Notice of Privacy Practices and Patient Rights under HIPAA
(*as of January17, 2013*)

This notice describes how your medical information may be used and disclosed and how you can get access to this information.
Please review it carefully.

The Rothfeld Center for Integrative Medicine (TRC) is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as Protected Health Information (PHI) or simply health information. We are required to adhere to the terms outlined in this Notice. If you have any questions about this notice, please contact the Practice Director at 781.736.1901.

Understanding your health record and information
Each time you have an appointment at our facility, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment.
TRC May Make the Following Uses and Disclosures of Your Medical Information Without Your Prior Authorization:
1. **Treatment.** Your "Protected Health Information" (hereinafter, "medical information") is shared among health care professionals involved in your care to coordinate or manage treatment. An example of this would be another physician reviewing the treating physician's record of a physical exam and patient history to confirm a diagnosis.
2. **Payment.** Your medical information may be shared with your medical insurer to obtain reimbursement, confirm coverage, conduct billing or perform collection activities, and conduct utilization reviews. An example of this would be sending a bill for your visit to your insurance company for payment that identifies the services provided and diagnosis made.
3. **Health Care Operations.** Your medical information may be used to assess and improve quality of care or re-allocate resources. Non-patient specific information is used wherever possible. An example of this is when TRC is determining whether it should offer a service in the office that it must otherwise refer to another physician or establishment.
4. Business Associates. There are some services provided at TRC through contracts with business associates. Examples include an outside attorney, computer support company and a copy service. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.
5. Health-related benefits and services and reminder. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
6. Individuals involved in your care or payment for your care. Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care.
7. As Required by Law. Your medical information is disclosed when TRC is required to do so by federal, state or local law.

8. To avert a serious threat to health or safety. We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

9. Military and Veterans. If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

10. Workers' Compensation. We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

11. Reporting. Federal and state laws may require or permit TRC to disclose certain health information related to the following:

- **Public Health Activities.** We may disclose health information about you for public health purposes, including:
    - Prevention or control of disease, insurance or disability
    - Reporting births or deaths
    - Reporting child abuse or neglect
    - Reporting reactions to medications or problems with products
    - Notifying people of recalls of products
    - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- **Judicial and administrative proceedings.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Abuse, Neglect or Domestic Violence.** TRC may report your medical information to a government authority including a social service or protective services agency if TRC reasonably believes you are a victim of abuse, neglect, or domestic violence. This includes the following:
    - Law enforcement. We may disclose health information when requested by a law enforcement official.
    - In response to a court order, subpoena, warrant, summons or similar process
    - To identify or locate a suspect, fugitive, material witness, or missing person
    - About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement
    - About a death we believe may be the result of a criminal conduct
    - About criminal conduct at TRC
    - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or the location of the person who committed the crime.
    - Coroners, medical examiners and funeral directors. We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.
    - National Security and intelligence activities. We may disclose health information about

you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- Correctional Institution. Should you be an inmate of a correctional institution, we may disclose to the institution or its agent's health information necessary for your health and the health and safety of others.

15. Other Uses and Disclosures. Any other sharing of your medical information will be made only with your written permission and you may take back your permission at any time so long as you tell us in writing except if The Rothfeld Center for Integrative Medicine (TRC) has acted in reliance upon your permission, or if your permission was obtained so that the services provided would be covered by insurance.

10. In Addition. TRC may contact you to remind you about your appointment. TRC may leave you a voice mail or a message with a person stating the appointment time and date at home or at work unless you request otherwise. TRC will not identify the reason for your appointment or give any other information in the message.

Other uses of health information

Other uses and disclosures of health information not covered by this notice of the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your rights regarding your health information

Although your health record is the property of TRC, the information belongs to you. You have the following rights regarding your health information.

- **Right to inspect and copy.** With some exceptions, you have the right to review and copy your health information. You must submit your request in writing to TRC. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- **Right to amend.** If you feel that health information in your record incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept at TRC. You must submit your request in writing to TRC. In addition, you must provide a reason for your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
  - Is not part of the health information kept by or for TRC
  - Is accurate and complete
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment or health care operations. You must submit your requests in writing to TRC. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For

additional lists, we may charge you for the costs of providing the lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to request restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment of your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You must submit your request in writing to TRC. You must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to request alternate communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to post office box. You must submit your request in writing to TRC. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- **Right to a paper copy of this notice.** You have the right to a paper copy of this Notice of Privacy Practice even if you have agreed to receive the notice electronically. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice on our website, www.rothfeldcenter.com. To obtain a copy of this notice, contact our office at 781.736.1901

TRC's Duties

1. TRC is required by law to keep your medical information private and to give patients this Notice of its legal duties and privacy practices for medical information. TRC is required to abide by the terms of this Notice while it is in effect.
2. TRC reserves the right to change the terms of this Notice, and to make the new terms apply to all medical information that TRC maintains. When TRC revises this notice it will provide each patient with a copy of the Notice upon their next visit and post the notice and notification of its revision in the office.
3. Any patient believing that his or her privacy rights have been violated may file a written complaint with our office to our privacy officer at sraimundo@rothfeldcenter.com, or with the Secretary for the United States Department of Health and Human Services at e-mail address ocrprivacy@os.dhhs.gov or call 202-619-0257. Patients will not be retaliated against for filing a complaint.
4. For further information about TRC's privacy policy and this notice please contact the Practice Director.

Telephone: (781) 736-1901 Fax: (781) 736-1911
Address: 465 Waverley Oaks Road, Suite 201, Waltham, MA 02452

THE ROTHFELD CENTER FOR INTEGRATIVE MEDICINE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this office's notice of Privacy Practices.

_____

Signature

_____

Date

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- Other (specify)

_____

465 Waverley Oaks Road, Suite 201 ∗ Waltham, MA 02452 ∗ Telephone 781-736-1901∗ Fax 781-736-1911

www.rothfeldcenter.com

THE ROTHFELD CENTER FOR INTEGRATIVE MEDICINE

PATIENT NAME:_____ **Date:**_____

MAIN PROBLEMS/ REASON FOR THIS VISIT	**Additional problems you would like addressed:**
1.	1.
2.	2.
3.	3.
4.	4.

FAMILY HISTORY

Number of Brothers and Sisters:_____ Your Birth Order (1st, last, etc.):_____

Check all that apply	**Father**	**Mother**	**Brother**	**Sister**	**Other**
AIDS	☐	☐	☐	☐	☐
Alcoholism	☐	☐	☐	☐	☐
Allergies	☐	☐	☐	☐	☐
Alzheimer's	☐	☐	☐	☐	☐
Arthritis	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Drug Abuse	☐	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐
Thyroid Problems	☐	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐	☐

THE ROTHFELD CENTER FOR INTEGRATIVE MEDICINE

SOCIAL HISTORY

Check all that apply

Highest Education Level

☐Elementary
☐Some High School Education
☐High School Diploma
☐GED
☐Some College
☐College Degree
☐Master's Degree
☐Doctorate's Degree

Marital Status

☐Single
☐Married
☐Domestic Partner
☐Widowed
☐Separated
☐Divorced

Living Arrangements

☐Lives alone
Lives with: _____

_____

Number of children _____
Ages of children _____

Children under the age of 18 living with you: ☐Yes ☐No

Live w/ someone suffering from chronic pain: ☐Yes ☐No

Live w/ someone with a history of substance abuse: ☐Yes ☐No

Live w/ someone who is abusive to you: ☐Yes ☐No

Alcohol Use

☐None
☐Rarely
☐Socially
☐Daily

Details: _____

_____

Do you use any recreational drugs: ☐No ☐Yes

Which? _____

_____

History of alcohol/drug abuse or addiction:

☐Yes ☐No

Details: _____

_____

_____

Do you manage stress well?

☐Yes
☐No
☐ Not Sure
☐Need Help

Do you exercise regularly?

☐Yes ☐No

Why not? _____

_____

_____

Do you enjoy your job?

☐Yes ☐No

Why not? _____

_____

_____

Do you allow time to unwind and relax?

☐Yes ☐No

Why not? _____

_____

_____

Do you sleep soundly?

☐Yes ☐No

Why not? _____

_____

_____

_____

Are you satisfied with your sex life?

☐Yes ☐No

Why not? _____

_____

_____

Are you satisfied with your social life?

☐Yes ☐No

Why not? _____

_____

Tobacco

Status: ☐Current everyday smoker
☐Current some day smoker
☐Former smoker
☐Never smoker
☐Smoker, current status
☐Unknown
☐Heavy Tobacco Smoker

Date quit: _____

Cigarettes packs per day

☐1/2 ☐1 ☐1.5 ☐2 ☐2+

Cigars per day

☐1 ☐2 ☐3

Total (years)_____

Caffeine Intake

Do you drink caffeinated beverages?

☐No ☐Yes

Which_____

_____

How Much?_____

_____

Occupation:

☐Retired
☐Disabled
☐Unemployed
☐Self-employed
☐Employed (part time)
☐Employed (full time)

Current occupation:

_____

Memories of your childhood:

☐Mostly Happy
☐Mostly Painful
☐Normal
☐Don't recall

Is your diet healthy enough?

☐Yes ☐No ☐Not Sure ☐Need Help

Typical Breakfast:_____

Typical Lunch:_____

Typical Dinner:_____

Typical Snacks:_____

Comments:_____

_____

_____

Are you satisfied with your spiritual life?

☐Yes ☐No

Why not?_____

_____

_____

_____

Major stresses in the last 6 months:

_____

_____

_____

_____

Hospitalizations

(Prior illness, hospitalization, injury-include vehicle accidents, whiplash and childhood or birthing trauma, include tooth extractions, root canals, and tooth/jaw injuries)

Year: **Diagnosis:**

_____

_____

_____

_____

THE ROTHFELD CENTER FOR INTEGRATIVE MEDICINE

Prior Surgeries

Year: **Procedure:**

Previous Tests Performed

Test:

☐MRI ☐X-Ray ☐CT ☐EMG

Other:_____

Health Screening History

Please list dates for any of the below items.

Mammogram_____

PapSmear, Female Exam_____

Breast Exam

Self_____

By Healthcare Professional_____

Blood Test for Anemia_____

Blood Test for Cholesterol_____

Reason if known:_____

_____

Immunizations:

Polio_____

Tetnus_____

Hepatitis_____

Pneumonia_____

Flu Shot_____

Test for Blood in Stool_____

Rectal Exam

Feeling Prostate_____

Scope of Lower Bowel_____

Testicle Exam

Self_____

By Healthcare Professional_____

X-rays or Imaging Studies

Chest_____

Neck_____

Low Back_____

ALLERGIES

CURRENT MEDICATIONS	DOSE	TIMES/DAY

HERBS, VITAMINS, AND SUPPLEMENTS	DOSE	TIMES/DAY

THE ROTHFELD CENTER FOR INTEGRATIVE MEDICINE

REVIEW OF SYSTEMS

Constitutional	Yes	No
Fatigue	☐	☐
Sleep Problems	☐	☐
Poor Appetite	☐	☐
Weight Loss	☐	☐
Weight Gain	☐	☐
Fevers	☐	☐
Sweats	☐	☐
Chills	☐	☐
Food Cravings	☐	☐

Comments: _____

_____

Eyes	Yes	No
Itchy	☐	☐
Red	☐	☐
Dry	☐	☐
Light Sensitivity	☐	☐
Pain	☐	☐
Blurry Vision	☐	☐
Poor Vision	☐	☐
Corrective Lenses	☐	☐
Near Sighted	☐	☐
Far Sighted	☐	☐

Comments: _____

_____

Ears, Nose, Mouth, Throat	Yes	No
Tinnitus	☐	☐
Ear Aches	☐	☐
Ear pressure/blockage	☐	☐
Ear Itching	☐	☐
Poor Hearing	☐	☐
Congestion	☐	☐
Post-nasal drip	☐	☐
Sinus problems	☐	☐

Urinary (Female)	Yes	No
Painful/Difficult	☐	☐
Urinary Frequency	☐	☐
Incontinence	☐	☐
Frequently wake up to urinate	☐	☐
Kidney Stones	☐	☐
Urgent Urination	☐	☐
Blood in Urine	☐	☐

Comments:_____

Urinary (Male)	Yes	No
Urinary Frequency	☐	☐
Hesitancy	☐	☐
Weak Stream	☐	☐
Dribbling	☐	☐
Frequently wake up to urinate	☐	☐
Painful/Difficult	☐	☐
Blood in Urine	☐	☐
Kidney Stones	☐	☐
Urinary Retention	☐	☐

Comments:_____

Musculoskeletal	Yes	No
Muscle Pain	☐	☐
Bone Pain	☐	☐
Pain		
Neck	☐	☐
Back	☐	☐
Shoulder	☐	☐
Elbow	☐	☐
Hands/wrists	☐	☐
Hip	☐	☐
Knee	☐	☐
Ankle	☐	☐
Feet	☐	☐
Joint swelling	☐	☐

Nose Bleeds	☐	☐
Sneezing	☐	☐
Runny Nose	☐	☐

Ear, Nose, Mouth, Throat cont..	**Yes**	**No**
Abnormal Smell/Taste	☐	☐
Mouth sores	☐	☐
Bad Breath	☐	☐
Dental Problems	☐	☐
Trouble Chewing	☐	☐
Grinding Teeth	☐	☐
Sore Throat	☐	☐
Throat Clearing	☐	☐
Hoarseness	☐	☐
Jaw Clicks	☐	☐
Facial Pain	☐	☐

Comments:_____

_____

Cardiac	**Yes**	**No**
Chest Pain	☐	☐
Lightheadedness	☐	☐
Palpitations	☐	☐
Calf Pain when walking	☐	☐
Fainting	☐	☐
Edema	☐	☐
Blood clots	☐	☐
Varicose veins	☐	☐
Cold hands/feet	☐	☐

Comments: _____

_____

Respiratory	**Yes**	**No**
Shortness of Breath	☐	☐
Shortness of breath w/exertion	☐	☐
Wheezing/Asthma	☐	☐
Frequent respiratory illness	☐	☐
Cough (dry)	☐	☐
Cough (sputum)	☐	☐
Coughing up blood	☐	☐

Muscle Weakness	☐	☐
Muscle Cramps/Spasms	☐	☐

Comments:_____

Skin	**Yes**	**No**
Rashes	☐	☐
Eczema	☐	☐
Psoriasis	☐	☐
Acne	☐	☐
Mole Changes	☐	☐
Hives	☐	☐

Comments:_____

_____

Neurologic	**Yes**	**No**
Headaches	☐	☐
Dizziness	☐	☐
Weakness	☐	☐
Brain Fog	☐	☐
Memory Problems	☐	☐
Nerve Pains	☐	☐
Tremors	☐	☐
Unsteadiness	☐	☐
Seizures	☐	☐
Numbness	☐	☐

Comments:_____

_____

Psych	**Yes**	**No**
Depression	☐	☐
Anxiety	☐	☐
Mood Swings	☐	☐
Loneliness	☐	☐
Panic Attacks	☐	☐
Isolation	☐	☐
Anger Issues	☐	☐
inability to feel pleasure	☐	☐
Spiritual Needs	☐	☐
Manic Episodes	☐	☐
Substance abuse	☐	☐

Comments: _____

_____

Gastrointestinal	Yes	No
Indigestion	☐	☐
Belching	☐	☐
Difficulty swallowing	☐	☐
Painful swallowing	☐	☐
Heartburn	☐	☐
Nausea	☐	☐
Vomiting	☐	☐
Bloating	☐	☐
Gas	☐	☐
Abdominal Pain	☐	☐
Crampy Bowels	☐	☐
Diarrhea	☐	☐
Constipation	☐	☐
Rectal Pain/Itching	☐	☐
Hemorrhoids	☐	☐
Rectal Bleedings	☐	☐
Liver Problems	☐	☐
Symptoms from food	☐	☐

Comments:_____

_____

Sexual Organs	Yes	No
Genital sores	☐	☐
Lumps/swelling	☐	☐
Erectile problems	☐	☐
Poor sexual response	☐	☐
Pain with sex	☐	☐
Infertility	☐	☐
Repeated infections	☐	☐

Comments: _____

Gynecologic	Yes	No
Pelvic pain	☐	☐
PMS	☐	☐
Vaginal discharge	☐	☐
Painful periods	☐	☐

Comments:_____

_____

Endocrine	Yes	No
Hair Loss	☐	☐
Weak Nails	☐	☐
Cold Sensitive	☐	☐
Heat Sensitive	☐	☐
Thirst	☐	☐
Weight/Diet Trouble	☐	☐
Low Libido	☐	☐
Hypoglycemia	☐	☐
Exercise Intolerance	☐	☐
Salt Cravings	☐	☐

Comments:_____

_____

Hematology	Yes	No
Easy Bruising	☐	☐
Anemia	☐	☐
Abnormal Bleeding	☐	☐

Comments:_____

_____

Immune	Yes	No
Frequent Infections	☐	☐
Swollen lymph nodes	☐	☐
Allergies to Foods/Env	☐	☐
Cancer	☐	☐

Comments:_____

Gynecologic cont..	Yes	No
Yeast infections	☐	☐
Irregular Menses	☐	☐
Other gyn infections	☐	☐
Hot Flashes	☐	☐
Itching/Soreness	☐	☐
Breast Lumps/Pain/ Leaks	☐	☐

Age period started_____

Age period stopped, menopause_____

The undersigned acknowledges that he/she has requested healthcare services from The Rothfeld Center for Integrative Medicine. Many of the therapies offered at TRC are considered unconventional by the mainstream medical establishment. Although some treatments have been in continuous use for a long period of time, they have been deemed "unproven" by such organizations as the American Medical Association, the Food and Drug Administration and certain insurance companies. Any therapy suggested to you can, of course, be refused and/or terminated at any time and you can receive only conventional therapies without the use of alternative or complementary modalities. Under no circumstances are you obligated to accept any treatment offered to you.

Financial Terms

You are expected to pay for your care in full at the time services are rendered. As a new patient, if TRC does not have an agreement with your insurance company, you are expected to pay for your initial visit, and as a courtesy, we will bill your insurance company with a zero balance. In the event TRC maintains a contract with your PPO or HMO, you will only be responsible for your co-payment and/or deductible. Your insurer ultimately determines coverage at the time a claim is filed. We cannot guarantee coverage and/or payment. If your carrier denies payment for any reason, you will be 100% responsible for the amount owed to TRC. Patients covered by insurance are expected to pay applicable co-payments and/or deductibles at the time services are rendered. If the amount owed by a patient is not received on a timely basis, the patient may be responsible for reasonable attorney fees and the cost of collection.

Lab Results

It is TRC policy to review lab results at a follow-up appointment or during a phone consult. We **will not call you with results prior to your scheduled follow-up** unless the results show a life-threatening abnormality or an urgent matter that your provider feels should not wait until your scheduled follow-up. Otherwise, **we will not give results over the phone.** If you require results prior to your follow-up they **will not be interpreted** and you **must provide a signed release form to TRC.**

Canceled/Missed Appointments and Late Arrivals

When you make an appointment, time is reserved on a practitioner's schedule and is no longer available to other patients. We require notice at least 1 business day in advance if you are canceling your appointment. You may call (781)-736-1901(or Plymouth 508.830.1201) 24 hours a day and leave a message to cancel on our voice mail. **For cancelled appointments with less than 1 business day notice we will charge $100.00.** Please help us serve you and other patients better by keeping scheduled appointments. If possible, please call if you will be late. If you arrive more than thirty minutes late to an appointment with a practitioner, your appointment may not be honored unless the practitioner has an open appointment directly following your scheduled time and can accommodate your appointment.

Other Requests

Because we treat environmentally sensitive patients, on the day of your appointment, please refrain from wearing perfume or cologne or bringing your pets with the exception of guide dogs. We appreciate your cooperation.

Acknowledgement and Agreement

I have read the above information and thoroughly acknowledge, understand and agree to all of the above information, including the financial terms as stated above.

Patient (or parent/guardian) PRINTED Signature Date

THE ROTHFELD CENTER FOR INTEGRATIVE MEDICINE

Lab Result Informed Consent

Release of Lab Results to Patients

It is TRC policy to review lab results at a follow-up appointment or during a phone consult. We **will not call you with results prior to your scheduled follow-up** unless the results show a life-threatening abnormality or an urgent matter that your provider feels should not wait until your scheduled follow-up. Otherwise, **we will not give results over the phone.** If you require results prior to your follow-up they **will not be interpreted** and you **must provide a signed release form to TRC.**

Release of Lab Results to Outside Parties

In compliance with HIPAA Law, TRC will release patient's lab results to outside parties **only** upon signed patient consent and **only** preceded by a signed, dated medical release form with specific delivery instructions and specific lab tests referenced.

Lab Fees

TRC has relationships with labs all over the country, some of whom charge processing fees that are passed along to the patient. Please be advised that you may be assessed a processing fee at time of blood draw.

Billing of Lab Tests

TRC **cannot and will not** guarantee insurance coverage of any lab test; it is the patient's sole responsibility to determine if their particular insurance plan will cover the testing that TRC has ordered. TRC will happily provide out-of-pocket lab costs and will inform patients as to which labs bill to which insurance companies. If you know you are paying out-of-pocket, please let the front desk know **when you book your lab appointment** to allow sufficient time for TRC staff to research your out-of-pocket costs.

Labs Being Drawn Out-of-Office

Patients choosing to have their blood drawn outside of TRC must notify TRC of the outside lab's location and contact information. This information must be provided to TRC a minimum of one week prior to a scheduled follow-up. Patients not giving TRC this information risk having their follow-up visit without complete lab results in hand.

Acknowledgement and Agreement
I have read the above information and thoroughly acknowledge, understand and agree to all of the above information, including any financial terms as stated above.

Patient (or parent/guardian) Printed Signature Date

THE ROTHFELD CENTER FOR INTEGRATIVE MEDICINE

Patient Guidelines

PRACTITIONERS

Our practitioners are not Primary Care Physicians (PCP). They do not have hospital affiliations, and generally do not prioritize acute conditions such as infections or injuries. For all **acute conditions, please consult your PCP** or local urgent care facility. Patients wishing to see a practitioner for a non-scheduled appointment may at times be accommodated that week, but otherwise should consult their PCP.

Initials_____

BILLING

All billing inquiries should be directed to Billing Manager, Stephanie Foster at extension 343. Please note that it is the **patient's responsibility** to inquire about their **insurance coverage** for any particular service or visit; TRC cannot make inquiries of insurance companies on a patient's behalf.

Phone Consults, Letters, and Messages – Please note that phone consults are billed based on both the length and the complexity of the call. You will be charged by credit card at the time of consultation. Providers are also reachable by the patient portal, and will bill for any responses that require 15 minutes or more. We will provide receipts for all billable phone calls, letters and messages, but none are generally billable to insurance.

All patients with **BCBS plans that require a referral**: If you do not have a referral for your visit, you will be required to pay out of pocket.

Initials _____

SCHEDULING

Infusions are booked at 20-minute intervals; if you arrive more than 10 minutes after your scheduled time, you may be asked to reschedule. If you are scheduled to see a **provider** and arrive more than 15 minutes after your scheduled appointment and have not notified us, we may have to make adjustments to your appointment duration to accommodate those patients who have arrived on time. We will make every effort to find an available time slot for you. We apologize for the times that providers run late, but we cannot predict if they will be late for your appointment.

Cancellation Policy - If you need to cancel an appointment and our office is closed, please leave a general voice mail message. Cancellations less than 1business day of IVs, and provider visits will carry a $100.00 cancellation fee. Cancelations for Allergy testing will result in a $75 cancelation fee.

Initials _____

LAB TESTING AND FEES

Blood, saliva, and urine testing are frequently ordered by TRC providers. While we can speak to which labs **bill** to insurance companies, **we cannot guarantee insurance coverage for lab tests.** We encourage our patients to get familiar with all aspects of their insurance coverage before any lab testing takes place. We are also happy to provide out-of-pocket lab costs if necessary.

Lab Results can take between 2-6 weeks to process. We encourage patients to schedule a follow-up with their provider on the day of their lab testing so that results can be reviewed in a timely manner. Results will not be given over the phone unless as part of a phone consultation with a provider. We **will not call with results** unless they show a life-threatening abnormality or an urgent matter that should not wait

until your scheduled follow-up. If you require results prior to your follow-up they will not be interpreted and you will need to submit a signed medical records request to TRC.

Initials _____

PRESCRIPTIONS AND QUESTIONS FOR YOUR PRACTITIONER

Prescription Refills - In Waltham, prescription requests received before 1pm will be called into your pharmacy by the end of the next business day.
In Plymouth, prescription requests received before 1 PM will be called into your pharmacy by the end of the next business day. Prescriptions for Plymouth patients cannot be filled by the Waltham staff and therefore cannot be filled on Fridays, when the Plymouth office is closed. Any prescription refills requested on Thursday will be filled by the end of the day on Monday.

In order to refill prescriptions, **you must have been seen by your provider within the last year** or sooner if requested by your provider. If prior authorization is required by your insurance carrier, please be advised that your prescription may be delayed until such authorization is granted. While we will make every effort to help obtain authorization, there is always a chance that prescription coverage will be denied.

Infusion Prescriptions - All patients receiving infusions MUST first to be seen by a TRC provider. Any chelation or infusion treatment order must be **updated every 6 months** by the ordering doctor for a treatment to be administered.

Questions for Providers – The providers will answer basic questions regarding your care through the assistants. You may be asked to schedule an office visit or a telephone consult given the amount and complexity of your questions. This will be determined by the provider. All questions will be reviewed and completed by the end of the next business day. There are some requests that could take up to 3 business days to complete. If a request will go beyond this time frame, you will be contacted.

Initials _____

APOTHECARY

All Apothecary related inquiries should be directed to Lauren Anderson, Apothecary Manager, at extension 329.
Please double check all items before purchasing, there are many items that have similar names but are in fact, a different product. The front staff can assist patients in finding products; however, it is the patient's responsibility to ensure it is the correct product.

Return Policy – All unopened products purchased within the last 30 days are available for a full refund. Any item unopened, non-expired products purchased more than 30 days will be issued a gift card. Special orders are non-refundable.

Initials_____

RELEASE OF MEDICAL RECORDS

All medical records requests will be processed **in order of receipt and may take up to 30 days to be filled.** Regarding lab results, TRC's policies require individual medical release requests for each test date. The fees are as follows: 1-10 pages is $10, 11-30 pages is $25 and 31 pages or more is $25 + $0.20 per page.

Initials _____

PATIENT PRIVACY

TRC is committed to protecting your medical information while you are in our care. We therefore ask that all patients refrain from walking unattended in the exam room area, and that they be respectful of one another's privacy when scheduling appointments at the front desk.

Initials _____

CELL PHONE AND FRAGRANCE USAGE

In consideration of other patients, we ask that patients and their visitors not use cell phones in the waiting room and IV room. Because we have many patients with fragrance sensitivity, we ask that patients please refrain from wearing strongly-scented deodorants or fragrances when visiting TRC.

Initials _____

I, _____ have read and understand the patient guidelines.

Patient Signature: _____ Date: _____

Your provider may recommend vitamins and supplements as part of your treatment plan. You are under no obligation to purchase these supplements and your continued care at the Rothfeld Center is not dependent on your decision whether to purchase any item recommended by your provider. The Food and Drug Administration does not regulate, test, or approve these supplements like they would with a prescription medication. Your provider will discuss the benefits and risks of any supplement recommended, and will discuss with you the limits of what is known about the supplement. You should ask any questions that you may have about the supplement and voice any concerns that you may have about the recommendation.

If you decide to purchase a recommended supplement, you are free to decide where to make that purchase. Most supplements are available for purchase from The Rothfeld Center. These are supplements that we have chosen to offer based on our research into their quality and because they have undergone third party testing. The Rothfeld Center purchases these supplements at wholesale price and sells them with a profit margin sufficient to pay for administrative and apothecary costs. On request, we can provide you full information about the cost at which we purchased a particular supplement.

You can also opt to purchase supplements on your own, including through the Internet. When deciding where to buy a supplement, we urge you to consider the following:

- What are the manufacturer's standards for purity, potency, and bioavailability?
- Are you purchasing the product directly from the manufacturer? How do you know?
- If you are purchasing from a reseller, what do you know about this seller and the authenticity of their products?
- Has the product undergone third party testing? Are the results available on request?

There have been many instances of counterfeit labels and products as being sold on websites such as Amazon.com, as well as expired products being illegally repackaged and sold as viable product. The quality of the products you use during your treatment is very important, and in an unregulated industry, it is important to find brands that undergo third party testing and can supply the results of these tests.

Additionally, there are cautions to be aware of when choosing to purchase supplements from drug or retail stores. In 2015, the New York Attorney General sent cease and desist letters to GNC, Walgreens, Target, and Walmart after conducting an investigation into three of the herbal supplements sold on all of their shelves, and finding no trace of what was listed on the label, as well as many undisclosed ingredients including wheat in supposedly gluten-free products. Beyond just being a waste of money, these supplements provide no clinical benefit, and could also be potentially harmful due to the presence of allergens and ingredients such as house plant added as filler.

The same was true of over-the-counter and compounded vitamin D3 in an April 2013 report by JAMA Internal Medicine. They found that potency was "highly variable" and ranged from 9% to 146%. In an unregulated industry, it is incredibly important to do your research when selecting supplements.

Though our practitioners will do their best to familiarize themselves with all of each patient's allergies, it is ultimately the patient's responsibility to check all supplement labels prior to opening or ingesting any product. Any product with an outer seal that has been broken is not eligible for return, so please do not open any product until you have personally inspected the label and ascertained that it is free of ingredients to which you have a known allergy.

Acknowledgement and Agreement

I have read the above information and thoroughly acknowledge, understand and agree to all of the above information, including the financial terms as stated above.

Patient (or parent/guardian) PRINTED	Signature	Date