

# Informed Consent for Purposes of Treatment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Vital Health Clinic, LLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills, or to conduct health care operations of Vital Health Clinic, LLC. I consent to have Vital Health Clinic, LLC., and my physician(s) at Vital Health Clinic, LLC., share my protected health information with me through Vital Health Clinic's, LLC. electronic medical records system. I understand that diagnosis or treatment of me by my physician(s) at Vital Health Clinic, LLC may be conditioned upon my consent as evidenced by my signature on this document.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment, or health care operations of the practice. Vital Health Clinic, LLC is not required to agree to the restrictions that I may request. However, if Vital Health Clinic, LLC agrees to a restriction that I request, the restriction is binding on Vital Health Clinic, LLC and my physician(s) at Vital Health Clinic, LLC.

I have the right to revoke this consent, in writing, at any time, except to the extent that my physician(s) at Vital Health Clinic, LLC or Vital Health Clinic, LLC has taken action in reliance on this consent.

My protected health information means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer, or a health care clearing house. This protected health information relates to my past, present, or future physical or mental health, or condition that identifies me, or there is reasonable basis to believe the information may identify me.

Naturopathic therapeutic procedures including Craniosacral/Intuitive treatments are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure or treatment intended to help may have complications. While the chances of experiencing complications are small, it is the practice of the clinic to inform our patients about them. These complications may include, but are not limited to, soreness, inflammation, soft tissue injury or bruising, dizziness, burns, and temporary worsening of symptoms. More serious complications are extremely rare. It is our policy to inform you of the procedure being performed and the risks and alternative treatments available. If your physician does not explain to your satisfaction, please ask for more information.

I have read and understand the above statements regarding treatment side effects and I also understand that there is no guarantee for specific cure or result. Payment is due at time of service.

Appointment cancellation policy: we require 24 hr notice for a changed or cancelled appointment. A \$75 cancellation fee will apply for a missed appointment.

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Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address-

Email address-

Phone Number-

Date of birth-