Rooted Family Medicine, LLC
Ariel Barkeim, ND

PATIENT INFORMED CONSENT FORM

This informed consent is required by Minnesota Statute 147E to ensure that each patient is aware of the parameters of the practice of naturopathic medicine in the state of Minnesota. The Minnesota Board of Medical Practice has required that each individual who receives treatment from Rooted Family Medicine, LLC has read and signed this form prior to initial consultation or treatment.

I hereby voluntarily consent to examinations and treatment with Naturopathic Medicine under the care of Rooted Family Medicine, LLC.

I understand that Dr. Ariel Barkeim has completed her four-year naturopathic medical training at the National College of Naturopathic Medicine in Portland, Oregon in 2013. I understand that she passed all national licensing exams and that she is currently licensed in the state of Vermont and Minnesota.

I understand regarding that naturopathic evaluation and treatment in the state of Minnesota:

- **Care includes, but is not limited to the following services**:(1) ordering, administering, prescribing, or dispensing for preventive and therapeutic purposes: food, extracts of food, nutraceuticals, vitamins, minerals, amino acids, enzymes, botanicals and their extracts, botanical medicines, herbal remedies, homeopathic medicines, dietary supplements and nonprescription drugs as defined by the Federal Food, Drug, and Cosmetic Act, glandulars, protomorphogens, lifestyle counseling, hypnotherapy, biofeedback, dietary therapy, electrotherapy, galvanic therapy, oxygen, therapeutic devices, barrier devices for contraception, and minor office procedures, including obtaining specimens to assess and treat disease; (2) Performing or ordering physical examinations and physiological function tests; (3) ordering clinical laboratory tests and performing waived tests as defined by the United States Food and Drug Administration Clinical Laboratory Improvement Amendments of 1988 (CLIA); (4) referring a patient for diagnostic imaging including x-ray, CT scan, MRI, ultrasound, mammogram, and bone densitometry to an appropriately licensed health care professional to conduct the test and interpret the results; (5) prescribing nonprescription medications and therapeutic devices or ordering noninvasive diagnostic procedures commonly used by physicians in general practice; (6) prescribing or performing naturopathic physical medicine; and possibly admitting patients to a hospital if the naturopathic doctor meets the hospital's governing body requirements regarding credentialing and privileging process.
- **Care does not include**(1) administering therapeutic ionizing radiation or radioactive substances;(2) administering general or spinal anesthesia; (3) prescribing, dispensing, or administering legend drugs or controlled substances including chemotherapeutic substances; or(4) performing or inducing abortions.
- A naturopathic doctor registered under this chapter shall not perform surgical procedures using a laser device or perform surgical procedures beyond superficial tissue.
- A naturopathic doctor shall not practice or claim to practice as a medical doctor, surgeon, osteopath, dentist, podiatrist, optometrist, psychologist, advanced practice professional nurse, physician assistant, chiropractor, physical therapist, acupuncturist, dietician, nutritionist, or any other health care professional, unless the naturopathic physician also holds the appropriate license or registration for the health care practice profession.
- Potential risks of treatments include allergic reactions to prescribed herbs and supplements, side effects of natural medications, and/or the inconvenience of lifestyle changes.

Notice: All female patients must alert the provider if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy. All individuals with bleeding disorders, pace makers, and/or cancer must also alert the provider.

I understand that many treatment suggestions provided are not accepted by the United States FDA and therefore should not be taken as such. I acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. I also understand that it is my responsibility to request that the provider explain therapies and procedures to my satisfaction. I further acknowledge that no guarantees have been given to me concerning the results intended from the treatment. I intend that this consent form is to cover the entire course of treatments for my present condition and any future conditions for which I am seeking treatment.

☐I have read and understood all the statements above.
Signature of Patient or Person Authorized to consent for patient:

____**Date:**_________________________
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If the patient is a minor or is unable to consent, please complete the following:
Patient is a minor and is _____________years of age
Form completed by:________________________________Relationship to patient:_________________________

Rooted Family Medicine, LLC
Clinic and Privacy Policies

Business Agreements:

1. I understand that all financial responsibility for Naturopathic services provided in this office for myself or my dependents is entirely mine, due and payable at the time services are rendered unless other arrangements have been made with Rooted Family Medicine, LLC. In the event that payments are not paid in full within 30 days of the treatment date, I understand that a 1.5% service charge (i.e. 18% per annum) shall be added to my account. I further understand that any dishonored checks will be assessed a statutory handling and collection fee of $25.00 and any related bank fee incurred.
2. I have signed and understand the informed consent form given by Rooted Family Medicine, LLC for the modalities used within the office.
3. I acknowledge that no guarantee, warranty or assurance has been given by anyone as to the treatment results that may be obtained.
4. I grant my permission to Rooted Family Medicine, LLC to telephone me at my home or at my workplace to discuss matters related to this consent, my treatment, or my account.
5. I understand that the "courtesy notice" for cancellations and/or rescheduling of my appointments is 48 hours. I acknowledge that I will give at least 24 hour notice for cancellation of appointments and that I will be charged a late fee for all broken appointments, no shows and short notice cancellations. I understand that if I break an appointment for a third time that I will not be rescheduled and will be provided with medical care for 30 days only, to allow time to find another health care practitioner.
6. The Fee Schedule is based on "Time Of Service" payments, and varies according to the complexity of visit and/or treatment length. *Prices are subject to change.
7. **Phone Policies**: Calls over 5 minutes that are not directly related to questions about the previous treatment plan will be considered another visit and will be charged accordingly. We are not on call. We do receive telephone messages during the week, during regular office hours, and do our best to get back to patients in 24 hours. For acute care after office hours and emergency services at any time, it is best to call and see an urgent care provider.
8. **Email Policies:** Emails should be sent though Charm electronic medical records system when regarding your healthcare as this is the most protected way to send your information online. If I send through regular email, I realize this is not protected.

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Signature - Patient (or Guardian - if a minor)   Date

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Patient Name (Please Print)

Payment Policy:

By signing below, I understand that full payment for all services and products I receive from Rooted Family Medicine, LLC and its practitioners is required at the time of service.

____ ___________

Signature - Patient (or Guardian - if a minor)   Date

Rooted Family Medicine, LLC

HIPAA Notice of Privacy Practices and Consent:

I hereby consent to the use and disclosure of my protected health information by Rooted Family Medicine, LLC for the purposes of treatment, payment and healthcare operations, or as otherwise required by law. I understand that:

- I have the right to request restrictions to the usage and disclosure of my protected health information.
- I have the right to request an alternative to the standard method of communication of my protected health information.
- I have the right to refuse disclosure of care/services/treatment to health plans regarding care/services/treatment that I have paid out-of-pocket for. Updated 9/20/13
- I understand that Rooted Family Medicine, LLC provides a medicinary both in-office and online and makes both general and specific recommendations for products and affiliates that do earn Rooted Family Medicine, LLC a percentage in sales. This consent serves as my written authorization to review these products and services through marketing and education materials that I choose to read or opt-in for (i.e. patient visits, social media, e-newsletters, website/blog, etc.).
- I understand that in my death, Rooted Family Medicine, LLC may make relevant disclosures to my decedents and that HIPAA protection of my health information will continue for 50 yrs after my death.
- I have the right to request my personal health information in writing and understand that it could take up to 60 days to receive the information. I also understand there may be a fee for electronic formats. Hard copies will only be given if electronic formats are refused and will require a per-page copy fee to cover both supplies and labor.
- I have the right to access my electronic medical record through the patient portal at any time.
- I have the right to contact Rooted Family Medicine through unsecured email, text or online, however, I understand those are not HIPAA-compliant, secure forms of communication and that Rooted Family Medicine, LLC provides other secure options.
- I have the right to revoke this consent, in writing, at any time. Revocations will be honored as of the date they are received by Rooted Family Medicine, LLC at the following address:

  Rooted Family Medicine, LLC
  1629 W. Main St.
  Albert Lea, MN 56007
- I understand that while Rooted Family Medicine, LLC may honor these requests; they are not required by law to do so.
- I am aware that Rooted Family Medicine, LLC reserves the right to change the terms of their Notice of Privacy Practices and to make new notice of Privacy Practices provisions effective for all protected health information that they maintain. In the event of amendments, Rooted Family Medicine, LLC will make available a revised Notice of Privacy Practice for my review.
- I understand that Rooted Family Medicine, LLC has a policy in place to request only the minimum amount of protected health information as is necessary to accomplish the intended purpose of the use, disclosure, or request.
- I understand that I have a right to file a complaint to the U.S. Department of Health and Human Services if I feel my rights have been violated. (See attachment for more information).

____ ________________________

Patient (18 years or older) Date

____ ________________________

Parent, Guardian, Responsible Party Date

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ ***See page 2*** *for more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ ***See page 3*** *for more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ ***See pages 3 and 4*** *for more information on these uses and disclosures*

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example:*** *We use health information about you to manage your treatment and services.*
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** *We give information about you to your health insurance plan so it will pay for your services.*

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

Help with public health and safety issues	• We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.