



## Informed Consent for Treatment & Clinic Policies

### Informed Consent

- I understand that Dr. Marie Rodriguez is a naturopathic physician. She is a graduate of a 5 year accredited naturopathic medical school; she is not an MD or DO. Naturopathic medicine is not a medical specialty but a separate and distinct health care tradition.
- A naturopathic physician is practitioner trained in the use of natural means to further health and wellness, including assessment, patient education, counseling about nutritional interventions, herbal and homeopathic remedies, lifestyle modifications and a range of other natural interventions/consultations.
- In the District of Columbia, naturopathic physicians may not prescribe pharmaceutical medications, nor may they perform minor surgery.
- I understand that a core approach taken by naturopathy is achieving better health status through improvements in diet and the use of dietary supplements to improve biological functions, as well as exercise and other lifestyle modifications.
- The focus of naturopathic care is to alleviate the underlying conditions that bring on illness rather than the treatment of symptoms. While I may experience some immediate improvement from the use of herbs, homeopathic remedies and other botanical and naturopathic methods, I understand that the most effective results occur when I make a long-term commitment to rebuild my health with the assistance of Dr. Rodriguez.
- I understand that Dr. Rodriguez does not offer after-hour services or provide any hospital-based services. If I have difficulty with any of the remedies or other aspects of my work with Dr. Rodriguez, I understand I should call to discuss concerns I may have.

### Appointments

Dr. Rodriguez sees patients on an appointment basis, and prefers appointments to be made in advance. You can schedule by calling the office or through GenBook, our online scheduler. Dr. Rodriguez is available for phone visits for long distance patients or for those unable to make it into the office. Please call the office to schedule these types of appointments.

### Cancellation/Reschedule Policy

We request a minimum of **48 hours** notice for canceling or rescheduling appointments.

If you miss an appointment or fail to cancel within the requested 48 hours, you will be charged the **full cost of the visit**. When you reschedule this visit, you will be charged ½ of the visit fee.

### Email Policy

- On the occasion that I may wish to communicate with the office of Dr. Marie Rodriguez by email, I am aware that email communication is not 100% reliable or secure, but I acknowledge that the doctor and her staff assure me that they make every effort to protect my privacy.
- Please be aware that email communication is not a substitute for a face-to-face office visit with a doctor.
- I am aware and agree that a hard copy of pertinent correspondence will be filed in my medical chart.
- I agree to include my name and telephone number in the body of all email I send to my doctor's office to ensure that they have an alternate means of contacting me.
- **I will limit my email to: clarify a current treatment plan or symptoms relating to current treatment plan, ask routine, non-urgent medical questions;** or I will make an appointment. (Some questions require an office visit depending on the length and complexity of the question.)



Dr. Marie Rodriguez  
Naturopathic Physician

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- **New health complaints will require an office visit.**
- I will not email my doctor regarding emergencies, and I am aware that time-sensitive matters are not appropriate for email communication.

- **We will try to respond to email messages within 72 hours.** However, there is no way to guarantee that this will occur, for a variety of legitimate reasons (misaddressed email, server down, electric power failure, etc.). If I do not get a response to my email within 72 hours, I will contact Dr. Rodriguez or her staff via other means.
- I agree to pay Dr. Rodriguez's fees for email communication if applicable—any call or correspondence that requires a new instruction care analysis or prescription will be subject to a consultation charge. The fee will be prorated according to consultation time.
- If we are on vacation, you will receive an automated reply with further instructions to contact the office by telephone.

### Fee Schedule

- |  |       |                           |         |
|--|-------|---------------------------|---------|
| • Initial Naturopathic Visit               | \$295 | • Pediatric Initial visit |         |
| • Return Naturopathic Visit                | \$150 | • Dispensary              |         |
| • Initial Craniosacral visit               | \$180 | by item                   |         |
| • Return Craniosacral visit                | \$150 | • Shipping and Handling   | postage |
| • Return Naturopathic & Craniosacral Visit | \$225 | + \$3.50                  |         |

### Payment & Refills

Payment is due at the time of the visit. We accept cash, checks, Visa, MasterCard, and American Express. Refills on supplements are available with pre-payment and can be picked up in the office or mailed to you.

### Insurance Coverage

Dr. Rodriguez's visits are covered by only a few insurance companies. UnitedHealthCare and Great West are two that are currently covering her visits. Check with your plan administrator. We will provide you with the appropriate codes and forms to pursue reimbursement.

If you have an HSA (Health Savings Account), Dr. Rodriguez's consultations and prescribed supplements are allowable tax-free expenditures. Effective January 1, 2004, tax-favored HSA'S, once available only to federal employees were offered to the general public. Health Savings Accounts allow you to take control of your health care expense and treatment options, however, many are unaware this choice exists. We strongly urge you to look into an HAS as an alternative insurance choice. To find out more, please check out: HAS Insider.

Flexible Spending Programs also allow for naturopathic health care deductions. Check with your plan administrator. We recommend that everyone ask their insurance providers to allow coverage for natural healthcare expenses.

Patient's name: (please print) \_\_\_\_\_



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Signature: \_\_\_\_\_

Date: \_\_\_\_\_