



CHICAGO NATURAL HEALTH CARE

FUNCTIONAL MEDICINE

FUNCTIONAL MEDICINE CONSENT FORM

*THESE FORMS MUST BE SUBMITTED
TO OUR OFFICE PRIOR TO YOUR FIRST APPOINTMENT*

Chicago Natural Health Care focuses on both functional and integrative holistic care employing natural methods of treatment. Utilizing state the art laboratory testing, thorough physical examination, lengthy history taking, and more, we seek for the underlying causes of your health problems. Most doctors spend only a few minutes with patients and write a **prescription medication** which often times only masks the symptoms of disease.

Chicago Natural Health Care practices **Functional Medicine**. This allows us to spend quality time with each patient. No one is rushed or herded through the office because giving quality health care takes time. At Chicago Natural Health Care, you will be able to address all of your health concerns naturally. We specialize in finding answers to complex health issues. Please help us better take care of your needs by filling out the attached comprehensive health questionnaire.



PATIENT PLEDGE

Your health and healing depend on our commitment to doing the best we can and your commitment to:

Primary Care Physician

You will need a PCP (Primary Care Physician) while working with Chicago Natural Health Care. We cannot see you here without a PCP on record. Chicago Natural Health Care does not handle medical or mental health emergencies. Your PCP will only be contacted by the Chicago Natural Health Care's clinical staff if a situation arises that requires the attention of your local provider. Chicago Natural Health Care DOES NOT prescribe pharmaceutical medications, nor does Chicago Natural Health Care monitor drug therapy. Chicago Natural Health Care will not recommend discontinuation of medication. Any changes to prescription medication will be made by prescribing physician only.

The Chicago Natural Health Care Approach

We strongly recommend that you fully commit to the Chicago Natural Health Care medical approach in order to succeed. Working with multiple centers or physicians, other than your primary care physician, may create contradiction, confusion and frustration, thereby ultimately delaying your progress.

A Partnership and a Process

Some chronic illnesses can take weeks, months or even longer to improve. If you don't see immediate results, don't give up. At Chicago Natural Health Care, healing is based on a partnership and a process. It takes time, patience and persistence to find and treat the root causes of your illness. You will have to work hard, and so will we.

Prescribed Changes

Your commitment to comply with prescribed dietary changes and supplements, as well as other treatment recommendations, is the key to healing. If you don't follow the plan with reasonable consistency, your progress will likely be stalled.

Patient / Physician Commitment

Establishing and maintaining a good working relationship with your doctor here at Chicago Natural Health Care, is a key element in your success. Once treatment is initiated with your doctor, it is important that you remain in that doctor's care and stay in regular communication with your clinical team. Although we may use the terms "doctor" or "patient", the services we provide are founded in consulting and educational purposes only. We do not diagnose, treat, or cure disease, and any services rendered by Chicago Natural Health Care and its providers are for consulting services only.



PRACTICE POLICIES FOR PATIENTS

Our goal is to provide you with the highest level of personalized care possible.

It is important to read all of the enclosed information carefully and return it to our office **prior to your appointment**. Having these forms in advance will allow our practitioners to help solve your problems more efficiently and enhance your quality of care.

MEDICAL RECORDS FROM OTHER DOCTORS/CLINICS/HOSPITALS

Medical records can only be released with your authorization. It is your responsibility to obtain previous medical records from the past 3 months or sooner from other physicians, or health care providers that you wish our practitioners to review. We only need the most relevant and recent records to analyze for your case.

Your medical records should be emailed to:
info@chicagonaturalhealthcare.com

LATE ARRIVAL APPOINTMENTS

We are committed to being on time with patients' appointments in order to prevent clients from waiting. If you arrive late to the office for your consult your appointment will end at the scheduled time and you will be charged for the length of the originally scheduled visit.

PAYMENT OPTIONS

Cash, checks, credit cards, HSA/FSA or Financing are all accepted methods of payment for services.

INSURANCE INFORMATION

Medical insurance is not accepted for functional medicine services and our office cannot assist you with claim resolution. In addition, Chicago Natural Health Care is not a Medicare provider. We do not submit medical notes to insurance companies.

Name of Individual

Signature of Individual

Date

Witness



PATIENT CONSENT FOR US AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

_____, hereby states that by signing this consent, I acknowledge and agree as follows:

1. The Practice's Privacy Notice has been provided to me prior to my signing this consent. The Privacy notice includes a complete description of the uses and/or disclosures of my protected health information (PHI) necessary for the practice to provide to me, and also necessary for the Practice to obtain payment for that treatment and to carry out its health care operations. The Practice explained to me that the Privacy Notice will be available to me in the future at my request. The practice had further explained my right to obtain a copy of the Privacy Notice prior to signing this Consent, and has encouraged me to read the Privacy notice carefully prior to my signing this Consent.
2. The Practice reserves the right to change its privacy practices that are described in its Privacy Notice, in accordance with applicable law.
3. I understand that, and consent to, the following appointment reminders that will be used by the Practice: a) a postcard mailed to me at the address provided by me; b) an email notification reminder at the email address provided by me; c) a text message notification reminder at the telephone number provided by me; d) telephoning my home and leaving a message on my answering machine or with the individual answering the phone.
4. The Practice may use and/or disclose my PHI (which includes information about my health or condition and the treatment provided to me) in order for The Practice to treat me and obtain payment for that treatment, and as necessary for the Practice to conduct its specific health care operations.
5. I understand that I have the right to request that the Practice restrict how my PHI is used and/or disclosed to carry out treatment, payment, and/or health care operations. However, the Practice is not required to agree to any restrictions that I have requested. If the Practice agrees to a requested restriction, then the restriction is binding on the Practice.
6. I understand that this Consent is valid for seven years. I further understand that I have the right to revoke this Consent, in writing, at any time for all future transactions, with the understanding that any such revocation shall not apply to the extent that the Practice has already taken action in reliance on this consent.
7. I understand that if I revoke this Consent at any time, the Practice has the right to refuse to treat me.
8. I understand that if I do not sign this Consent evidencing my consent to the uses and disclosures described to me above and contained in the Privacy notice, then the Practice will not treat me.

I have read and understand the foregoing notice, and all of my questions have been answered to my full satisfaction in a way that I can understand.

Name of Individual

Signature of Individual

Date

Witness



Chicago Natural Health Care

Dear New Patient,

We want to welcome you to Chicago Natural Health Care. Our mission is to improve your chronic health condition as much as possible in our time together and to teach you how to manage your own health for the rest of your life. There are a few requirements and an understanding that needs to be established before we enter our trusted consultant/client relationship. Please initial after each point signifying that you understand:

1. This clinic does not always follow traditional medicine standard of care. This means that we may recommend labs/tests that are well beyond what your medical doctor would do. This is done because we are interested in looking at the body as a whole and when doing so we identify underlying causes of illness. Although we may use the terms "doctor" or "patient", the services we provide are founded in consulting and educational purposes only. We do not diagnose, treat, or cure disease, and any services rendered by Chicago Natural Health Care its providers are for consulting services only.

Initials: _____

2. Our clinic utilizes a functional medicine/clinical nutrition/laboratory approach along with traditional chiropractic. Any of these disciplines may be used to help you regain your health.

Initials: _____

3. It is extremely important that you fully understand the "why" behind what we do. For this reason we highly suggest that you watch our full length video or have attended our workshop pertaining to your condition **in its entirety**. The video length is approximately 45-55 minutes long. By initialing below, you are agreeing that you have watched the full length video or attended a workshop.

Initials: ___

4. In order for you to regain your health there will be dietary changes, neurological and/or traditional exercises to be done as well as lifestyle changes.

Initials: _____

5. Insurance will not cover this type of treatment as it is not part of conventional care. As a result, in almost all cases there will be an out-of-pocket expense to be met. We offer different payment plans (programs or pay-per-visit) for our patients depending on the length and type of care the patient needs. Our Pay-per-visit fee is \$150 for 30 minutes. Our Programs typically cost from \$200-\$500 per month for 14-18 months interest free or \$100-\$300 per month for 60 months with interest if you choose to finance and qualify through financing options. The exact cost of care and your options to pay for it will be explained in detail at the second visit.

Initials: _____

I have read and fully understand all of the above. I understand that in doing so I am under no obligation for future care.

Signature: _____

Date: _____

Sincerely,
Chicago Natural Health Care

