

Patient Information and Consent | Update Packet

Name				Date:	
Age	DOB		Sex (circle one)	F	М
Addre	SS				
City		State	Zip		
Teleph	none	Alternative #	Ema	il	
Emerge Name	ency Contact Information				
Relatio	nship				
Addres Numbe	s & phone er				
Permis (Initial of acce	the Level and Appointmen		1 1	. Access Restrictions)	
Schedu Schedu guarante keep ap may be your ap duratior	reading and initialing below, you understand and agree to the following. meduling It is best that appointments are scheduled in advance. The Salmon Creek Clinic is unable to arantee that an appointment time will be available on short notice. We value your time and strive to be appointments at their set time. If you are more than 15 minutes late for your appointment, you say be asked to reschedule and will be held responsible for the full cost of a missed appointment, or are appointment may still be held but charged at the full rate of scheduled time and using only the ration of time remaining. Incellation and missed appointment charges				d strive to ent, you ement, or
0	Appointments cancelled or re not show up for their appoint reserved.			-	
0	Medicinary and Supplements directly at (360) 823-8121 or specific refill needs; this include hours minimum for refill. It is items are required to be paid weeks from the date of prepaprearranged.	oy emailing the office sides size, item, and urg best to request refills in the full at the time of re	staff at <u>salmoncreel</u> ency. All medicinary prior to running out quest. Items will be	kclini@aol.com y refill requests t of items. All m e held a maximo	with stake 24-48 nedicinary um of two
	prearrangeu.			Initials	
0	Phone call policy The Salmon questions after your office vis that clarifying issues and answ care. However, phone calls or may be billed as a phone cons	it. It is understood by the vering basic questions questions that require	he Salmon Creek C could assist with th e a longer time fran	linic's physiciar e success in yo ne (more than 5	ns and staff ur health 5 minutes),



make follow-up office visits; we recommend utilizing this time for multiple questions and for more detailed clarification of information. We encourage our patients to contact the Salmon Creek Clinic directly, during regular business hours. Our clinic hours are Tuesday through Friday from 9:00am to 5:00pm. Please reserve evening and after hours contact numbers for severe or

		immediately, please call 911.
		Initials
	0	Email Policy Physicians and staff of Salmon Creek Clinic are happy to reply to questions and concerns through email correspondence. If the email correspondence becomes lengthy or excessive, the Salmon Creek Clinic physicians and staff reserve the right to request follow-up, either in office or via a Telehealth consultation. Appropriate charges will apply. Logistical emails (regarding payment, etc.) can be directed to salmoncreekclini@aol.com Initials Initials
	0	Payment for your convenience we accept Cash, Check, Visa, MasterCard, Discover and American Express. Unless previously approved, payment is due in full at time of service. Initials
Inf	orm	ned Consent -
safe	er th	alth care is not without its risks or is guaranteed to be successful. Naturopathic care is generally an other systems of medicine, but there are potential risks in what we do as well. In and initialing below, you acknowledge your awareness and understanding of such risks.
1.		e Salmon Creek Clinic, the physicians practicing within, and clinical staff do not recommend that a discontinue any other treatment or care provided by any other health care professional. Initials
2.	the for	ere is no expressed or implied guarantee of any specific outcome with your treatment provided by physicians of the Salmon Creek Clinic or staff. The care provided may or may not be a treatment a specific disease, and may be preventive in nature, designed to improve your overall health and II-being.
		Initials
3.	rele bett rega	Salmon Creek Clinic physicians and staff will always strive to provide full disclosure of all information evant to a person's care, and to answer all questions a patient may have, to the patient's satisfaction. The ter one understands, the more fully one can participate in one's own healing. We encourage all questions arding any aspect of care. Please feel free to ask about any aspect of care, future care, expected outcome, what to do if any difficulties or possible negative outcomes should arise.
		Initials
4.		puncture treatments may result in a bruise at the site of the needle insertion. Any needle insertion carries a all risk of infection, though we use only single-use, sterile needles to minimize any risk.
		Initials
5.	this	ural healing may occasionally generate a "healing reaction." All new patients receive a paper, which discusses, Nature's Cure and the Process of Healing. Generally, this will be a flu-like state with fever for a few days, but y be different from that, and may require expert attention and guidance to the next stage of healing.
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Со	nsei	nt for Use or Disclosure of Health Information

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Our Privacy Pledge

While the law requires us to give you this disclosure, please understand that we have, and always will, respect the privacy of your health information. Along with this consent form, a copy of the privacy notice that describes our privacy policies in detail will be available for your perusal at our clinic and can also be found on our website. You have the right



to review that notice before you sign this consent form. We reserve the right to change our privacy practices as described in that notice. we will make the changes available to you as soon as the changes are made.

Right to limit uses or disclosures

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing.

We w

ou!	ld like to share with you how we might be asked to use or disclose your health care information:
1.	It may be that personnel of the Salmon Creek Clinic have to disclose your health information, including all your clinical records, to another health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health condition. Unless we have received a patient authorized request from another practitioner.
	Initials
2.	Our billing staff may have to disclose your examination and treatment records and your billing records to an insurance carrier or official government agency, if requested.
	Initials
3.	Personnel of the Salmon Creek Clinic may need to use your name, address, phone number, and your clinical records to contact you to provide appointment reminders, information about treatment alternatives, or other health related information that may be of interest to you. If you are not at home to receive an appointment reminder, a message will be left on your answering machine.
	Initials

Right to revoke your authorization

You may revoke any of these authorizations at any time; however, your revocation must be in writing. We will not be able to honor your revocation request if we have already released your health information before we receive your request to revoke your authorization. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

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Digital Communications

Salmon Creek Clinic offers the choice to communicate electronically via email, text, and for Telehealth consultations.

What is Telehealth?

Telehealth is the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using information and communication technologies.

Telehealth uses health information for diagnosis, therapy, follow-up and/or education.

During the Telehealth health service, details of your medical history, examinations, x-rays, and tests may be discussed using interactive video, audio and/or telecommunications technology.

All existing laws regarding privacy and security of your health information and copies of your medical records apply to this Telehealth health service and the audio and video information transmitted.

The Salmon Creek Clinic will do our best to protect the confidentiality of the patient identification and imaging data.

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Before sending any electronic form of communication to the Salmon Creek Clinic, please read and understand the following information regarding the risks and conditions of the use of electronic communication.

Risks associated with electronic forms of communication

Transmitting patient information electronically has several risks that should be considered. Some of these risks include, and are not limited to, the following:

- An electronic communication being misaddressed and sent to a non-affiliated recipient.
- Potential backup copies existing even after sender or recipient has deleted their copy or being stored in numerous paper and electronic files.



- Employers and on-line services have a right to archive and inspect Electronic Communication transmitted through their systems.
- Electronic communication can be intercepted, altered, forwarded, or used without authorization or detection.
- Electronic communication can be used as evidence in court.

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Conditions for the use of electronic forms of communication

The Salmon Creek Clinic will use all reasonable means to protect the security and confidentiality of any electronic communication sent and received.

- Although the Salmon Creek Clinic will strive to read and respond properly to electronic communications
 received, we cannot guarantee that any electronic communication will be received, read, or responded to
 within any period. Thus, this form of communication should not be used for medical emergencies or any
 other time-sensitive matters. For emergencies call 911 or go to the nearest urgent care or emergency
 room.
- All electronic forms of communications to or from the patients of the Salmon Creek Clinic concerning
 diagnosis or treatment will be printed out and, at the doctor's discretion, become a part of the patient's
 medical record.
- It may become necessary that a physician of the Salmon Creek Clinic forward electronic communication, internally, to the practice's team as necessary for diagnosis, treatment, reimbursement, and other handling. The Salmon Creek Clinic will not, however, forward communication to independent third parties without the patient's prior written consent, except as authorized or required by law.
- If the individual's electronic communication requires a response from Salmon Creek Clinic, and the individual has not received a response in a timely manner or within a business week, it is the individual's responsibility to follow up by telephone, to determine whether the intended recipient received the communication and when the recipient will respond.
- Individuals should not use electronic communication regarding sensitive medical information such as
 information regarding sexually transmitted infections, HIV/AIDS, mental health, developmental disability, or
 substance abuse.
- Individuals are responsible for informing Salmon Creek Clinic of any types of information that they desire
 not to be sent by an electronic form of communication, in addition to those listed in the above paragraph.
- The individual is responsible for protecting his/her password or other means of access to electronic communication. Salmon Creek Clinic is not liable for breaches of confidentiality caused by the individual or any third party.

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Expectations of electronic communication

When communicating electronically, patients shall:

- Identify who you are in the body of the communication.
- Review the electronic communication to make sure it is clear, and that all relevant information is provided before sending to the Salmon Creek Clinic, staff, or physicians.
- Take precautions to preserve the confidentiality of all electronic communication, such as using a screen saver and safeguarding their computer and cell phone password.

		Initials
Patient Signature		Date
Internal Use Only		
	Signature	Date \