TOTAL APPROACH
HEALTH

Consent Forms

1110 East Hallandale Beach Blvd.
Hallandale, FL 33009
305-504-8876
www.totalapproachhealth.com
michele@totalapproachhealth.com

IMPORTANT PATIENT INFORMATION

APPOINTMENTS

- There is a 24-hour cancellation policy (please see cancellation policy in Practice Policies for Patients).
- As a courtesy, we call to confirm the appointment prior to your scheduled time; ultimately it is your responsibility to keep the scheduled appointment or reschedule.
- Initial Physician Consultation / Physical (typically 60-80 minutes): $300
- Initial Physician Follow-up (typically 30-45 minutes): $200
- Regular Physician Follow-up (typically 15-25 minutes): $125

LAB TESTS

- After your initial and follow-up consultations, lab tests and/or diagnostic tests may be ordered.
- Testing recommendations and cost(s) per test will be reviewed.
- Many lab tests are performed "fasting", which means nothing except water 10 hours before your visit.
- Some lab tests take up to 4 weeks to be finalized.

BILLING/INSURANCE

- Payment for the office visit, and lab tests is expected at the time of service. We accept cash, check or credit cards. All credit card payments will be processed the same day as the visit.
- If test kits are picked up at a separate time, you will be charged the day the kit is picked up.
- We do not accept insurance and we cannot assist you with claim resolution. We will provide you with a billing summary which you can submit to your insurance carrier.

PRIMARY CARE PHYSICIAN

- Please note that Dr. Scheck is not your primary care physician. We recommend that you have a primary care physician.

Signature: _____

Name: _____

Date: _____

SELLING NUTRITIONAL AND HERBAL SUPPLEMENTS

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201(g)(1), the term *drug* is defined as an "article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease." Technically, vitamins, minerals, trace elements, amino acids, herbs, or homeopathic remedies are not classified as drugs. However, these substances can have significant effects on physiology and must be used rationally. In this office, we provide nutritional counseling and make individualized recommendations regarding use of these substances in order to upgrade the quality of foods in a patient's diet and to supply nutrition to support the physiological and biomechanical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support given aspects of metabolic function. Use of nutritional supplements may be safely recommended for patients already using pharmaceutical medications (drugs), but some potentially harmful interactions may occur. ***For this reason, it is important to keep all of your healthcare providers fully informed about all medications and nutritional supplements, herbs or hormones you may be taking.***

Sale of Nutritional Supplements at Total Approach Health

You are under no obligation to purchase nutritional supplements at our office.

As a service to you, we make nutritional supplements available in our office. We purchase these products only from manufacturers who have gained our confidence through considerable research and experience. We determine quality by considering: (1) the quality of science behind the product; (2) the quality of the ingredients themselves; (3) the quality of the manufacturing process; and (4) the synergism among product components. The brands of supplements that we carry in our facility are those that meet our high standards and tend to produce predictable results.

While these supplements may come at a higher financial cost than those found on the shelves of pharmacies or health food stores, the value must also include assurance of their purity, quality, bioavailability (ability to be properly absorbed and utilized by the body), and effectiveness. The chief reason we make these products available is to ensure quality. You are not guaranteed the same level of quality when you purchase your supplements from the general marketplace. We are not suggesting that such products have no value; however, given the lack of stringent testing requirements for dietary supplements, product quality varies widely.

Signature: _____

Name: _____

Date: _____

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Name of Facility or Person: _____

Address: _____

Telephone Number: _____ Fax Number: _____

THE PURPOSE FOR THIS RELEASE:

You are hereby authorized to furnish and release to Total Approach Health all information from my medical, psychological, and other health records, with no limitation placed on history of illness, diagnostic or therapeutic information, including the furnishing of photocopies of all written documents pertinent thereto.

In addition to the above general authorization to release my protected health information, I further authorize release of the following information if it is contained in those records:

Alcohol or Drug Abuse: ☐ Yes ☐ No

Communicable disease related information, including AIDS or ARC diagnosis and/or HIV or HTLA-III test results or treatment: ☐ Yes ☐ No

Genetic Testing: ☐ Yes ☐ No

Note: With respect to drug and alcohol abuse treatment information, or records regarding communicable disease related information, the information is from confidential records which are protected by state or federal laws that prohibit further disclosure with the specific written consent of the person to whom they pertain, or as otherwise permitted by law. A general authorization for the release of the protected health information is not sufficient for this purpose.

This authorization can be revoked in writing at any time except to the extent that disclosure made in good faith has already occurred in reliance on this authorization.

I hereby release Total Approach Health, its employees, agents, managing members, and the attending physician(s) from legal responsibility or liability for the release of the above information to the extent authorized. A copy of this authorization shall be as valid as the original.

I understand that there may be a fee for this service depending on the number of pages photocopied. However, no such fee will be charged if these records are requested for continuing medical care.

Signature: _____ DOB: _____

Name: _____ Date: _____

PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE OR PASSPORT ALONG WITH THE COMPLETED AND SIGNED FORM

Information Released: _____ Date: _____

Medical Records Technician Name: _____

Signature: _____

Please send records to: Total Approach Health, 1110 E. Hallandale Beach Blvd. Hallandale, FL 33009

INFORMED CONSENT REGARDING EMAIL OR THE INTERNET USE OF PROTECTED PERSONAL INFORMATION

Total Approach Health provides patients the opportunity to communicate with their physicians, health care providers, and administrative staff by e-mail. Transmitting confidential health information by e-mail, however, has a number of risks, both general and specific, that should be considered before using e-mail.

1. Risks:
    a. General e-mail risks are the following: e-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients; recipients can forward e-mail messages to other recipients without the original sender(s) permission or knowledge; users can easily misaddress an e-mail; e-mail is easier to falsify than handwritten or signed documents; backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy.
    b. Specific e-mail risks are the following: e-mail containing information pertaining to diagnosis and/or treatment must be included in the protected personal health information; all individuals who have access to the protected personal health information will have access to the e-mail messages; patients who send or receive e-mail from their place of employment risk having their employer read their e-mail.
2. It is the policy of Total Approach Health that all e-mail messages sent or received which concern the diagnosis or treatment of a patient will be a part of that patient's protected personal health information and will treat such e-mail messages or internet communications with the same degree of confidentiality as afforded other portions of the protected personal health information. Total Approach Health will use reasonable means to protect the security and confidentiality of e-mail or internet communication. Because of the risks outlined above, we cannot, however, guarantee the security and confidentiality of e-mail or internet communication.
3. Patients must consent to the use of e-mail for confidential medical information after having been informed of the above risks. Consent to the use of e-mail includes agreement with the following conditions:
    a. All e-mails to or from patients concerning diagnosis and/or treatment will be made a part of the protected personal health information. As a part of the protected personal health information, other individuals, such as Total Approach Health physicians, nurses, other health care practitioners, insurance coordinators and upon written authorization other health care providers and insurers will have access to e-mail messages contained in protected personal health information.
    b. Total Approach Health may forward e-mail messages within the practice as necessary for diagnosis and treatment. Total Approach Health will not, however, forward the email outside the practice without the consent of the patient as required by law
    c. Total Approach Health will endeavor to read e-mail promptly but can provide no assurance that the recipient of a particular e-mail will read the e-mail message promptly. Therefore, e-mail must not be used in a medical emergency.
    d. It is the responsibility of the sender to determine whether the intended recipient received the e-mail and when the recipient will respond.
    e. Because some medical information is so sensitive that unauthorized discloser can be very damaging, e-mail should not be used for communications concerning diagnosis or treatment of AIDS/HIV infection; other sexually transmissible or communicable diseases, such as syphilis, gonorrhea, herpes, and the like; Behavioral health, Mental health or developmental disability; or alcohol and drug abuse.
    f. Total Approach Health cannot guarantee that electronic communications will be private. However, we will take reasonable steps to protect the confidentiality of the e-mail or internet communication but Total Approach Health is not liable for improper disclosure of confidential information not caused by its employee's gross negligence or wanton misconduct.
    g. If consent is given for the use of e-mail, it is the responsibility of the patient's to inform Total Approach Health of any types of information you do not want to be sent by e-mail.
    h. It is the responsibility of the patient to protect their password or other means of access to e-mail sent or received from Total Approach Health to protect confidentiality. Total Approach Health is not liable for breaches of confidentiality caused by the patient.

Any further use of e-mail initiated by the patient that discusses diagnosis or treatment constitutes informed consent to the foregoing.

I understand that my consent to the use of e-mail may be withdrawn at any time by e-mail or written communication to Total Approach Health. I have read this form carefully and understand the risks and responsibilities associated with the use of e-mail. I agree to assume all risks associated with the use of e-mail.

Signature: _____ Date: _____

Name: _____

ALL MEDICARE PATIENTS MUST SIGN THIS FORM

NOTICE OF POSSIBLE MEDICARE DENIAL

Medicare will only pay for services determined to be reasonable and necessary under Section 1862 (a) (1) of Medicare Law. If a particular service is considered not acceptable and unnecessary under Medicare standards, Medicare will deny payment for those excluded services.

MEDICARE NOTICE

Dr. Scheck is not a Medicare provider therefore your payment is due at the time services are provided. Any claims submitted will have to be sent to Medicare by the patient; payment reimbursement is not guaranteed and is subject to Medicare eligibility/reimbursement rules and regulations.

PATIENT ACKNOWLEDGEMENT

My physician, and/or staff have informed me, that he or she believes services provided will likely be denied by Medicare for reasons stated above.

Signature: _____

Name: _____

Date: _____