeutic process.
24. According to Public Health law, any products, kits or recommended supplements cannot be returned for credit or refund under any circumstances.

Valley Wellness Center and staff always welcome any suggestions you may have about how we can improve our service to you. We are genuinely happy to have you as our patient and are dedicated to your well-being. We pride ourselves on providing caring, prompt and knowledgeable service at all times. Should you have any questions, please feel free to ask any of our staff.

I have read and agree to abide by the above office policies.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_