



CONSENT FOR TREATMENT

Authorization: I hereby authorize **Allison Brumley, ND, LAc., Tami L Pearce, FNP-C**, and the medical staff at **Aspire Integrative Medicine, Inc.** to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

General Diagnostic Procedures: Including, but not limited to: venipuncture, blood and urine laboratory work, and general physical exams.

Lifestyle Counseling: Exercise Prescriptions

Herbs/Natural Medicines: Prescribing of various therapeutic substances, including plants, minerals, and animal materials. Substances may be given in the form of teas, pills, powders, tinctures--may contain alcohol--topical creams, pastes, plaster washes, suppositories, or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substances, may also be used.

Dietary Advice and Therapeutic Nutrition: Use of foods, diet plans, or nutritional supplements for treatment--may include intramuscular vitamin injections and/or intravenous nutrition.

Potential Risks: Pain, discomfort, blistering, discolorations, infection from needle insertions, allergic reactions to prescribed herbs or supplements, and aggravation of pre-existing conditions.

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 disease or its progression.

Notice to Pregnant Women: All female patients must alert the practitioner(s) if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy. Labor-stimulating techniques or any labor-inducing substances will not be used unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

I understand that I may ask questions regarding my treatment before signing this form and 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 Allison Brumley ND, LAc, Tami L Pearce, FNP-C, and Aspire Integrative Medicine, Inc., have given no guarantees to me. 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 me or my representative, or otherwise permitted or required by law. I understand that I have the right to review my record and obtain a copy of my record upon request and that obtaining a copy of my record may require payment of a fee.

Patient's Name (Print)

Address, City, Zip Code

Email address

Phone number

Patient's Signature

Date



Initial Visit Information Sheet

Thank you for choosing naturopathic medicine for your medical needs. **Natural medicine works** by supporting the body's inherent healing mechanisms. This process is achieved through gentle physiological stimulation and subtle manipulation of the vital force. It is important that you implement our treatments and recommendations on a daily basis, as completely as possible, in order to experience the full benefits of naturopathic medicine.

PLEASE READ CAREFULLY: Following is an explanation of our fees, services, and office policies. Please read it carefully, so you understand how our medical office works.

FORMS AND QUESTIONNAIRES: Please read and complete all documents that you received. Your visit with your physician will be more productive if you are as thorough as possible. Bring to your first visit copies of any recent (past 12 months) medical tests or results. If you are having them sent, **our fax number is (801)593-1663**. Bring any medications, vitamins, or nutritional supplements you may be taking. Include any that are taken intermittently as well.

FEES AND BILLING: OUR PAYMENT POLICY IS FEE-FOR-SERVICE. You are required to pay at the time of your visit. Naturopathic doctors are not providers for **Medicare or Medicaid**, therefore your visit and possibly many of your tests may not be covered.

INSURANCE COVERAGE: NATUROPATHIC DOCTORS ARE NOT CONTRACTED PROVIDERS WITH ANY INSURANCE COMPANY. We will create an invoice that you can submit to your insurance company for reimbursement. We encourage you to call your insurance company to learn more about your policy. Please tell them that (1) You are coming in for a COMPREHENSIVE FIRST VISIT (the billing code is 99204), and (2) You will be seeing an "Out of Network Provider."

HEALTH-SAVINGS ACCOUNTS (HSAs) & FLEX SPENDING ACCOUNTS: You can use these funds to cover all costs with Dr. Allison Brumley and/or Tami L Pearce, FNP-C..

POSSIBLE ADDITIONAL COSTS: These include herbal remedies, vitamins, nutritional supplements, and lab fees. We dispense many products from an on-site natural pharmacy or an online virtual dispensary. These items are not reimbursable by insurance, but may be covered by flex spending plans.

SUPPLEMENT REFILLS: Most supplements need to be taken for several weeks to months, in order to effectively influence your body's metabolic, energetic, and physiologic processes. Please phone our office ahead of time to place your order for a refill. We are happy to ship.

CONFIDENTIALITY: Professional ethics as well as the laws of the state of Utah require that we honor your right to privacy and the confidentiality of our work together. We will not provide information about you to others without your informed consent and written permission. We are, however, required by law to report clear and present danger to human life and any form of child abuse. See the attached document, Notice of Privacy Policies.

EMERGENCY COVERAGE: In case of emergency, you may leave a message at (801)845-8205, or a message over the patient portal, and we will respond as soon as possible. IF THE EMERGENCY IS CRITICAL, PLEASE CONTACT YOUR NEAREST EMERGENCY ROOM OR DIAL 911.

CANCELLATION POLICY: The appointments are your time to use as you wish. In order to fill and accommodate those on our waiting list, we require 24 hours' notification when rescheduling or canceling. If less than 24 hours is given, you agree to pay a \$35-\$50 charge, depending on the time. Failure to cancel an appointment that you do not attend will be billed at 50%. This applies to first time visits as well. You may be asked to provide a credit card number to cover these costs, should they be incurred.

PATIENT INITIAL: _____

CONSENT: I have read the above and agree to follow the parameters of this contract. I authorize the release of any medical information necessary to process my insurance claim.

NAME (PRINTED)

SIGNATURE

DATE

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info@aspireim.com



How We Collect Information About You: Aspire Integrative Medicine, Inc. (AIM, Inc.) and its employees collect data through a variety of means, including but not necessarily limited to: letters, phone calls, emails, voicemails, and from the submission of applications that is either required by law, or necessary to process medical treatment or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information any information about applicants, or clients who apply for--or actually receive--our services, that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to provide you with medical services, which may require communication between AIM, Inc. and other health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary, to: verify your medical information is accurate, determine the type of medical supplies or any health care services you need, or to obtain or purchase any type of medical supplies, devices, medications, and insurance. If you apply or attempt to apply to receive medical care through us and provide information with the intent or purpose of fraud, or that results in an actual crime of fraud, for any reason--including willful or un-willful acts of negligence (whether intended or not) or in any way demonstrates or indicates attempted fraud--your non-medical information can be given to legal authorities, including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors, except for one hit encounter on the main index page www.aspireintegrativemedicine.com that simply records the number of visitors and no other data. To avoid potential data capture that you visited a diabetes website, simply do not click on any of our outside affiliate links.

Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of AIM, Inc. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names, or uniquely identifiable names) will be used without client's expressed advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

Signature

Date