



Dear New Patient,

Welcome to our office! We look forward to becoming your partner in assessing and improving your health. Before your first visit, please take a few moments to read the enclosed information to become acquainted with our practice.

At your first visit, Lucy Douglas or Melissa Mason, nurse practitioners, will obtain a complete medical history. The key to functional medicine is treating each person as an individual and getting to the root cause of health problems. That generally entails a detailed conversation about your current state of health, personal health history, family health history, diet, lifestyle habits, etc. At that point, the provider will discuss with you potential approaches and recommended laboratory workups. This visit will last approximately 90 minutes and is primarily an information gathering and sharing session. The provider may make some simple recommendations at this time but most advice will be deferred until after lab and physical exam results are in and there has been time to thoughtfully consider your case.

The second visit is generally scheduled 2-4 weeks later. Any physical exam that is indicated will be performed during your second visit. It is at that time that the provider will discuss the review of findings. This includes what may be causing your health problems and what supplementation (e.g., vitamins, minerals, herbs, etc.), diet, and lifestyle changes may be needed, as well as any prescription medications that may be appropriate for your care. Follow-up visits are usually scheduled 4-8 weeks from this visit to evaluate progress and make any adjustments to your program.

How often you see the provider after that will depend on why you are being treated. Some healthy people see the provider only once a year for physical exams and screening lab tests. For these individuals, a fee-for-service payment structure may be most appropriate (please see separate sheet for pricing). Many people who have multiple complaints are seen more often based on the severity of their condition and will likely benefit from the monthly membership model.

Additional information is available in this information packet, on our website, and through our staff. If you have any further questions after reading the enclosed information, please do not hesitate to contact our office. We will be happy to assist you. Please be sure to complete all forms and bring them with you to your appointment. We look forward to working with you!

In health,

Lucy Douglas, MSN, RN, APRN, FNP-C, CDE (Owner),
Melissa Mason, DNP, RN, APRN, FNP-C (Practice Administrator),
and the New Beginnings Wellness Center & Spa staff

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 and Scope of Practice: I understand that the providers at New Beginnings Wellness Center & Spa use diagnostic and treatment methods that—beyond the scope of conventional medicine—are known as preventative, complementary, alternative, integrative or functional (“functional”). 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 some people consider “mainstream” medicine. I am aware that there is some controversy in the medical community as to functional medicine practices. The potential “risks” of functional medicine that are asserted by critics in this debate are:

- 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 other practitioners question.

I understand that, notwithstanding this dispute, the providers at New Beginnings Wellness Center & Spa only employ treatments they believe to be safe and effective.

3. Alternatives: As alternatives, 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 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.

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.

Printed Name: _____

Signature/Date: _____

Witness: _____

An Explanation of Our Financial Policy

At New Beginnings Wellness Center and Spa, we are passionate about what we do and we feel that we have a calling to provide as many people as possible with the highest quality of natural health care as possible. Just as our services are unique to this region, our financial policies set us apart from mainstream medicine. We have prepared this handout to answer questions you or your family members may have about our financial policies. If, after reading this, you still have questions, please feel free to speak with our staff.

Why We Do Not Accept Insurance

Many people who have contacted our office for services have asked us why we do not bill insurance directly when other medical and chiropractic providers do. We fully understand the financial challenge this presents to some patients and wish there were a way for us to bill your insurance company. Unfortunately, at this time, there is not. Here is why:

When clinics bill health insurance companies directly, the providers (e.g., physicians, nurse practitioners, physician assistants, etc.) are required to become participating providers with that insurance company. They must sign a contract that allows the insurance company to determine which services they will and will not provide and how much they can charge for those services. In general, insurance companies are not focused on preventive or wellness services. Instead, they are heavily invested in the conventional model of healthcare that too often relies on drugs and surgery. We are committed to the functional medicine model that addresses the underlying causes of your symptoms with specific nutritional and lifestyle recommendations, which insurance typically does not cover.

A participating provider must agree to accept the fees the insurance company establishes, regardless of whether the fees are reasonable or applicable to that practice. In general, these established fees cover the actual cost of the briefest (and we believe lowest quality) care. Participating providers are required to accept discounted fees for their services and they cannot bill the patient for the difference between their fee and what the insurance company will pay. Therefore, the clinic must write off the difference, often as much as 50% or more of the provider's fee for service. At the same time, the participating provider's office overhead costs have increased dramatically because of the staff, time, and equipment necessary for processing and tracking claims.

In today's healthcare environment, the actual cost for providers to deliver services continues to rise, while the percentage of reasonable fees that insurance payments cover is declining. At the same time, the profits of health insurance companies and the salaries of their top executives continue to rise to record levels.

Most clinics cope with the requirements of being participating providers by keeping their office visits very brief, so that they can see as many patients as possible in a given timeframe. When their clinic becomes unprofitable, it must be supported by another institution. Most primary medical care clinics are not self-sustaining financially and have had to merge with hospitals whose expensive, high-tech surgical and diagnostic procedures are priced to keep the clinics afloat financially. Ironically, many of our patients complain about their extremely brief and unsatisfactory office visits in other medical practices, while at the same time expressing frustration that we do not accept insurance. Unfortunately, we have found that we cannot be participating providers in the insurance networks and provide the time-intensive, well-researched, expert intensive care that we do.

About the Charges for Our Providers' Services

Some patients may have the mistaken impression that our providers take home the majority of the fees we charge for their services and that the providers have a great deal of leeway to offer discounts for those fees. In fact, our providers take home only a fraction of the fees collected for their services. This is because a clinic like ours requires highly trained staff and extensive, expensive professional continuing education. The majority of our fees support the overall mission of providing high-quality, natural healthcare, not the providers' paychecks. Our providers have chosen this work because it is their passion and calling, certainly not because it is a way to make lucrative income. In fact, most functional medicine providers know that their income will be substantially lower than it would be if they were practicing in a more conventional manner that is fully supported by the healthcare reimbursement system.

Additionally, our providers are not salaried, as are providers who are employed in large clinics and hospitals and whose salaries are partially subsidized by expensive diagnostic and surgical procedures and hospital fees. Our providers' pay is based solely on the time and services they provide. Like all non-salaried professionals, including lawyers and accountants, our providers must charge for their time so we can afford to provide you with high-quality care and remain in business. Our providers spend considerable non-reimbursed time each week consulting with each other (and other providers) regarding your care, reviewing your records, and meeting with staff to improve the quality of our services.

During visits, our providers spend significant time gathering important information about you, discussing results with you, and educating you. For example, it is relatively simple to inform a patient that her mammogram is normal but it is entirely different to discuss the results of more complex functional evaluations and to recommend practical, individualized lifestyle and dietary strategies that may help to prevent breast cancer. Patients often complain that conventional doctors do little to nothing in the way of truly preventative medicine. We want you to understand that preventative healthcare takes considerable time and expertise on the part of the provider and that someone has to pay for that time and expertise.

The bottom line is that the providers at New Beginnings Wellness Center and Spa are unwilling to sacrifice the time and dedication we are committed to providing to our patients. In order for our business to remain viable and for us to continue providing the highest quality natural and prevention focused care, we are unable to accept insurance for our visits.

By signing below, you acknowledge that you understand and agree to our financial policy:

Signature/Date

Printed Name/Date of Birth

New Beginnings Wellness Center and Spa Fee Schedules

Membership Model

- \$150 monthly, non-refundable. Automatically charged on the first of every month.
- Family plans available for spouses and household dependents: \$250 for 2 individuals, \$375 for 3 individuals, \$500 for 4 individuals, \$625 for 5 individuals, \$750 for 6 individuals, with a max of 6 individuals per plan.
- Patients may pay for an annual membership up front and receive a 10% discount on total price. Annual memberships may be canceled at any time. Unused months will be refunded, minus the 10% discount.
- Includes all necessary visits (initial, follow-ups, physicals, sick visits, etc.), as well as email, phone, and Zoom (webcam) correspondence, subject to provider schedule/availability
- Providers will make every attempt to schedule sick visits on the same day that the patient calls; however, calls made after noon may need to be seen the following business day, depending on provider schedule/availability
- Patients may specify a preferred provider (i.e., Lucy Douglas or Melissa Mason) but may share visits between providers based on schedule/availability
- Supplements, infusions, and lab testing prices are not included in the membership and are subject to a separate fee
- Medical members receive 10% off all spa services (e.g., facials, massages, sauna, etc.), excluding injectables/fillers and products
- Membership may be canceled or changed to fee-for-service at any time; however, if patient wishes to return to the practice or return to the membership model, the patient will no longer be eligible for monthly payments and will be required to pay the an annual membership fee in full that is non-refundable and not subject to the discounted price.
- If the patient has commercial insurance, this will be used when submitting lab work or any other diagnostic testing.

Fee-for-Service Model

- Patient pays for provider time, charges are as follows:
 - 120 minutes, \$400
 - 90 minutes, \$300
 - 60 minutes, \$200
 - 30 minutes, \$100
 - 15 minutes, \$50
- Includes in-patient visits, phone consults, and Zoom (webcam) consults
- Due to the difficulty calculating time to formulate and respond to emails, does not include provider email access

- Minimum amount paid will be for the actual block of time scheduled and is due at appointment booking, whether or not the patient uses the full amount of time.
- If the appointment is canceled with more than 24 hours notice, the fee will be refunded. If the appointment is canceled with less than 24 hours notice, the fee will not be refunded.
- Staff and providers will make their best effort to estimate the amount of time required and adhere to the scheduled time frame in which visits are scheduled; however, we cannot guarantee that visits will run on time and the patient is responsible for paying the fee for actual time spent if more than the original blocked time.
- Not eligible for spa discount unless separate spa membership purchased
- Products/supplements, infusions, and lab/diagnostic testing fees are not included and will be charged separately.

Please initial which financial model you choose:

_____Membership _____Fee-for-Service

Our policy is to have an active credit card on file to charge immediately for services, past due balances (which must be paid prior to scheduling appointments), and, in the case of fee-for-service patients, late cancellations or no-shows.

Type of Payment: Visa Mastercard Discover American Express Other: _____

Card #: _____ Zip code: _____

Security code: _____ Expiration: _____

Contact Information of Cardholder Name: _____

Address: _____ Phone: _____

By signing below, you acknowledge that you understand and agree to our financial policy and authorize New Beginnings Wellness Center & Spa to use the information above for payments. You also understand that HIPAA privacy laws prevent New Beginnings staff from releasing any information to the person paying for services without the written authorization of the above stated client.

Signature/Date

Functional Medicine Laboratory Testing Informed Consent

The purpose of functional medicine laboratory testing in our office is to evaluate nutritional, biochemical, or physiological imbalance and to determine any need for medical referral. These lab tests in our office 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

According to the Federal Food, Drug, and Cosmetic Act, as amended, section 201(g)(1), the term *drug* is defined as an “article intended for the use in the diagnosis, cure, mitigation, treatment, or prevention of disease.” Technically, vitamins, minerals, trace elements, amino acids, herbs, or homeopathic remedies are not classified as drugs; however, 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 to 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 the given aspects of metabolic function. Use of nutritional supplements may be safely recommended for patients already using pharmaceutical medications (drugs), but 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.

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 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: _____



newbeginnings
wellness center and spa
New Patient Medical Intake

PATIENT INFORMATION						
How did you hear about New Beginnings?						
Last Name:	First Name:	MI:	DOB:	Female	Male	
Home Address:		City:	State:	Zip:		
Billing Address:		City:	State:	Zip:		
Phone 1:())	Home	Work	Cell			
Phone 2:())	Home	Work	Cell			
Social Security #:						
Emergency contact:		Phone: ())	Relationship:			
Email Address:		Marital Status:	Single	Married	Widow	Divorced
Employer:		Occupation:				
INSURANCE INFORMATION: TO BE USED FOR LABS IF DESIRED						
Primary Insurance:		Policy Holder:				
DOB:	SS#:	Policy#:	Group#:			
Secondary Insurance:		Policy Holder:				
DOB:	SS#:	Policy#:	Group#:			
Name of Spouse or Parent (if a minor):						
Spouse's/Parent's Employer:		Telephone#:				
HEALTH ASSESSMENT: TO BE FILLED OUT COMPLETELY WITH ATTENTION TO FAMILY HISTORY						
What is most important to you about your medical care? (e.g. communication, prevention, wellness)						
What specific concerns would you like to address with your new clinician?						
MEDICATIONS & ALLERGIES						
Please list all your current medications and allergies (including vitamins and supplements)						
Medication	Dose	Frequency	Taken for	Prescribed by		
1.						
2.						
3.						
4.						
5.						
PLEASE LIST ANY ADDITIONAL MEDICATIONS OR SUPPLEMENTS ON THE BACK OF THIS PAGE.						
Allergies to medications and other items:						
1.				Reaction:		
2.				Reaction:		
Preferred Pharmacy:		Phone:				
Address:						
PERSONAL MEDICAL HISTORY						
Have you ever had any problems with the following: (if yes, please explain)						
Alcohol or substance abuse:		Metabolism (diabetes, thyroid, etc):				
Blood:		Muscle, joint, bones:				
Cancer:		Nerves and brain:				
Digestion:		Skin and hair:				
Ear, nose, throat, eyes:		Sleep:				
ER Visits:	Type:	Date:	Social, mental or emotional health:			
Heart or blood vessels:		Kidneys or bladder:				

Lungs:	Other:			
Surgeries and their date:				
FAMILY MEDICAL HISTORY				
Please indicate any family members who have had the following:				
Alcohol abuse:	Bleeding disorders:	Deafness:		
Arthritis:	Breast cancer:	Dementia:		
Bipolar Disorder:	Cystic Fibrosis:	Glaucoma:		
Heart Attack:	Lymphoma/Leukemia:	Schizophrenia:		
High Blood Pressure:	Osteoporosis:	Sickle cell anemia:		
High blood cholesterol:	Obesity:	Skin cancer:		
HIV:	Parkinson's disease:	Stroke:		
Inherited anemias:	Prostate cancer:	Substance Abuse:		
Asthma:	Cancer of an unknown cause:	Thyroid:		
Autism:	Colon Cancer:	Depression:		
Crohn's disease:	Diabetes	Other Cancers:		
Any condition that two or more relatives have?				
SOCIAL AND LIFESTYLE HISTORY				
Do you use or have you used tobacco products? Yes or No				
Does anyone routinely smoke in your presence? Yes or No				
Do you use or have you ever used recreational drugs? Yes or No				
If yes, please explain (type, how long, frequency of use, etc.):				
How much caffeine (including sodas/tea) do you consume daily?				
Do you have concerns about your diet? Yes or No				
If yes, please explain:				
How often do you exercise?				
HEALTH MAINTENANCE & PREVENTION				
When was the last time you:				
Had a Tetanus booster:				
Had a blood sugar test:				
Had a cholesterol test:				
Had a colon cancer screening:				
Have any of the above tests been abnormal? If yes, please explain:				
Women's Health				
When was your last:	PAP smear:	Mammogram:	Bone Density:	
Have you ever had an abnormal result for any of the above tests? If yes, please explain:				
Pregnancies (#):	Births (#):	Living Children(#):	Miscarriages (#):	Abortions (#):
Men's Health				
When was your last Prostate exam and/or PSA test?				
Have you ever had an abnormal prostate exam or PSA test? If yes, please explain:				

HIPAA CONSENT FORM

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize New Beginnings Wellness Center and Spa to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment).
- The day-to-day healthcare operations of New Beginnings Wellness Center and Spa.

I have also been informed of, and given the right to review and secure a copy of the New Beginnings Wellness Center and Spa Privacy Policy, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPAA. I understand that New Beginnings Wellness Center and Spa reserves the right to change the terms of this notice from time to time and that I may contact New Beginnings Wellness Center and Spa at anytime to obtain the current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment and healthcare operations, but that New Beginnings Wellness Center and Spa is not required to agree to these requested restriction. However, if New Beginnings Wellness Center and Spa does agree then New Beginnings Wellness Center and Spa is bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time; however, any use or disclosure that occurred prior to the date I revoke is not affected.

I further understand that I have the right to not sign this acknowledgement in order to receive treatment at New Beginnings Wellness Center and Spa.

Authorization to communicate Protected Health Information – Check all that apply:

- New Beginnings Wellness Center and Spa may leave a detailed message on voicemail at my home #: (____) _____
- New Beginnings Wellness Center and Spa may leave a detailed message on voicemail on my cell #: (____) _____
- New Beginnings Wellness Center and Spa may speak with another person (spouse, family member) about my medical condition
___ **including** / ___ **excluding** information related to mental health, sexually transmitted disease, HIV status and reproductive medicine:
Name/Relation: _____ Phone #: (____) _____

With my signature below, I acknowledge and understand that this information will be kept in my medical record and the instructions above will be honored until revoked by me in writing. It is my responsibility to notify New Beginnings Wellness Center and Spa should I change one or more of the telephone numbers listed above.

Patient Signature

Date

Patient Name Printed

Representative Name

Relationship to Patient

New Beginnings Wellness Center & Spa
927 N. Trenton Street
Ruston, LA 71270
318.255.1155 PH
318.255.3181 FAX

Release of Records

Patient Name: _____ Date of Birth: _____

Social Security Number: _____

I hereby authorize the release of:

- | | |
|---|---|
| <input type="checkbox"/> X-rays and X-ray Reports | <input type="checkbox"/> Discharge Summaries |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Pathology Reports |
| <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Correspondence from other Physicians |
| <input type="checkbox"/> Lab Reports | Other _____ |

From (Provider Name): _____

Address: _____

To: New Beginnings Wellness Center & Spa
927 N. Trenton Street
Ruston, LA 71270

1. I understand that the purpose for this release is for the continuity of my care.
2. I shall regard a photocopy of this document as valid as the original.
3. I understand that these documents shall be mailed, faxed, hand delivered or reported over the phone.
4. I understand that my medical records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law.
5. This document shall be valid for 1 year from the date of signature.

Signature of Patient or Legal Representative

Date

Relationship to patient

Any re-disclosure of the following material without the written permission of the person to whom it pertains is strictly prohibited by federal law.