
Consent to Treatment

I authorize Reza Sharifi CCH, to treat my medical conditions. I recognize that the treatments I receive may include homeopathic, herbal, integrative, alternative, preventive therapies. This consent is intended to provide an opportunity for me to make an informed decision so that I may give or withhold my consent to treatment that may be considered alternative by physicians trained in the United States.

I understand that:

- The safety and efficacy of alternative therapies has not always been established with controlled studies to the satisfaction of conventional medicine.
- Side effects to homeopathic treatment (although uncommon) may include temporary worsening of present symptoms (aggravations) or temporary development of new symptoms (proving symptoms).
- No claim to cure has been made to me.
- Reza Sharifi CCH, will NOT be providing hospital or emergency care for me from this clinic.
- The therapies I receive will complement the care I receive from my primary care physician, and will not replace such care.

I realize I have sought care from Reza Sharifi CCH, and his associates and they have explained fully in detail the services I am choosing to get today. Interactions, reactions and side effects have been fully explained to me regarding the treatments I am receiving today, conventional or non-conventional.

My signature below indicates that I have read the information in this document and agree to abide by its terms during our professional relationship.

Client Name (please print)

Client or Guardian Signature

Date

Reza Sharifi, CCH
Active Homeopathy, LLC
1951 W. Camelback Rd., Suite 300, Phoenix, Arizona 85015

*Please review the following information carefully. Please pay particular attention to the **APPOINTMENTS section and associated fees**. If there is any question or concern please bring it to the practitioner attention so it can be discussed and clear up any issues.*

1) HOMEOPATH-PATIENT SERVICES AGREEMENT

This document (the Agreement) contains important information about professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. **Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session.** We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

2) PROCEDURES AND POLICIES FOR THE ACTIVE HOMEOPATHY PRACTITIONER-PATIENT RELATIONSHIPS

A- DESCRIPTION

The American Medical College of Homeopathy allows new homeopathic practitioners to gain experience taking homeopathic cases either with or without an experienced homeopath supervising the new practitioner's case.

Dr. Todd Rowe, MD, MD(H), works with all homeopathic practitioners to help them learn the fundamentals of homeopathy. All of the practitioners will have had a minimum of 250 hours of homeopathic training before being invited to participate in this case taking.

Homeopathic Practitioner asks all new patients to pay a deposit in the **amount of \$100** to hold their place when an appointment has been scheduled. The deposit is refundable up **until 3 business days (72 hours)** prior to the scheduled appointment. If a payment is not received before your appointment, then your appointment will be cancelled and given to someone else. If the appointment needs to be cancelled for any reason in order to receive a full refund of your deposit please make sure to cancel before the 3 business day requirement.

Homeopathic Practitioner asks all patients to **pay at the time of visit** including those covered by Medicare and Workman's Compensation. The office can provide the necessary insurance forms for you to use for possible reimbursement by your insurance company. **Insurance companies will not reimburse for visits where the physician is not present.** Insurance companies typically **do not reimburse fees for visiting an HMA (Homeopathic Medical Assistant).**

Please note that some **Health Saving Accounts (HSA)** do pay for homeopathic consultation regardless of whether the practitioner is a medical doctor or not. Please check with your representative at your employment for more detail to find out if they pay for homeopathic treatment.

If no arrangement or payment is made, the account is then referred for collections, the patron will pay all reasonable collection fees and legal costs incurred.

B- APPOINTMENTS

- Initial appointments as well as follow up appointments should be scheduled directly with your Homeopathic practitioner.
- An offered appointment via telephone or email will be kept for 3 days. If the appointment is not accepted within the 3 days grace period it cannot be held. It becomes the patient's responsibility to contact the practitioner and make the next appointment.

C- FOLLOW UP APPOINTMENTS

- After the initial appointment you will need to schedule a follow up appointment. This appointment is between 2-6 weeks after the first visit. It is important that this appointment is kept.
- The follow-up can be conducted over the phone or Internet applications when in person attendance is not possible or practical for the client. **The fees for follow-up over the phone or Internet is the same as when attending in person.**
- If the practitioner needs more information after the first appointment (initial consultation) he/she may have a follow-up meeting in person or via phone or internet to further elicit information before a remedy can be recommended.

D- PHONE OR INTERNET CONSULTATIONS OR REQUESTS

Fees are not charged for phone calls made to clarify issues discussed during an office visit, questions concerning treatment or brief progress reports on the effectiveness of treatment. Calls lasting 15 minutes or longer is considered follow-up and will have charges per **FEE SCHEDULE**. Please see table below for more info on other fees for phone, email, or internet consultations or requests:

Description	Fees
When specific remedy recommendations are made. This also includes a re-dose of an existing remedy the client is on.	\$30.00 flat fee for each occurrence
For acute conditions such as colds, flue, etc. This will be similar to a follow-up.	FEE SCHEDULE
It is a regular follow-up when the client is unable to come to the office.	FEE SCHEDULE
The call exceeds 5 minutes but less than 15 minutes and a homeopathic remedy is suggested, (this also includes re-dosing an existing remedy the client is on).	\$30.00 flat fee for each occurrence
Recommending auxiliary or adjunct treatments such as suggesting OTC herbal or supplements to be used while on homeopathic treatment, or to ease particular conditions client is experiencing.	\$30.00 flat fee for each occurrence

E- FEE SCHEDULE

Age Category	Initial / New Comprehensive Evaluation	Follow-up §	Multi Family member and Senior Discount †
A- Infant to 10th birthday	\$175.00	\$60.00	No further discount
B- 10th birthday + 1 day to 16th birthday	\$225.00	\$75.00	No further discount
C- 16th birthday + 1 day to 60th	\$350.00	\$125.00	10% for initial and follow-ups
D- 60th birthday +1 day and up	\$350.00	\$125.00	20% senior discount

§ Follow-ups can be in office, over the phone, or over the internet. Fees are as specified above.

† Please refer to section 2. L for further detail on multi family member and senior discount.

Note: these fees DO NOT include any homeopathic remedy. Please see section 2. K for more detail.

Please note that **all fees are due at the time of visit** by cash, check or credit/debit cards (AMERICAN EXPRESS CARD IS NOT ACCEPTED). If a payment is not made after the conclusion of the session, a full payment is due **within 3 calendar days** from the session for those within the metropolitan Phoenix area and **within 5 calendar days** for those outside Phoenix metro including other states if a payment is going to be made by personal check. If payment is not received within the grace period provided then a **five (\$5.00) dollar per day** late fee will be charged. These fees must be paid prior to the next appointment or your credit card will be charged including the late fees.

F- CANCELING FOLLOW-UP APPOINTMENTS

Follow-up appointments may be **canceled up to 72 hours (3 business days)** before a scheduled visit. When less notice is given or if an appointment is missed **50% of the appointment fee will be charged**. Your credit card will be charged for these or if you do not have a credit card on file a bill will be sent to you in the mail. Note that these fees must be paid before your next appointment. Insurance companies do not cover missed appointment fees. You will have to pay these yourself.

G- LATE ARRIVALS

We make every effort to remain on schedule so that patients are not inconvenienced. Please be on time. If you are late, the visit will be shortened or may have to be rescheduled and you will be responsible for incurred fees for missed appointment.

H- INITIAL DEPOSIT

An initial deposit equivalent to **\$100.00 US** is required to secure the first appointment. The deposit is refundable up **until 3 business days (72 hours)** prior to the scheduled appointment. If less notice of cancellation is provided the deposit will not be refunded.

I- INTEREST AND LATE FEES IF ON A PAYMENT PLAN

All fees are due at the time of consultation. For cases where an advance agreement or arrangements have been made and fees are being paid on a monthly basis the following will apply:

I.1; an annual interest will be applied for the balances due. This interest will be decided at the time when arrangements are made.

I.2; all payments are due and must be received by Active Homeopathy by the first day of the month. For each day the payment is not received a **five (\$5.00) dollar** late fee will be charged. This late fee must be paid with the payment.

J- EMAIL COMMUNICATIONS

Please note that email will be used only to provide instructions for taking the remedy, receive brief feedback from the client after the remedy is taken, provide email receipt for the consultations, and other scheduling or non-treatment related information. Emails **WILL NOT BE ACCEPTED** to provide symptoms and request remedies for the symptoms. To re-dose remedies or get information on taking further remedies you must call the office and speak to the practitioner regarding treatment course or changes to the treatment. Please see **“D. PHONE OR INTERNET CONSULTATIONS OR REQUESTS”** above for more detail and associated fees.

K- REMEDIES AND MEDICINARY

All fees shown in this document do not include remedies or herbal extracts or supplements that may be suggested by the practitioner. All homeopathic remedies or herbal extracts will have separate charges. The remedies can be obtained from either the medicinary at AMCH or practitioner. If the practitioner possesses the required remedy it will be provided for a nominal fee based on the dosage and potency of the remedy required. Please contact the medicinary at AMCH to obtain prices and availability for all dry or liquid remedies.

K. 1- REMEDY PREPARATION: The script for the Remedies are written and the remedies are filled by the practitioner for initial and follow-ups.

K. 2- REMEDY REFILL: All refills requested via email or phone call between follow ups will have a **\$15.00 flat fee for each occurrence**. Please note that this fee is separate from the cost of the remedy or shipping the remedy. If a refill is requested during a follow-up then there will not be an additional fee except the cost of the remedy.

K. 3- BLIND REMEDY: All remedies will be kept blind for a period of 12-18 months from the initial consult. The reason is to prevent interference with the treatment. Blind means the name of the remedy will not be revealed. However, if your medical doctor needs to know what remedy you are taking then that information can be shared via a written request from the doctor with the client's consent.

L- MULTI FAMILY MEMBER AND SENIOR DISCOUNT

The multi family discount applies to category C, ages of 16th birthday plus 1 day to 60th birthday. This discount does not apply to categories A and B and D. Multi family means when there is more than one person in the same family living in the same household seeking homeopathic treatment from this practitioner. This discount applies when there are 2 or more of the members of the same family in treatment. This is for the immediate family members such as wife, husband or children and does not apply to extended family members, such as brothers, sisters, or cousins, etc. To help and support our seniors a 20% discount will be provided for the initial and follow-up consultations.

THIS OFFER CANNOT BE COMBINED WITH OTHER DISCOUNTS OR COUPONS. The discounts and offers are subject to change without prior notice.

M- STOP TREATMENT

Either the client or practitioner can request to stop treatment. The client can stop treatment at any point during the treatment provided giving a written notice and if desired the reason. The practitioner can stop treatment if the process is not going well for the client or the case is difficult to treat for various reasons. This also will require a written notice and reason from the practitioner.

If a client chooses to stop treatment after some follow-up with positive results but decide to return for more treatment later, the return visit will be considered a follow-up as long as the time does not exceed 12 calendar months from the last follow-up. If it goes beyond that time period then the case will be considered a re-take and will incur 50% of the charges mentioned in section E for a new consultation. During a one year period a lot changes and a follow-up will not be sufficient time to gather all the required data.

3) CONCERNS AFTER HOURS AND EMERGENCIES

After the initial consultation, questions and concerns should be addressed to your homeopathic practitioner during the business hours.

In emergency situations please use common sense. If the condition is life threatening or it becomes severe, please take one of the following precautions immediately:

- 1) Contact your local family practice physician.**
- 2) Contact your local hospital emergency room.**

Please follow the medical advice you are given by these people. Homeopathic medicines do not interfere with standard medical treatment.

4) LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a physician. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Policies and Practices to Protect the Privacy of Your Health Information).
- You should be aware that I practice with other health professionals and that I work with administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All of the health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and

have agreed not to release any information outside of the practice without the permission of a professional staff member.

5) PATIENT RIGHTS

HIPAA provides you with rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

6) MINORS & PARENTS

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records.

7) BILLING AND PAYMENTS

Your initial and follow up homeopathic visits with Reza Sharifi, CCH will be at aforementioned fees (please see section 2 above) . You will be expected to pay for any homeopathic remedies or any herbal extract or supplements you use. A recommendation / prescription from your homeopath may be required. You can make arrangements to pick up your remedy at the American Medical College of Homeopathy (AMCH) medicinary, 1951 W. Camelback Road, Suite 300, Phoenix, AZ 85015 by calling 602- 347-7950. When the medicinary is closed, you can contact the AMCH receptionist at 602-347-7950. If you choose, the remedy can be mailed to you.

Payment schedules for professional services will be agreed to when they are requested. [In circumstances of unusual financial hardship, practitioner may be willing to negotiate a fee adjustment or payment installment plan. Please see section 2. I for more detail.]

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. [If such legal action is necessary, its costs will be included in the claim.]

8) INSURANCE AND OTHER LEGAL REQUIREMENTS

If you have a health insurance policy, it is your responsibility to ensure you will be reimbursed prior to utilizing my services. You (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what health services your insurance policy covers. Some HSA pay for homeopathic services received from non-medical practitioners. Please talk with your employer about the HSA and homeopathy to find out if you can get reimbursement for these services.

- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

- There are some situations where I am permitted or required to disclose information without either your consent or Authorization.
- If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, I may be required to disclose information to a court in response to a subpoena or search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and I am providing services related to that claim, I must, upon appropriate request, provide appropriate reports to the Workers Compensation Commission or the insurer.
 - There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect you or others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.
- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
- If a patient communicates an explicit threat of imminent serious physical harm to a clearly identified or identifiable victim, and I believe that the patient has the intent and ability to carry out such threat, I must take protective actions that may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If I have reason to believe that a child under 18 whom I have interviewed is or has been the victim of injury, sexual abuse, neglect or deprivation of necessary medical treatment, the law requires that I file a report with the appropriate government agency, usually the Office of Child Protective Services. Once such a report is filed, I may be required to provide additional information.
- If I have reason to believe that any adult patient who is either vulnerable and/or incapacitated and who has been the victim of abuse, neglect or financial exploitation, the law requires that I file a report with the appropriate state official, usually a protective services worker. Once such a report is filed, I may be required to provide additional information.
- If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

9) PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others or where

information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Clinical Record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

We reserve the right to change this Agreement and to make the new provisions effective for all medical information we maintain. If we change these practices, we will publish a revised Homeopath-Patient Services Agreement. You should also be aware that your contract with your health insurance company requires that a MD provide it with information relevant to the services that were provided to you. The homeopathic practitioner does not provide clinical diagnosis or additional clinical information. Homeopathic practitioner can provide treatment plans or summaries, or copies of your entire Clinical Record. In such situations, if required the practitioner will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier.

Acknowledgment of Receipt of Privacy Notice (HIPAA)

Original to be maintained in Patient's permanent medical record.

I acknowledge that I have received a copy of the office's Notice of Privacy Practices for Protected Health Information (HIPPA).

Your signature below indicates that you have completely read the information in this document in its entirety and agree to abide by all its terms and conditions during our professional relationship. You also agree that your questions and or concerns about the various information in this document have been resolved prior to signing this document.

Please print Name

Patient or Legally Authorized Individual Signature

Date

Relationship to Patient:

Self Parent Legal Guardian Personal Representative

Other (please specify): _____

Your credit card information will be kept confidentially in your file. In the event of a late cancellation, missed appointment, remedy refills or other incurred fees this card will be used as payment to cover these charges. You will receive an electronic e-mail receipt or a hard copy in the mail. **PLEASE PRINT.**

Name printed on credit card: _____

Credit Card Number to be charged: _____

Expiration Date: _____

Last three digits on back of card: _____

Billing Address of Credit Card: _____

ZIP CODE _____

Card Type _____