



# Arizona Natural Medicine, L.L.C.

Kiera Lane, N.M.D., L.Ac.

Sarv Varta K. Khalsa, N.M.D.

2480 W. Ray Road, Suite 1 ~ Chandler, AZ 85224 ~ P (480) 722-2811 ~ F (480) 722-2817

[info@ArizonaNaturalMedicine.com](mailto:info@ArizonaNaturalMedicine.com)

<http://www.ArizonaNaturalMedicine.com>

## **HEALTH CARE SERVICES CONTRACT**

Welcome to Arizona Natural Medicine which provides integrative health care for the body and mind. This document contains important information about professional services and business practices. Please read it carefully and ask any questions you have about the information.

Naturopathic Medicine requires an active effort on your part, and in order to be successful, you will need to be willing to make certain lifestyle, behavioral, and/or dietary changes. Naturopathic Medicine takes a comprehensive approach to wellness, focusing on the body, mind, and spirit. Naturopathic medicine can be very effective in treating both acute and chronic illness and is preventative in nature. Your initial visit is an information gathering session that allows the physician to better evaluate your health care needs and appropriate therapeutic treatments. If you have any questions or concerns, please let the doctor know at your initial visit, so they may be addressed immediately.

## **PROFESSIONAL FEES**

Fees for services are to be paid at each appointment unless other arrangements have been made prior to my appointment. I fully understand that a **24 hour cancellation notice is required for all scheduled visits and that I am responsible for a cancellation fee of \$60.00** if I fail to keep my scheduled appointment without at least 24 hours notice. Furthermore, I understand that insurance companies do not pay for missed appointments. I understand that fees are due at the time of service and that it is my individual responsibility to submit insurance forms and/or paperwork to receive insurance reimbursement for services received by Dr. Kiera Lane or Dr. Sarv Varta K. Khalsa.

## **CONFIDENTIALITY**

Information regarding your treatment will not be released without your written permission except in the following circumstances, which are mandated by law.

1. If you threaten grave bodily harm to another person or yourself, I am required to inform the intended victim, and appropriate law enforcement agency, family members or others who can provide protection, I am under legal obligation to warn and protect.
2. I must report actual or suspected abuse to children, the elderly, or the disabled.
3. I must comply when a report is ordered by a Court of Law

Please be aware that insurance health care plans may involve direct clinical management by the insurance company and may have some impact on confidentiality. Please refer to HIPPA notice of privacy practices for more information regarding how your personal health information is utilized.

## **NATURAL SUBSTANCES**

If I am given the opportunity to purchase any substance or device from Arizona Natural Medicine, I understand that this is a natural substance or device, which may be filled by another doctor of naturopathic medicine or by a pharmacy of my choice. Furthermore, I understand that I am under no obligation to purchase any natural substance or device from Arizona Natural Medicine.

## **EMERGENCIES**

I understand that if I have an urgent medical condition, and I am unable to reach a doctor at Arizona Natural Medicine directly, at 480-722-2811, it is my responsibility to seek appropriate medical care. I further understand that **if there is a medical emergency or serious medical concern, I am to call 911 immediately.**

## **CONSENT TO TREATMENT**

I authorize Dr. Kiera Lane or Dr. Sarv Varta K. Khalsa to administer treatment and perform such general procedures, as they deem therapeutically necessary in the diagnosis and treatment of my condition. I understand that no guarantee or assurance has been made as to the results that may be obtained from such treatment. I understand that both Dr. Lane and Dr. Khalsa intends to provide top quality care. However, if I am unhappy with services I received, I intend to immediately tell Dr. Lane, Dr. Khalsa and/or the staff at Arizona Natural Medicine, so that my concerns/complaints can be addressed immediately. If I am pleased with my care, I have the option of referring my friends and family.

I have read this form and agree to all its contents with my signature below.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature of patient, or one parent or guardian if patient is under 18)