

Financial Policy and Fees Rapha Integrative Family Clinic

We are honored to be a part of your health care team and we promise to provide you with the highest quality medical care. The following is a statement of our financial policy, which we require that you read and agree to prior to any treatment. If you have any questions or would like an explanation, please feel free to ask.

1. INSURANCE: Your insurance policy is a contract between you and your insurance carrier. It is your responsibility to know what your policy covers and what it does not. If your insurance plan requires that you have a referral to see us, it is your responsibility to make sure that you have a referral on file with your insurance company before your appointment. If your insurance has naturopathic medical benefits, we will gladly bill them for you. You are responsible for the co-pay, deductible and payment for non covered services as payment in full. **Co-payments MUST BE made at the time of service.**

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2. FEES: Charges and fees for your care are based on values created by the American Medical Association and is adopted by most insurance companies. Medical billing depends **upon the complexity**, not the time spent with each patient. You are welcome to know what the charge is for any given service.

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3. NON-COVERED SERVICES: There are several services that Rapha Integrative Family Clinic provides for you that may or may not be covered by your insurance company. Although these services are not required for your care, they may be important for you: Some examples of non-covered services include emergency pager fees or telephone conferences. **Although these fees can vary depending upon the complexity, a typical emergency pager fee can start at \$25, and a telephone conference ranges between \$90-\$200.**

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4. PAYMENT POLICY: Payment is expected at the time of service. This includes any co-pay, fees not covered by your insurance, pharmacy fees, etc. Keep in mind that you will receive statements from Rapha Integrative Family Clinic to keep your account current. **A \$5 rebilling fee** will be assessed if there is a failure to make a payment or make contact with Rapha Integrative Family Clinic. If your account is over 90 days past due, you may receive a letter stating that you have a specified amount of time to make payment arrangements. Failure to make payment arrangements will result in your account being referred to a collection agency and you may be immediately discharged from this practice. A \$5-\$25 fee will be charged to all non-sufficient funds (NSF). When a minor is seen at Rapha Integrative Family Clinic, payment is expected from whoever accompanies the minor to the visit.

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We send statements by email, instead of mail, please provide your email address below: Please be sure to check your junk mail folder and adjust your email settings as statements will be sent from info@raphafamilyclinic.com

Valid Email address: _____

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5. APPOINTMENTS: A missed appointment is a loss to everyone. Please give 24 hours notice if you are unable to keep your appointment; otherwise we reserve the right to charge for the time reserved (**\$50**). This charge is **your responsibility**, as insurance companies do not pay for missed appointments.

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I acknowledge that I have read and fully understand this financial policy. I agree to the above states fees and charges and all of my questions have been answered.

Signature of patient or responsible party

Date signed

Naturopathic Medicine Informed Consent for Treatment

I, _____, hereby authorize Rapha Integrative Family Clinic to perform the following procedures, but not limited to, to facilitate my diagnosis and treatment:

Common diagnostic procedures: e.g. venipuncture, Pap smears, laboratory, diagnostic imaging.

Minor office procedures: e.g. cleaning, dressing a wound, ear lavage, skin scraping, skin cryotherapy, sutures.

Acupuncture: The insertion of pre-sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body.

Medicinal use of nutrition: therapeutic nutrition, nutritional supplementation, and intramuscular vitamin injections, intravenous nutrition.

Botanical medicine: botanical substances may be prescribed as teas, alcoholic tinctures, capsules, tablets, crèmes, plasters, or suppositories.

Homeopathic medicine: the use of highly dilute quantities of naturally occurring plants, animals, and minerals to gently stimulate the body's healing responses.

Lifestyle counseling and hygiene: diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities.

Vaccinations, Psychological Counseling, Contraception, Pharmaceutical prescriptions.

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

Potential risks: allergic reactions to prescribed herbs and supplements, side effects of medications or vaccinations, aggravation of pre-existing symptoms, discomfort, pain, infection, burns, nausea, light headedness, inconvenience of lifestyle changes, injury from injections, venipuncture, or procedures. Notify the staff of Rapha Integrative Family Clinic if you experience any symptoms, which may be secondary to the above procedures.

Potential benefits: restoration of health and the body's maximal functional capacity without the use of the drugs or surgery, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

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

Notice of Allergies: all patient must alert the doctor if they have any known or suspected allergies (environmental, food, drug, etc.).

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Rapha Integrative Family Clinic or any personnel regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

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 myself or unless it is required by law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that any questions I have will be answered by my practitioner to the best of his/her ability.

Signature of Patient

Date

Signature of Patient Representative or Guardian

Notice of Privacy Practices

Rapha Integrative Family Clinic

This notice describes how your medical and personal information may be used and disclosed at Rapha Integrative Family Clinic. We respect our legal obligation to keep health information that identifies you private. We do not use your health information in our office or disclose it outside of our office without your written permission. In some situations, the law requires us to disclose your health information without either written or verbal consent. We will ask you to sign a consent form allowing us to use and disclose your health information for purposes of treatment, payment, and healthcare operations in this office. We are allowed to refuse to treat you if you do not sign the consent form.

We are permitted to use and disclose your healthcare records for the purpose of treatment, payment, and healthcare operations:

- Treatment means providing coordination, or managing healthcare related services by one or more healthcare providers. For example, we may need to share information with other providers or specialists involved in your care.
- Payment means activities as obtaining reimbursement for services, verifying coverage, billing or collection activities, and utilization review. For example, we may disclose treatment information when billing a medical plan for you.
- Healthcare operations include the business aspects of running our practice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization or as permitted by law. In some limited situations, the law requires us to use and disclose your health information without your permission. These examples may never come up at our office at all, but such disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose.
- For public health purposes, such as contagious disease reporting and notices to and from the FDA regarding drugs and medical devices.
- Disclosure to government authorities about victims of suspected abuse, neglect, or domestic violence.
- Uses and disclosures for health oversight activities, such as for the audits by your insurance plan, or for investigation of possible violation of healthcare laws.
- Disclosures in response to subpoenas or orders of the court.
- Disclosures for law enforcement purposes, such as to provide information about someone who is suspected to be a victim of a crime, or to provide information about a crime at our office.
- Disclosure related to worker's compensation programs.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information to any person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to ask us to communicate to you in a confidential way, such as by phoning you at work rather than at home or by mailing health information to a different address. Please provide a written request.
- The right to ask to see or to get photocopies of your health information. You may have to pay for photocopies in advance. We do charge a fee to release your records to an outside source other than a healthcare provider (examples are lawyers, healthcare research firm, etc.). Please complete our written records request for billing or medical record release.
- The right to receive an accounting of disclosures of protected health information.
- The right to amend your protected health information.
- The right to obtain a paper copy of this notice from us upon request.

This notice is effective from August 1, 2015. We are required to abide by the terms of this Notice of Privacy Practices and to make the new notice provisions effective for all protected healthcare information that we maintain. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel that your privacy rights have been violated. We will not retaliate against you for filing a complaint.

I have read the Notice of Privacy Practices ("Notice") above, which describes how my health information is used and shared. I understand Rapha Integrative Family Clinic has the right to change this Notice at any time. I may obtain a current copy by contacting the Rapha Integrative Family Clinic.

Patient's signature: _____
*Parent's signature if patient is under 18 _____

Date: _____
Date: _____

For more information about our privacy practices:
Rapha Integrative Family Clinic
1603 116th Ave NE Ste 111
Bellevue, WA 98004
425.326.1668

For more information on HIPAA or to file a complaint:
The US Dept. of Health & Human Services
Office of Civil Rights
200 Independence Ave. SW, Washington DC DC, 20201
877.696.6775