

Patient Payment, Email Policy and HIPAA Form

Patient Name _____ Date _____

Address _____ City _____ State _____
Zip _____

Home # (____) _____ Work # (____) _____ Date of Birth _____

Date of Injury _____ Referred
by _____

Patient Email: _____

Office Policies and Financial Agreement:

All payments are required at time of service. We accept cash, check or credit/debit cards.

To streamline payments, we require a credit card on file. This will be used for copays, deductibles, supplements, etc and any remaining balance after insurance processing. Your card info is securely stored. We will notify you before charging the card. New patient appointments are \$300/up to 110minutes, follow up appointments are \$180/50 minute hour.

Lab draw/bloodwork/other labs/imaging fees are separate from HNH and are not within the control of HNH. All charges and outstanding balances are ultimately the patient's responsibility and will be owed directly to the service provider.

In fairness to our other patients and to us, 24 hour notice is required for cancellation of an appointment. A missed appointment fee of \$25 will be charged to the card on file for any missed appointments or late cancellations (less than 24 hours notice). This keeps our healing services accessible to all.

It should be understood that all services are charged to you, the patient, who is legally responsible for payment. Patient agrees to pay all collection costs including, but not limited to reasonable attorney fees, late charges and litigation costs in the event of any breach, including failure to timely make any required payments. *It is the patient's responsibility to ensure that their specific health insurance plan will cover Naturopathic care and if a referral is required.* If your plan does not cover ND care, you will be expected to remit payment for the visit/s.

____ **I have read and understand this fee schedule and payment policies above**

Phone and Email Policy

Questions? Phone calls and emails are free if they pertain to **brief clarification of existing treatment plans**. You will be charged at the normal hourly rate (\$180/hr) for phone calls or emails when:

1. The questions involves more than essentially a yes/no answer or involves discussion.
2. The question pertains to new problems or treatment. This is essential for your safety.
3. The questions asks for any opinion greater than yes/no.
4. It has been more than 14 days since your last visit. This is essential for your safety.

Signature: _____
(Patient / Parent / Guardian)

Date: _____

HIPAA Release Form

Dr. Elizabeth R. Yori and Heritage Natural Health are concerned about the privacy of our patients' health care information. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

I acknowledge that I have received the Notice of Privacy Practices for: **Dr. Elizabeth Yori, N.D.**

Name of Patient (PRINT) _____

Signature of Patient or Authorized Representative

Practice Fusion Portal messages policy: for your convenience, we have a HIPAA protected patient portal. This allows BRIEF clarifications of current treatment plans, and simple updates that do not require an appointment or follow up.

_____ I understand that Practice Fusion message are meant for non-urgent communication, and may take 3+ business days to receive a response, which will occur during normal business hours. Practice Fusion messages are answered by an Heritage Natural Health staff member and will not be used to render medical treatment.

Appointment notifications:

_____ (phone)/_____ (text)/_____ (email) The Doctor or staff may contact me via telephone or text and leave a message that may contain appointment or medical information if I am not available. I also agree to receive appointment reminders via Practice Fusion.