

Dr. Amy Hawkins, ND
Naturopathic Family Wellness

Declaration and Informed Consent for Naturopathic Consultation and Care

This document serves to educate you on Naturopathic consultation and care and obtain your consent. Dr. Amy Hawkins, ND is a Naturopathic Doctor. She works to identify obstacles to healing and recommend natural therapies that promote your inherent ability to achieve a natural state of health.

Naturopathic Doctors offer a customized approach to healthcare. Naturopathic Doctors assess the whole person and recommendations are tailored to suit individual needs. Gentle, non-invasive techniques are generally used to stimulate the body's inherent healing ability. Under current North Carolina law, Naturopathic medicine is not deemed the practice of medicine and is not regulated by state law. However, Naturopathic care is considered a complement to traditional Allopathic medicine.

Dr. Amy Hawkins, ND will take a thorough case history. Assessment of each client's physical, mental, emotional, spiritual and environmental well-being is required to facilitate this work. A basic complaint-oriented physical exam and specific urine and/or blood laboratory tests and/or reports may be considered as part of your work-up.

I understand that Dr. Amy Hawkins, ND is not a Medical Doctor (MD). _____ (Initials)

I, _____, hereby authorize Dr. Amy Hawkins, ND to act as a natural health consultant on my (or my child's) behalf. I understand that Dr. Hawkins is NOT a licensed healthcare provider in North Carolina and, as such, she does not diagnose or treat any condition or conditions. I understand that I should keep my primary care and specialist medical providers updated on all recommendations from Dr Hawkins that I implement. _____ (Initials)

I understand that Dr. Hawkins requests that I maintain a relationship with a medical doctor, osteopathic doctor, nurse practitioner or physician assistant licensed in North Carolina as my primary healthcare provider. _____ (Initials)

I understand that North Carolina does not regulate the practice of Naturopathic Medicine and, as such, Dr. Hawkins cannot hold a license to practice medicine in North Carolina. I understand that Dr. Hawkins holds a current naturopathic medical license in Washington state which grants her primary care status, but that she is NOT a licensed healthcare provider in North Carolina. _____ (Initials)

Furthermore, I understand the following:

Dr. Hawkins does not offer diagnosis for any condition or conditions.

Dr. Hawkins does not offer treatment for any specific condition or conditions.

Dr. Hawkins does attempt to restore balance to the whole body and the whole person by analyzing negative environmental or lifestyle factors (food, movement, sleep, etc.) that may be an obstacle to healing and optimal health. Additionally, Dr. Hawkins does attempt to support the body's inherent healing ability with natural therapies.

To that end, Dr. Hawkins utilizes the following modalities:

Lifestyle Counseling

Nutritional Counseling and Therapeutic Nutrition

Botanical Medicine

Homeopathic Medicine

Hydrotherapy

Metabolic and Functional Testing

Potential risks: allergic reactions to recommended herbs and supplements, side effects of natural medications, inconvenience of lifestyle changes.

Potential benefits: restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and dis-ease recovery, and prevention of disease or its progression.

I recognize the potential risks and benefits of the procedures above and have had them explained to me to my full satisfaction. _____ (Initials)

I recognize that even the gentlest therapies may cause complications in certain physiological conditions such as pregnancy, lactation, very young children, very elderly patients, those on multiple medications, or those with specific diseases such as heart, liver, kidney or diabetes. I therefore confirm that I will inform, and will continue to inform, Dr. Hawkins of my medical history, family history, medications and/or supplements I am currently taking (prescription and over-the-counter), or was previously taking. If female, I will advise Dr. Hawkins immediately if I am pregnant, suspect I am pregnant, am trying to become pregnant, or if I am breast-feeding and will continue to do so. _____ (Initials)

I understand that a complaint-oriented physical exam and specific urine and/or blood laboratory and/or imaging tests and/or reports may be considered in my care. I understand that Dr. Hawkins is not licensed to order labs or imaging in the state of North Carolina. I understand that if laboratory studies are recommended, then I have the option of utilizing direct-pay patient-ordered lab services or requesting recommended laboratory studies and/or imaging studies from my primary care or specialist healthcare providers. _____ (Initials)

I understand Dr. Hawkins is not licensed to order prescriptions in the state of North Carolina. I understand that if a prescription is needed, I have the option of requesting a prescription from my primary care or specialist healthcare providers. _____ (Initials)

I agree not to hold liable Dr. Amy Hawkins, ND for any laboratory studies that may be recommended or performed, nor for any laboratory studies, imaging or prescriptions discussed with Dr. Hawkins that are ordered by another primary care or specialist healthcare provider involved in my care. _____ (Initials)

I understand that Dr. Hawkins will answer any questions that I have to the best of her ability. With this knowledge, I voluntarily consent to the assessment, consultation, therapeutic recommendations and procedures mentioned above. I realize that no guarantees have been given to me regarding cure or improvement of my condition or conditions and understand that, as with any type of treatment, results cannot be guaranteed. I do not expect Dr. Hawkins to be able to anticipate and explain all risks and complications. _____ (Initials)

Additionally, I acknowledge that I have been informed and understand that:

- Any care provided to me as a client by Dr. Amy Hawkins, ND should not obviate any treatment or advice that I may now be receiving, or may in the future receive, from any other healthcare provider including but not limited to my primary care or specialist MD, DO, NP or PA. _____ (Initials)
- I am at liberty to seek and/or continue medical care from any other healthcare provider including but not limited to my primary care or specialist MD, DO, NP or PA. _____ (Initials)
- No employee or other practitioner associated with Dr. Hawkins or Dr. Hawkins herself are suggesting or advising me to refrain from seeking or following the directions of any other healthcare provider including but not limited to my primary care or specialist MD, DO, NP or PA. _____ (Initials)

I have read and understand the above stated policies and information. I have received a full and complete explanation of the services that I may receive from Dr. Amy Hawkins, ND. I hereby authorize and consent to consultation and care. I intend this consent form to cover the entire course of consultation and care that I receive from Dr. Amy Hawkins, ND. I also confirm that I am free to revoke this authorization at any time but will be financially liable for all consultation and care rendered. I also represent that I am not an agent of any private, local, county, state or federal agency attempting to gather information without so stating.

I understand that a record will be kept of the health consultations and care provided to me by Dr. Amy Hawkins. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless it is required by law. I understand that I may look at my record at any time and can request a copy of it. I understand that my record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that information from my record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand my questions will be answered by Dr. Hawkins to the best of her ability.

Client Name (Please print): _____ **Date of Consent:** _____

Name of Parent or Legal Guardian (if applicable): _____

Signature of Client (or Parent or Legal Guardian): _____

Dr. Amy Hawkins, ND

Financial Policy

PAYMENT FOR SERVICES

Consult fees are based on a rate of \$65 per 15 minutes:

Initial standard (75 mins) \$325

Initial extended (90 mins) \$390

Initial complex (>90 mins) >\$390

Follow-up 15-60 min \$65-\$260

Follow-up >60 min >\$260

Fees apply to office visits as well as video, phone, and email/portal message consultations at the same rate.

You are responsible for the total charges incurred for each consultation. Consultation fees are to be paid at the time of each consultation. Payment by cash, check or credit card is accepted. Returned checks will be subject to a \$25 return fee. If your insurance plan covers Naturopathic Medicine, Dr. Hawkins can provide you with receipts to submit for reimbursement. It is your responsibility to determine if your insurance plan will provide reimbursement.

Additional fees for supplements, laboratory tests, etc outside of consultation fees are paid directly to the appropriate independent entity (i.e. lab, supplement distributor, etc).

Telephone conversations that cover new material or require extended time beyond very brief Q&A will be considered "phone consults" and billed at the same rate as any other consultation.

Email/portal message conversations that cover new material or require extended time beyond very brief Q&A will be considered "email consults" and billed at the same rate as any other consultation. Please see detailed "Email and Portal Messaging Policy" on the following page.

Naturopathic recommendations may include certain herbal, homeopathic, vitamin or mineral supplements. Know that Dr. Hawkins has spent time researching and identifying well-made supplement brands and that these can be purchased from Fullscript, Wellevate, or from the in-house dispensary. Payment for supplements is your sole responsibility. Please note that you are free to choose where you purchase the recommended products.

CANCELLATION POLICY

Please give at least 48 hours notice if you need to cancel or reschedule an appointment. Late cancellations will be billed as follows: \$100 for a new patient visit and \$50 for a follow-up visit. Missed appointments will be billed in full. Dr. Hawkins will, of course, make exceptions for an emergency or unforeseeable circumstance.

I have read, understand and agree to the above financial and cancellation policies.

Client Name (Please print): _____

Date of Consent: Month _____ Day _____ Year _____

Signature of Client (or Parent or Legal Guardian): _____

Dr. Amy Hawkins, ND

Email and Portal Messaging Policy

There is an expanding reliance on electronic communication (e-mail) motivated by the convenience, speed, cost-effectiveness and environmental advantages of its use. If you choose to communicate with Dr. Hawkins via e-mail and portal messaging, know that e-mail and portal messaging are considered official means of communication and, if used, your e-mails and portal messages will be included in your electronic medical record.

This policy outlines appropriate use of e-mail communication and portal messaging with Dr. Hawkins.

After you become an established client, email communication regarding your healthcare, medical record, etc is not allowed per HIPAA regulations. All "email" communication must go through your ChARM portal as a "portal message."

Portal message communication is ideal:

- To schedule a follow-up consultation.
- To clarify instructions or ask a brief question about previous recommendations.
- To ask brief questions as noted above that do not require discussion.

Portal message communication is not ideal for:

- Scheduling a first office visit.
- Cancelling an appointment with less than 48 hours notice.
- Communicating urgent or emergent information.
- Time-sensitive issues.
- Asking for an opinion or discussion of a new health issue not yet evaluated via office visit, video consultation, or phone consultation.

Dr. Hawkins understands there are instances other than the examples above when portal message communication can be helpful. Please be aware that portal message communication beyond very brief Q&A and clarifications will be considered an "email consult" and will be billed at the standard consultation fee based on the amount of time spent reviewing and responding to your portal message.

Other points to be aware of:

- Staff other than Dr. Hawkins may check the email/portal message inbox to handle routine matters and may read your email/portal message communications.
- Please keep in mind that although you may send an email/portal message at a certain time, it may not arrive immediately at Dr. Hawkins' email/portal message inbox. There may be a delay before either the doctor or other staff member can check and read the email/portal message you sent.
- Emails/portal messages are generally not checked over the weekend or holidays.
- Email IS NOT A CONFIDENTIAL METHOD OF COMMUNICATING OR SENDING MEDICAL INFORMATION. This is why HIPAA laws require that all electronic communication be handled via a secure electronic medical record portal messaging system.

I would like to use portal messaging communication with Dr. Hawkins. I have read the above and understand the security limitations with electronic communication. I agree to use email and portal messaging communication in accordance with the above policies.

Client Name (Please print): _____

Date of Consent: Month _____ Day _____ Year _____

Signature of Client (or Parent or Legal Guardian): _____