

Patient Responsibilities

1) CONSENT TO TREATMENT

I consent to be treated by Integrative Family Medicine. While I am a patient, I permit my doctor(s), staff, volunteers and all persons caring for me to treat me in ways they judge to be beneficial to me.

I understand that this care may include laboratory tests, diagnostic procedures, examinations, medical treatment, administration of drugs and specialist consultation. I understand that no guarantees have been made to me about the outcomes of this care.

2) RELEASE OF INFORMATION

I hereby authorize release of any information acquired in the course of my examination or treatment which may be needed for the payment of hospital/professional charges, to include history obtained, x-ray and physical findings, prognosis and diagnosis (including psychiatric, alcohol and drug abuse, acquired immunodeficiency syndrome (AIDS) and or tests and their results relative to infection with human immunodeficiency virus (HIV). I also authorize release of information to any family/referring consulting physician requesting it for my follow-up care.

3) PERSONAL VALUES

I understand that Integrative Family Medicine and its staff are not responsible for the loss of or damage to any money, articles or personal property if these items shall be with me while on the premises. I accept full responsibility for any items that I have in my possession.

4) BILLING INFORMATION

I understand that I will receive a bill for services in the event of hospitalization or treatment rendered by the hospital. In addition, I may also receive a separate bill(s) from the treating physician as well as from other physicians in specialty areas such as anesthesiology, cardiology, neurology, radiology and the emergency room. I also understand that all professional services rendered are charged to the patient. Necessary forms will be completed to expedite insurance claims. The patient is responsible for all fees, regardless of insurance coverage. I acknowledge that interest or a fee at the provider's current rate may be charged on all balances owing to the provider that are past due.

SIGNATURES

 Patient

 Date

Patient unable to sign because: _____

 Person authorized to sign for patient

 Relationship to patient

 Date

 Witness

 Date



- Community Wellness Classes
- Massage and Bodywork
- Acupuncture

- Integrative Health Care
- Integrative Family Medicine
- Human Wholeness Retreats

- Corporate Wellness
- Institute of Wholistic Studies