

Informed Consent for Functional Medicine Care

I seek the Services of New Beginnings Wellness Center & Spa. I am executing this consent to confirm my discussion with New Beginnings Wellness Center & Spa providers and understanding of the risks, benefits, and alternatives to treatment by Lucy Douglas and Melissa Mason, family nurse practitioners.

1. Benefits of Functional Medicine Approach: The providers at New Beginnings Wellness Center & Spa use diagnostic and treatment methods that, in addition to conventional medical approaches, incorporate preventative, complementary, alternative, integrative or functional medicine (collectively “functional” medicine). Functional medicine focuses on nutritional and hormonal imbalances, diet, exercise, environmental influences and psycho-social stressors based on the premise that they directly relate to the development and maintenance of illness. Functional medicine evaluates these influences and then specifically tries to remedy them. It encourages patients to give up negative lifestyle patterns and establish more positive ones regardless of the type of medical problems.

2. Risks: I understand that the treatment and modalities employed may be different than what may be considered “mainstream” medicine. I am aware that there is some controversy in the medical community about functional medicine practices. The potential “risks” of functional medicine that are asserted by critics in this debate include:

- a. lack of sufficient testing to constitute “evidence-based” medicine
- b. use of biologically active agents that can present risks when used in conjunction with conventional medical therapies
- c. potentially negative biological or psychological effects that have received insufficient testing
- d. delay in seeking mainstream treatment based on scientifically unsupported practices
- e. use of laboratory tests, the value of which may not have been sufficiently established to gain acceptance by conventional practitioners

While the providers at New Beginnings Wellness Center & Spa only employ treatments they believe to be safe and effective, as with healthcare generally, there can be no guarantees that these therapies will have benefit or be free of adverse effects.

3. Other Diagnostic and Treatment Options; Notice that Not Primary Care: The providers at New Beginnings Wellness Center & Spa encourage me to speak with and consider the advice of other physicians. New Beginnings providers will consult with, but are not replacing, care currently provided to me by other physicians, such as my primary care physician, gynecologist, cardiologist, gastroenterologist, pediatrician (in the case of children), oncologist or other specialty care. I have been advised that the providers at New Beginnings Wellness Center & Spa are not primary care providers, do not admit patients to the hospital or treat hospitalized patients/emergent conditions, and I understand that I should maintain a relationship with a physician who is available to provide emergent and urgent care. If I encounter a medical

emergency and am not able to obtain care from my physicians, I will contact 911 or report to a hospital emergency department as appropriate.

4. Medication and Responsibilities: I understand that New Beginnings Wellness Center & Spa providers make available nutritional supplements for sale to her patients via their website as part of their specific treatment plan. I understand that I am not obligated to purchase these products and can purchase dietary supplements and other products from any source of my choosing. I understand that New Beginnings Wellness Center & Spa providers make no representations, claims or guarantees that my medical problems or conditions will be helped by undergoing treatment by them. I understand that my failure to comply with any treatment recommendations may impede results.

Female patients should inform their practitioner if they are pregnant or nursing, or could become pregnant, as some treatments may be contraindicated.

I am responsible to disclose to New Beginnings Wellness Center & Spa providers all medication, care, and assessments that I receive elsewhere and to provide medical records from other providers to ensure that care is coordinated and compatible. I understand that New Beginnings Wellness Center & Spa providers' treatment may include recommendation that I seek other types of treatment from other health professionals who are not affiliated with them. I understand that New Beginnings Wellness Center & Spa providers do not supervise these professionals and are not responsible for them.

NOTE: DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND FEEL THAT YOU UNDERSTAND IT. ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

I hereby authorize treatment by Lucy Douglas, MSN, APRN, FNP-C and/or Melissa Mason, DNP, APRN, FNP-C, have read and understand this consent form and the terms of services, and voluntarily agree to assume the risks of care. If I ever have any claim with respect to the services and treatment given to me, that claim shall be judged, if appropriate, by the standards and principles of physicians who provide complementary, integrative, or functional medicine.

Printed Name: _____

Signature/Date: _____

Witness: _____

Functional Medicine Laboratory Testing Informed Consent

The purpose of functional medicine laboratory testing is to evaluate nutritional, biochemical, or physiological imbalance and to determine any need for medical referral. These lab tests are not intended to diagnose disease. This office utilizes conventional lab tests, as well as functional medicine assessment.

Functional medicine assessment is designed to assist our providers in finding the underlying causes of your condition. Functional medicine has evolved through the efforts of scientists and clinicians from the fields of clinical nutrition, molecular biology, biochemistry, physiology, conventional medicine, and a wide array of scientific disciplines. Functional medicine evaluates the body as a whole, with special attention to the relationship of one body system to another and the nutrient imbalances and toxic overload that may adversely affect these relationships.

Your medical physician may or may not agree with the necessity for—or interpretation of—these tests. If you have any questions or concerns, please discuss them with our providers.

I have read and understand the above.

Signature

Date

Witness

Date

Selling Nutritional and Herbal Supplements

While nutraceuticals are not drugs, these substances can have significant effects on physiology and must be used rationally. In this office, we provide nutritional counseling and make individualized recommendations regarding use of these substances in order to upgrade the quality of foods in a patient's diet and supply nutrition to support the physiological and biochemical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support targeted aspects of metabolic function. While use of nutritional supplements may generally be safely recommended for patients already using pharmaceutical medications (drugs), some potentially harmful interactions may occur. For this reason, it is important to keep all of your healthcare providers fully informed about all the medications and nutritional supplements, herbs, or hormones you may be taking.

Sale of Nutritional Supplements at New Beginnings Wellness Center and Spa

You are under no obligation to purchase nutritional supplements at our clinic.

As a service to you, we make nutritional supplements available in our office, the majority of which are professional-grade. We purchase these products only from manufacturers who have gained our confidence through considerable research and experience. We determine quality by considering: (1) the quality of the science behind the product; (2) the quality of the ingredients themselves; (3) the quality of the manufacturing process; and (4) the synergism among product components. The brands of supplements that we carry in our facility are those that meet our high standards and tend to produce predictable results.

We make a return on these sales that does not increase the cost to you or exceed the usual and customary markup for supplement sales. While these supplements may come at a higher financial cost than those found on the shelves of pharmacies or health food stores, the value must also include assurance of their purity, quality, bioavailability (the ability to be properly absorbed and utilized by the body), and effectiveness. The chief reason we make these products available is to ensure quality. You are not guaranteed the same level of quality when you purchase your supplements from the general marketplace. We are not suggesting that such products have no value; however, given the lack of stringent testing requirements for dietary supplements, product quality varies widely.

If you have concerns about this issue, please discuss them with our staff.

I have read and understand the above.

Signature

Date

Consent for E-mail/Internet Use of Protected Personal Information

New Beginnings Wellness Center & Spa provides patients the opportunity to communicate with their health care providers and administrative staff by e-mail. Transmitting confidential health information by e-mail, however, has a number of risks, both general and specific, that should be considered.

1. Risks:

a. General e-mail risks are the following: e-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients; recipients can forward e-mail messages to other recipients without the original sender(s) permission or knowledge; users can easily misaddress an e-mail; e-mail is easier to falsify than handwritten or signed documents; backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy.

b. Specific e-mail risks are the following: e-mail containing information pertaining to diagnosis and/or treatment must be included in the protected personal health information; all individuals who have access to the protected personal health information will have access to the e-mail messages; patients who send or receive e-mail from their place of employment risk having their employer read their e-mail.

2. It is the policy of New Beginnings Wellness Center & Spa that all e-mail messages sent or received which concern the diagnosis or treatment of a patient will be a part of that patient's protected personal health information and will treat such e-mail messages or internet communications with the same degree of confidentiality as afforded other portions of the protected personal health information. New Beginnings Wellness Center & Spa will use reasonable means to protect the security and confidentiality of e-mail or internet communication. Because of the risks outlined above, we cannot, however, guarantee the security and confidentiality of e-mail or internet communication.

3. Patients must consent to the use of e-mail for confidential medical information after having been informed of the above risks. Consent to the use of e-mail includes agreement with the following conditions:

a. All e-mails to or from patients concerning diagnosis and/or treatment will be made a part of the medical record and considered protected personal health information. As a part of the protected personal health information, other individuals, such as New Beginnings Wellness Center & Spa physicians, nurses, other health care practitioners, insurance coordinators and upon written authorization other health care providers and insurers will have access to e-mail messages contained in protected personal health information.

b. New Beginnings Wellness Center & Spa may forward e-mail messages within the practice as necessary for diagnosis and treatment. New Beginnings Wellness Center & Spa will not, however, forward the email outside the practice without the consent of the patient as required by law.

c. New Beginnings Wellness Center & Spa will endeavor to read e-mail promptly but can provide no assurance that the recipient of a particular e-mail will read the e-mail message promptly. Therefore, e-mail must not be used in a medical emergency.

d. It is the responsibility of the sender to determine whether the intended recipient received the e-mail and when the recipient will respond.

e. Because some medical information is so sensitive that unauthorized disclosure can be very damaging, e-mail should not be used for communications concerning diagnosis or treatment of AIDS/HIV infection; other sexually transmissible or communicable diseases, such as syphilis, gonorrhea, herpes, and the like; Behavioral health, Mental health or developmental disability; or alcohol and drug abuse.

f. New Beginnings Wellness Center & Spa cannot guarantee that electronic communications will be private. However, we will take reasonable steps to protect the confidentiality of the e-mail or internet communication but New Beginnings Wellness Center & Spa is not liable for improper disclosure of confidential information not caused by its employee's gross negligence or wanton misconduct.

g. If consent is given for the use of e-mail, it is the responsibility of the patient's to inform New Beginnings Wellness Center & Spa of any types of information you do not want to be sent by e-mail.

h. It is the responsibility of the patient to protect their password or other means of access to e-mail sent or received from New Beginnings Wellness Center & Spa to protect confidentiality. New Beginnings Wellness Center & Spa is not liable for breaches of confidentiality caused by the patient. Any further use of e-mail initiated by the patient that discusses diagnosis or treatment constitutes informed consent to the foregoing.

I understand that my consent to the use of e-mail may be withdrawn at any time by e-mail or written communication to New Beginnings Wellness Center & Spa. I have read this form carefully and understand the risks and responsibilities associated with the use of e-mail. I agree to assume all risks associated with the use of e-mail.

Name: _____ Date: _____

Signature: _____