archerfriendly wellness

New Patient Packet (Child)

Patient Information

Name: _____ Date of Birth: _____ Gender: ◯ M ◯ F

Address: _____ City: _____ State: ____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Patient / Guardian Email: _____

Mother's Name: _____ Mother's Phone Number: _____

Mother's Occupation: _____

Father's Name: _____ Father's Phone Number: _____

Father's Occupation: _____

Patient Contact Privacy Preferences

We need to know your privacy preferences for how to best contact you regarding your protected health information.

Telephone

Which phone(s) may we leave voice mail messages regarding your protected health information?

☐ Cell ☐ Home ☐ Work ☐ Mother's ☐ Father's

Which phone would you like us to call first, when we need to call you regarding your protected health information?

◯ Cell ◯ Home ◯ Work ◯ Mother's ◯ Father's

Email

Email is not HIPAA compliant as it is not considered a secure means of communication. However, many patients still prefer we use email to communicate with them, due to its convenience.

May we use your email address to contact you regarding your protected health information?

◯ Yes ◯ No

For your convenience and to reduce paper waste, we offer electronic billing via email for services that occur outside of an office visit (after-hours phone & email consults). The electronic billing platform we use, although protected by up to 256-bit SSL encryption, is not HIPAA compliant. Electronic invoices are sent to your email inbox with a link to pay your bill online. Any service that involves the use of your email address cannot be HIPAA

compliant because email is not HIPAA compliant. If you do not elect to receive electronic invoices via email, invoices will be mailed to your home address.

Would you like to receive electronic invoices in your email inbox so that you can pay any outstanding bills online, even though this system is not HIPAA compliant? Yes ◯ No ◯

I agree that I am making my **Patient Contact Privacy Preferences** for my convenience, without coercion or pressure by my health care provider or any other party. I understand that this request may result in someone other than me learning of my personal health information. I understand that this agreement will be in place until I personally request in writing that it be cancelled. I will be responsible for completing a new form to update contact numbers or email should they change.

_____	_____	_____
Patient / Guardian Signature	Printed Name	Date

Emergency Contact

Contact Name: _____ Relationship to Patient: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Which phone is the preferred method of contact: ◯ Cell ◯ Home ◯ Work

Insurance Information

Even though Archerfriendly Wellness doesn't accept insurance, we still need your insurance information for certain things. Lab work and imaging can still be processed through your insurance.

Please submit a copy of your insurance card, front and back, with your New Patient Packet.
Otherwise, copying your insurance card at the time of your first appointment may take a few minutes away from your scheduled time with Dr. Archer. Cell phone pictures are not acceptable forms of a copy.

Primary Insurance Company: _____

Name of Policy Holder: _____ Policy / ID Number: _____

Employer of Policy Holder: _____ Group Number: _____

Policy Holder's Relationship to Patient: _____

Secondary Insurance Company: _____

Name of Policy Holder: _____ Policy / ID Number: _____

Employer of Policy Holder: _____ Group Number: _____

Policy Holder's Relationship to Patient: _____

☐ I consent to Archerfriendly Wellness sharing my protected health information (medical information, copies of treatment notes, etc.) with my insurance company. I understand that if I do not consent, it could interfere with any claims I submit for reimbursement and/or receiving state supplied vaccines at Archerfriendly Wellness.

_____ _____

Patient / Guardian Signature Date

How did you find us and how can we help?

We'd love to know the story of **how** you ended up here!

☐ Google Search ☐ Instagram ☐ Facebook ☐ Archerfriendly Blog

☐ Friend ☐ Relative ☐ Other: _____

What was it about Archerfriendly Wellness that prompted you to choose us?

We'd love to know the story of **why** you are here. What do you want most for your health? How can we help you?

Patient Health Information

Would you like to establish primary care with us? ○ Yes ○ No

Height: _____ feet _____ inches Weight: _____ lbs _____ ounces

Allergies

Do you have any allergies to medication? ○ Yes ○ No

If yes, what medications? _____

Do you have any other allergies (food, insects, animal, etc.)? ○ Yes ○ No

If yes, what types of allergies? _____

Medications

Please list all medications you are currently taking (including over the counter), dose and frequency.

Have you ever taken Aspirin, Ibuprofen, Naproxen or steroids for periods of 3 weeks or longer? ◯ Yes ◯ No

When was the last time you had antibiotics? _____ What was the antibiotic? _____

About how many rounds of antibiotics have you had since birth? _____

Vitamins & Supplements

Please list all vitamins and supplements that you currently take or sometimes take. Be extremely specific. Include the exact name of the vitamin/supplement, the brand (company who makes it), how much you take of it, how often you take it, and why you take it. You are welcome to submit your own list with this packet, as long as it is written on an 8.5x11" sheet of paper.

	Vit/Supp #1	Vit/Supp #2	Vit/Supp #3
Name			
Brand			
How Much			
How Often			
Reason			

	Vit/Supp #4	Vit/Supp #5	Vit/Supp #6
Name			
Brand			
How Much			
How Often			
Reason			

	Vit/Supp #7	Vit/Supp #8	Vit/Supp #9
Name			
Brand			
How Much			
How Often			
Reason			

Are you comfortable swallowing pills? ◯ Yes ◯ No

Current Health

Please list all your current health problems and concerns, no matter how little they may be:

Please list any current diagnoses from other healthcare practitioners:

Do you have any known contagious diseases at this time? ○ Yes ○ No

If yes, please list: _____

Are you currently receiving healthcare elsewhere? ○ Yes ○ No

If yes, from whom and what is their role in your medical care?

_____

When and where did you last receive health care? What was the reason?

_____

Referring Physician: _____

Hospitalizations / Surgeries / Imaging/Injuries

Please list any hospitalizations or surgeries you have had with the approximate date:

Please list any imaging (X-ray, MRI, CT scan, etc.) you have had with the approximate date:

Any ER visits since birth? If yes, please list at what age and for what reason.

List any major injuries, accidents, or fractures and the age at which they occurred:

Have you ever lost consciousness or had a concussion? If yes, please clarify which one & explain.

Pregnancy History (when your mom was pregnant with you)

Number of pregnancies your mom had before you: _____ Length of pregnancy in weeks: _____

Did your mom take prenatal vitamins: ○ Yes ○ No

Was your mom diagnosed with gestational diabetes? ○ Yes ○ No

If yes, did she take any medications for it, and if so, what medications did she use?

_____

Any illnesses, health complications, or accidents during the pregnancy:

_____

High risk pregnancy? ○ Yes ○ No

Smoking while pregnant? ○ Yes ○ No

Second hand smoke exposure while pregnant? ○ Yes ○ No

Alcohol while pregnant? ○ Yes ○ No

Baby History ***(skip this section if patient is older than 12 months)***

Birth weight: _____ lbs _____ ounces Birth length: _____ inches Apgar score: _____

Discharge weight: _____ lbs _____ ounces Jaundice: ○ Yes ○ No

Bilirubin level at discharge: _____ mg per dL Any breathing problems at birth? ○ Yes ○ No

Type of birth/delivery (check all that apply):

☐ Hospital ☐ Birth center ☐ Home birth ☐ VBAC
☐ Cesarean section ☐ Breech ☐ Forceps

Name of Doctor or Midwife at Birth: _____

Interventions needed at birth (check all that apply):

☐ None ☐ Resuscitated ☐ Oxygen ☐ Antibiotics
☐ Blood transfusion ☐ Light therapy

Please check all of the things received at birth:

☐ Hep B vaccine ☐ Vitamin K ☐ Eye ointment
☐ Newborn screening tests (heel stick)

Any problems following birth or in the first few days of life?

_____

Did the infant's mother get postpartum lab work done (blood work)?

_____

Family History

	Brother/Sister	Mother	Father	Maternal GM	Maternal GF	Paternal GM	Paternal GF
Type 1 Diabetes	☐	☐	☐	☐	☐	☐	☐
Type 2 Diabetes	☐	☐	☐	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐	☐
Heart Attack	☐	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐	☐
Autoimmune	☐	☐	☐	☐	☐	☐	☐
Thyroid Issues	☐	☐	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐

Health Maintenance

When was your last head-to-toe physical exam? _____

Are all your vaccines current? ○ Yes ○ No Have you elected to decline vaccination? ○ Yes ○ No

Do you follow the standard vaccine schedule? ○ Yes ○ No

Please bring a copy of your vaccine records.

Are you on an alternative vaccine schedule? ○ Yes ○ No

When was your last lab work (blood tests) done? _____

Please bring a copy of your most recent labs.

When was your last eye exam by an eye doctor? _____ Eye doctor: _____

Do you have an eye exam every year? ◯ Yes ◯ No

When was your last dental visit? _____ Dentist: _____

Do you see the dentist every 6 months? ◯ Yes ◯ No

Patient Lifestyle

School or Daycare: _____ Hours/week: _____

Extracurricular Activities: _____

Live with: ☐ Mom ☐ Dad ☐ Step Parent ☐ Guardian ☐ Grandparent
☐ Siblings ☐ Friend ☐ Roommate ☐ Pet: _____
☐ Other: _____

What do you love to do? _____

How often do you get to do what you love to do? _____

Are there any things regarding your spiritual/religious affiliation that affect your health/diet?

_____

What are the major stressors in your life? _____

Do you exercise? ◯ Yes ◯ No

If yes, what type and how often: _____

If no, for what reasons? _____

How many hours of "screen time" do you have in an average day (TV, phone, computer, etc.)? _____

How many hours do you spend on social media in an average day (Facebook, Instagram, etc.)? _____

Do you read? ◯ Yes ◯ No If yes, how many hours weekly? _____

Do you currently use tobacco? ◯ Yes ◯ No

If yes, what type, and how often? _____

Have you ever used tobacco? ◯ Yes ◯ No

If yes, what type, how often, and for how long? _____

Are you regularly around others who smoke tobacco? ◯ Yes ◯ No

Do you use prescription drugs for recreational purposes? ◯ Yes ◯ No

If yes, what type, and how often? _____

Do you use any other drugs for recreational purposes? ◯ Yes ◯ No

If yes, what type, and how often? _____

Breastmilk or Formula Intake

Age the patient was weaned from breastmilk or formula: _____

*******skip to next section if the patient is weaned from breastmilk/formula*******

My child is fed (check all that apply):

☐ Breastmilk ☐ Donor breastmilk ☐ Dairy based formula ☐ Soy formula ☐ Organic formula

Nurses _____ times a day for _____ minutes Usually nurses every _____ hours

Breastmilk in bottle: _____ ounces given every _____ hours

Formula: _____ ounces given every _____ hours

Do you prepare the formula with filtered water? ◯ Yes ◯ No

Breastfed children only:

List all vitamins, supplements, and medications that mom is taking:

Please list the foods that mom eats everyday:

Does mom smoke, drink alcohol, or use drugs?

Patient Diet

Do you drink alcoholic beverages? ◯ Yes ◯ No

If yes, what type, and how often? _____

Do you drink coffee? ◯ Yes ◯ No

If yes, how often? _____

Which of the following drinks do you consume regularly?

- [ ] Black tea
- [ ] Green tea
- [ ] Fruit juice, type: _____
- [ ] Soda
- [ ] Energy drinks
- [ ] Carbonated water
- [ ] Coconut water
- [ ] Cow milk
- [ ] Alternative milk, type: _____

How much water do you drink daily? ____ ounces Is it filtered? ◯ Yes ◯ No

What food(s) do you eat everyday (if any)? _____

Do you eat vegetables every day? ◯ Yes ◯ No

Are you a "grazer", or do you eat regularly scheduled meals? ◯ Grazer ◯ Meals

Do you eat late at night (past 8pm)? ◯ Yes ◯ No

Typical Food Intake:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

What foods do you avoid, and why? Please include any religious food preferences, food allergies, and food reactions.

_____

What are the unhealthiest foods in your diet? _____

What are the healthiest foods in your diet? _____

Head-to-Toe Symptom Check

Please check items that you currently have or have had in the past 6 months.

Head

- [ ] Headaches
- [ ] Dry scalp
- [ ] Acne
- [ ] Dizzy
- [ ] Cradle cap

Ear / Eye / Nose / Throat

- [ ] Blurry vision
- [ ] Dry eyes
- [ ] Dark circles under eyes
- [ ] Earwax builds up
- [ ] Earaches
- [ ] Hearing loss
- [ ] Ringing in ears
- [ ] Sinus pain / infection
- [ ] Nose / sinuses dry
- [ ] Runny nose
- [ ] Seasonal allergies
- [ ] Voice hoarse
- [ ] Sore throat
- [ ] Postnasal drip
- [ ] Nose bleeds
- [ ] Ear Infections
- [ ] Tubes in ear

Mouth

- ☐ Amalgam fillings
- ☐ Cavities
- ☐ New cavities in the last year
- ☐ Canker sores in mouth
- ☐ Fever blisters
- ☐ Oral Herpes
- ☐ Gum Disease

Heart/Lungs

- ☐ Heart pounds
- ☐ Heart "flutter"
- ☐ Heart races
- ☐ Shortness of breath
- ☐ Chest pains
- ☐ Wheezing
- ☐ Coughing
- ☐ Pulsations in neck
- ☐ High blood pressure
- ☐ Sometimes feels like my heart skips a beat
- ☐ Heart murmur
- ☐ Asthma, triggered by: _____
- ☐ Diagnosed heart / cardiovascular disease: _____

Gastrointestinal

- ☐ Reflux
- ☐ Stomach aches
- ☐ Gas / bloating
- ☐ Bothered by fatty meals
- ☐ Constipation
- ☐ Diarrhea
- ☐ Blood or mucus in stools
- ☐ Vomiting
- ☐ Hemorrhoids
- ☐ Increased appetite
- ☐ Decreased appetite
- ☐ More than 3 bowel movements a day

Number of bowel movements: _____ daily

Infants Only

- ☐ Grass green stool
- ☐ Bloody streaked stool
- ☐ Mucousy / slimy stool

# of wet diapers a day: _____

# of soiled diapers a day: _____

Urinary Tract

- ☐ Recurrent bladder infections
- ☐ Kidney infection
- ☐ Burning with urination
- ☐ Frequent urination
- ☐ Blood in urine
- ☐ Constant urinary incontinence
- ☐ Occasional urinary incontinence
- ☐ Bladder pain
- ☐ Pain in bladder
- ☐ Pain in urethra
- ☐ Pain during urination
- ☐ Pain after urination
- ☐ Kidney stones

Skin

- ☐ Eczema
- ☐ Skin rashes
- ☐ Hives
- ☐ Acne on face
- ☐ Acne on back
- ☐ Dry skin
- ☐ Psoriasis
- ☐ Bumps on back of arm

Musculoskeletal

- ☐ Joint pains
- ☐ Back pain
- ☐ Scoliosis
- ☐ Neck pain
- ☐ Muscle aches
- ☐ Bruising: (◯ Easy ◯ Only with trauma)
- ☐ Sprains, locations: _____
- ☐ Joint stiffness
- ☐ Arthritis
- ☐ TMJ (temporomandibular joint disorder)
- ☐ Hip Dysplasia
- ☐ Tendonitis, locations: _____

Endocrine

- ☐ Weight gain
- ☐ Weight loss
- ☐ Snack often
- ☐ Change in appetite
- ☐ Increased thirst
- ☐ Frequent urination
- ☐ Pulsations in neck
- ☐ Cold intolerance
- ☐ Always hot
- ☐ Usually sweaty
- ☐ Night sweats
- ☐ Fatigue
- ☐ Excess Energy

Please check if you have any of the following conditions or if you **have ever been** diagnosed with them:

- ☐ T1DM
- ☐ T2DM
- ☐ Insulin resistance
- ☐ Hypoglycemia
- ☐ Hypothyroidism
- ☐ Hyperthyroidism
- ☐ Hashimoto's Thyroiditis
- ☐ Postpartum Thyroiditis

If you don't eat regularly or if you skip a meal, do you get:

- ☐ "Hangry" (angry when hungry)
- ☐ Light headed
- ☐ Shaky
- ☐ Feel like you might pass out
- ☐ Sweaty
- ☐ Irritable

Sleep

- ☐ Insomnia
- ☐ Feel restless at bedtime
- ☐ Wake up multiple times a night
- ☐ Light sleeper
- ☐ Heavy sleeper
- ☐ Hard to fall asleep at night
- ☐ Hard to stay asleep
- ☐ Hard to wake up in the morning
- ☐ Slow morning starter
- ☐ Don't feel rested in the morning

Amount of sleep each night: _____ hours

Typical Bed Time: _____ Typical Wake-Up Time: _____ # of wake-ups at night: _____

Naps per day: _____ How long: _____

Sleep Location:

- ☐ Own Room
- ☐ Shared room with sibling
- ☐ Shared room with parent
- ☐ Own Bed
- ☐ Shared Bed
- ☐ Crib
- ☐ Co-sleep

Energy

- ☐ Fatigue is a problem
- ☐ Tired all day
- ☐ Don't feel energetic in the morning
- ☐ Afternoon tiredness
- ☐ Tired, no matter how much I sleep
- ☐ Fatigue easily

Stress/Mood/Brain

- ☐ Anxiety
- ☐ Panic / anxiety attacks
- ☐ Worry a lot
- ☐ Mood swings
- ☐ Irritability
- ☐ Always stressed out
- ☐ Feel down
- ☐ Depression
- ☐ Multiple Tantrums Daily
- ☐ Difficulty focusing
- ☐ ADD/ADHD
- ☐ Brain fog
- ☐ Poor memory
- ☐ Rely on caffeine to focus
- ☐ Family member has Alzheimer's
- ☐ Family member has Autism / Asperger's
- ☐ Behind on developmental milestones
- ☐ Normal growth and development

Average stress level throughout the week (1 is low, 10 is high): _____

Blood / Hematological/Lymph

- ☐ Anemia
- ☐ Current cancer diagnosis
- ☐ History of cancer
- ☐ Hemochromatosis
- ☐ Swollen lymph nodes
- ☐ Lumps / bumps in neck
- ☐ Lumps / bumps in groin
- ☐ Lumps / bumps under arms
- ☐ Lumps / bumps anywhere on body
- ☐ Recurrent fevers
- ☐ Chronic low grade fever
- ☐ Fever in the past 6 months
- ☐ Fatigue
- ☐ HIV
- ☐ Past "mono" infection
- ☐ Easy Bruising
- ☐ Gums Bleed Easily
- ☐ Petechie

Male Only

- ☐ Circumcised
- ☐ Uncircumcised
- ☐ Undescended testicle
- ☐ Genital itching
- ☐ Rectal burning or itching
- ☐ Diaper rash
- ☐ Past hernias
- ☐ Current hernias
- ☐ Sexually active
- ☐ History of STD diagnosis

Female Only

- ☐ Diaper rash
- ☐ Vaginal discharge
- ☐ Yeast infections
- ☐ Labial itching
- ☐ Labial adhesions
- ☐ Rectal burning or itching
- ☐ Past hernias
- ☐ Current hernias
- ☐ Sexually active
- ☐ History of STD diagnosis

Age of Menarche: _____ Date last period started: _____

PMS symptoms: _____

Disease History

Have you had or do you currently have any of the following diseases? Check all that apply.

- ☐ Measles
- ☐ Mumps
- ☐ Rubella
- ☐ Chickenpox
- ☐ Rheumatic fever
- ☐ Polio
- ☐ Hepatitis B
- ☐ Malaria
- ☐ Oral Herpes
- ☐ Genital Herpes
- ☐ Tuberculosis
- ☐ Whooping cough (bacterial infection resistant to antibiotics)

Development

☐ I have concerns about my child's developmental milestones, behind on developmental milestones

What to expect for your first visit

First visits are a little different for patients under the age of 18 because their health is more straight-forward. Your first visit can be a well child check or for a cold.

If you have a complicated health history, and are seeking advice for complex medical conditions, your first visit may be more geared towards getting to know you and your health story. If this is the case, we may only have time to discuss your top 1-2 health concerns. Treatment recommendations in the first visit may be minimal to ensure adequate time for a thorough intake of your case.

If you come to your first visit without your New Patient Packet completed, we will be spending most of your first visit filling out the forms together.

Social Media Policy

Archerfriendly Wellness has a public Facebook page specifically associated with the Archerfriendly Wellness clinic. Please check the Archerfriendly Wellness public Facebook page for announcements, holiday closures, vacation closures, and updates.

There are other social media platforms associated with Archerfriendly Wellness because they are run by Dr. Archer Atkins ND and are part of the archerfriendly brand. These social media platforms include, but are not limited to, the archerfriendly blog (www.archerfriendly.com), archerfriendly Facebook page, archerfriendly Twitter account, archerfriendly YouTube channel, and the archerfriendly Instagram account.

This Social Media Policy applies to all current and future social media platforms associated with Archerfriendly Wellness, the archerfriendly brand, and Dr. Archer Atkins ND.

By accessing, viewing, and/or posting any content directly or indirectly to any of these social media sites, you accept, without limitation or qualification, the following terms of use. If you do not agree to the terms of this Social Media Policy, you may not view or post any content to any of our social media sites on the internet. **Your public engagement with any of our social media platforms associated with Archerfriendly Wellness, the archerfriendly brand, or Dr. Archer Atkins ND is acceptance of this policy.**

You are prohibited from posting any content that is personal health information including patient images on any of our social media sites. **Social media platforms are not for use to solicit or give medical advice**. You are prohibited from posting personal health questions that may reveal your protected health information on one of our social media sites. Asking general health questions that do not reveal your protected health information are acceptable. Dr. Archer Atkins will not respond to personal health questions posted to any of our social media platforms.

You are also prohibited from using our social media sites to provide medical advice or medical commentary.

Information posted on one of our sites is not intended to be medical advice and should not be considered medical advice. Information posted on one of our social media platforms is not intended to replace consultation with a

qualified physician or other healthcare provider. Links to other websites that are posted on any of our social media sites are provided as a service to readers for educational purposes only.

Archerfriendly Wellness reserves the right to monitor, restrict, block, suspend, terminate, delete, or discontinue your access to any of our social media sites at any time, without notice and for any reason and in its sole discretion. Archerfriendly Wellness may remove, delete, block, filter, or restrict by any other means any materials in Archerfriendly Wellness's sole discretion.

You expressly acknowledge that you assume all responsibility related to the security, privacy, and confidentiality risks inherent in sending any content over the internet. By its very nature, a website and the internet cannot be absolutely protected against intentional or malicious intrusion attempts. Archerfriendly Wellness does not control the third party sites and the network connection over which you may choose to send confidential personal or health information or other content, and therefore, Archerfriendly Wellness does not warrant any safeguard against any such interceptions or compromises to your information. **When posting any content on an internet site, you should think carefully about your own privacy in disclosing detailed or private information about yourself and your family**.

This policy may be updated at any time without notice, and each time a user accesses a social media site, the new policy will govern usage effective upon posting. To remain in compliance, Archerfriendly Wellness suggests that you review the policy at regular intervals. By continuing to post any content after such new terms are posted, you accept and agree to any and all such modifications to the policy.

Dr. Archer Atkins ND does not allow patients to become friends with her on her personal Facebook account. If you want to stay connected with her on Facebook, you can like the archerfriendly Facebook page or the Archerfriendly Wellness Facebook page. You may follow Dr. Archer Atkins ND on her Instagram account, as it is public under the handle "@archerfriendly".

☐ I understand and agree to the terms set within the Social Media Policy Initials: _____

Dispensary Policy

Archerfriendly Wellness carries a small supplement dispensary for your convenience. **We do not accept drop-ins to purchase supplements**. There are two ways to purchase supplements at Archerfriendly Wellness. You may purchase supplements after an appointment (as long as you are brief) or you may schedule a time to come and purchase supplements through our online scheduling system.

Supplements sold in the dispensary are intended only for patients of Archerfriendly Wellness.

We do make a small profit on supplements and vitamins that we sell in our dispensary. The profit from our supplement sales goes back into our practice, helping to keep appointment costs as low as possible.

We do not dispense supplements without payment. They cannot be billed at a later date. They are not typically covered or reimbursed by your insurance. **All sales are final, whether the product has been opened or not.** We do not accept any returns on any supplements or vitamins that we sell because we can no longer guarantee the quality of that item in order to re-sell it to someone else.

We charge a postage and handling fee for any supplements that are mailed directly to you.

☐ I understand and agree to the terms set within the Dispensary Policy Initials: _____

After-Hours Urgent Consult Policy

Dr. Atkins is available for brief, after-hours consults for urgent concerns for established patients.

Please note that she is **not** available to take or return urgent phone calls during her regular office hours, due to actively seeing other patients.

You will be provided an After-Hours Urgent Consult instructions sheet with all the details on how to use this service. This will also contain the unavailable hours, **which are subject to change**. Any small changes outside of the listed times will be communicated in the voicemail message of the service. If there is a large enough change to the regularly unavailable hours, a new instructions sheet will be provided to you.

Dr. Archer will get back to you within 1 hour, provided you are calling outside of the unavailable hours. **If your medical concern cannot wait for a 1 hour response, then you need to go to the emergency room.**

You will be billed for the time Dr. Archer is on the phone with you at the rate of **$200/hr**.

☐ I understand and agree to the terms set within the After-Hours Urgent Consult Policy Initials: _____

Email Consult Policy

For non-urgent health concerns, established patients can email* Dr. Archer directly (email address listed in your new patient binder). Dr. Archer will respond within 36 hours (1.5 days). **Please do not send emails for emergencies**.

While some questions can be answered easily over email, Dr. Archer may defer your question by recommending that you make an appointment instead.

Please do not email for prescription refill requests. Please see the Medication Refill Policy below.

You will be billed for the time to read your message, investigate your concerns, respond to you, and to add notes to your medical record, at the rate of **$150/hr**.

Dr. Archer carefully reads all of the health related emails you send. Charging only to respond to your email isn't necessarily an accurate representation of the time put into responding to your email. For every email you send, Dr. Archer reads it, looks up your health information in your chart, considers what to say, responds, and then places a copy of the correspondence in your chart. This process takes time and there is no such thing as a "quick" email when the email is transmitted in a doctor-patient relationship.

Dr. Archer also gets multiple emails a day. She could easily spend an 8 hour work day responding to health related emails. If this day was unpaid, our practice would be losing money and we would need to raise our office visit rates to accommodate for "free" emailing. There are costs involved for Dr. Archer to both read and respond to your email. If she responds outside of office hours, it's at the expense of personal/family time.

** Emails, though secure and encrypted while being sent and received, are not considered HIPAA compliant methods of communication.*

☐ I understand and agree to the terms set within the Email Consult Policy Initials: _____

Medication Refill Policy

It is your responsibility to pay attention to how many prescription refills you have left on your prescription. Prescription medication refill requests should be done by contacting your pharmacy. If you are out of refills, your pharmacy will contact Dr. Archer for you. Please note that **sometimes an office visit is needed to authorize a refill request**. If this is the case, a temporary supply of your prescription medication will be authorized until you are able to come into the office.

The best time to contact your pharmacy is when you have 1 week's worth of medication left. Contacting your pharmacy 1 week in advance prevents the situation where you run out of medication over a weekend. We will refill your prescription within 3 business days of the request.

Contact your pharmacy to confirm that your prescription has been filled.

If you use the After-Hours Urgent Consult line for an urgent medication refill request, you will be subject to the costs associated with using this service.

☐ I understand and agree to the terms set within the Medication Refill Policy Initials: _____

General Office Contact

For **non-health related** issues or questions (billing, scheduling, etc.), you can leave a message on the office phone, **(360) 348-6861**, or email **hello@archerfriendlywellness.com**. Dr. Archer will try to respond within 3 business days. There is no charge for these types of issues or questions.

If you need to discuss any health related issues or questions over the phone, you will need to schedule a Phone Consult appointment.

Scheduling Appointments

Appointments can be scheduled at least 1 day in advance (not same-day) using our online booking system. Please include the reason for your visit when scheduling it online, as it helps Dr. Archer to prepare for your appointment. Since new patients must have all forms submitted **at least 3 business days in advance**, make sure to schedule your appointment far enough out for Dr. Archer to receive and review your forms.

Dr. Archer tries to hold open a few appointments at the end of her day for established patient acute (last minute) visits. To schedule these, you can call or text* the office phone, **(360) 348-6861**, and leave a message **before 11am of the day you wish to be seen**. Dr. Archer will respond to acute appointment requests around 11:00am by returning phone calls or replying to text messages in the order they were received. **Please be ready to confirm your acute appointment around this time**. Payment for an acute appointment is due at the end of the visit.

Dr. Archer currently does not see patients in person on Tuesdays or Thursdays, but she is available on those days for email consults, and is usually available on Tuesdays/Thursdays via the After-Hours Urgent Consult phone. The After-Hours Urgent Consult phone will be updated with a message if she is unavailable.

Dr. Archer has intermittent Saturday availability. Please look for any Saturday availability on our online scheduling platform.

Cancellations can be done online and must be made **at least 24 hours prior** to the appointment in order to be fully refunded. A **$50 late cancellation fee** will be withheld from any cancellations made **less than 24 hours prior** to the appointment.

** Phone text messages over SMS are not considered HIPAA compliant methods of communication.*

Financial Policies

Payment for appointments scheduled online is due at the time of booking. Payment for same day acute appointments is due at the time of the appointment. We have things this way so that we can eliminate the need for billing later. If payment was billed later, Archerfriendly Wellness would need to pay staff to handle billing, which would result in higher appointment costs.

Another reason we collect payment prior to your office visit is to streamline our system. Since there is no "front desk" staff, Dr. Archer would have to stop your appointment early to handle payment processing. **Those extra minutes go right back into your personal care**.

Failure to pay at the time of service for same-day acute appointments will result in an additional **$25 fee**, due to the additional time and work involved for invoice processing.

Please note that the **pediatric appointment flat rate fee for established patients is only good for up to 1 hour**. Pediatric appointments that last longer than 1 hour will be billed an additional **$50** per 15 minutes over.

We work hard to minimize the cost of your medical care. We are devoted to providing you with the best quality health care at an economical price.

Slight fee increases may occu**r periodically.**

Invoicing of Consults

The only services we offer that are billed later are After-Hours Urgent Consults and Email Consults. Payment for these "pay later" services can be done online or through the mail, depending on the privacy preferences you selected prior.

Outstanding invoices for After-Hours Urgent Consults and Email Consults will be compiled and billed monthly, sent to either your email address or your physical address, depending on the privacy preferences you selected prior. Payment is due immediately upon receipt of the invoice. Any payments not received within 30 days of the invoice date are subject to a late payment fee of **$25 per month**.

Health Insurance Reimbursement

We do not accept health insurance. We do not submit any claims to your insurance company.

If you have out-of-network benefits, you may be able to submit a special form (called a superbill) to your insurance company for reimbursement. Superbills are available upon request. It is your responsibility to call your insurance company to find out what kind of out-of-network benefits you have.

You are responsible for submitting the necessary paperwork to your insurance company for reimbursement. Please note that dealing with insurance companies can be a very slow process. If your insurance company decides to reimburse you, it could take several months to receive.

Please note that **we do not guarantee that your insurance company will reimburse you for our services**. You are fully responsible for any fees that your health insurance company has not reimbursed. We will not refund any visit fees because your insurance company did not reimburse you.

Not all of our services are reimbursable via health insurance (after-hours phone consults and email consults are usually not a reimbursable service). Some insurance companies are starting to reimburse for phone consults, but you will need to check your benefits. We will not provide a superbill for blood draws.

Also note that if you are a Medicare patient, Medicare will not reimburse for any services provided by a naturopathic physician.

The cost of your appointment only includes the cost of Dr. Archer's time and attention. **The cost of your appointment *does not include* the cost of any labs, tests, supplies, or supplements.**

Payment Methods

- Appointments scheduled online must be paid at the time of scheduling by credit card or debit card.
- Acute appointments (same day appointments) must be paid at the time of the appointment by credit card, debit card, check, or cash (we don't carry much change).
- Payment for supplements or supplies must be paid at the time of the exchange by credit card, debit card, check, or cash (we don't carry much change).

We accept the following credit cards: Visa, MasterCard, American Express, and Discover.

Any checks that are returned to us are subject to a non-sufficient funds fee of **$25**.

Discounts

Because we already discount our services for established pediatric patients through a flat fee for all visit types, we are not able to offer any other kinds of discounts. If we offered an additional discount for any other services, we wouldn't be able to offer affordable, naturopathic pediatric care. The prices listed on our website are firm. There are no discounts.

I have read the above Financial Policies of Archerfriendly Wellness. I understand and I voluntarily agree to the Financial Policies of Archerfriendly Wellness.

_____	_____	_____
Patient / Guardian Signature	Printed Name	Date

Consent for Treatment

Notice to Pregnant Women: All female patients must notify Dr. Archer Atkins ND if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy.

Notice to Individuals with Bleeding Disorders, Pacemakers, or Cancer: For your safety, you must notify Dr. Archer Atkins ND of these conditions.

I hereby authorize Dr. Archer Atkins, ND of Archerfriendly Wellness to examine and treat me with naturopathic medicine within Washington state's scope of practice, using any of the following **procedures** as necessary to facilitate my diagnosis and treatment or to address any health concerns:

- General Diagnostic Procedures: Including but not limited to venipuncture, pap smears, diagnostic imaging, blood work, lab work (evaluation of blood, urine, stool, & saliva), physical exams, and region specific assessments. **Dr. Archer Atkins ND does not do genital exams on male patients over age 18.**
- Psychological Counseling, Lifestyle Counseling, or Exercise Prescriptions. **Dr. Archer Atkins ND is not a licensed psychologist, psychiatrist, or mental health counselor.** Counseling services are provided to support naturopathic diet and lifestyle modifications.
- Herbs/Natural Medicines/Supplements: Including but not limited to the use of plants, minerals, vitamins, homeopathics, and animal based products in pill, capsule, tea, powder, tincture, suppository, topical ointment, topical cream, or other form. Tinctures may contain alcohol.
- Pharmaceutical Medications. **Dr. Archer Atkins ND is not licensed to prescribe any controlled substances**.
- Dietary Advice and Therapeutic Nutrition: Including but not limited to the use of food, diet plans, nutritional supplements, or intramuscular vitamin injections.
- Minor office procedures
- Soft Tissue and Osseous Manipulation: Including but not limited to the use of therapeutic massage, neuromuscular techniques, muscle energy stretching, visceral manipulation, manual or device-assisted manipulation of the spine and extremities, or craniosacral therapy.
- Hydrotherapy: Including but not limited to the therapeutic use of cold and hot water applications.
- Oral Chelation Therapy

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Archerfriendly Wellness or Dr. Archer Atkins, ND.

I understand that this consent for treatment applies to any other licensed naturopathic physicians serving as back-up for Dr. Archer Atkins ND.

I understand that there are potential risks involved from the above procedures, including but not limited to, pain, discomfort, skin discoloration, sprain, fracture, dislocation, stroke, infection, burns, itching, loss of consciousness due to deep tissue injury from needle insertions, deep tissue injury from needle insertion, aggravation of pre-existing symptoms, allergic reactions, anaphylactic reactions, or soft tissue/bony injury from physical manipulations. **I do not expect Archerfriendly Wellness, Dr. Archer Atkins ND, or any other licensed naturopathic physician serving as back-up, to be able to anticipate and explain all of the risks and complications involved with the above procedures. I choose to rely on Dr. Archer Atkins ND, or any other licensed naturopathic physician serving as back-up, to exercise all judgment during the course of any procedures based on the known facts.**

I understand that I may ask questions regarding my treatment, fees, or any other aspects of my care at Archerfriendly Wellness, before signing this section (Consent for Treatment). I understand that I may ask

questions before signing any other section in this New Patient Packet where I was prompted for a check, initial, or signature.

I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that a referral for specialty conventional medical care may be necessary.

With this knowledge, I voluntarily consent to the Consent for Treatment and all of the previous policies I have checked, initialed, or signed.

_____	_____	_____
Patient / Guardian Signature	Printed Name	Date

Notice of Privacy Practices

If you have any questions regarding this notice or our health information privacy policies, please submit your questions in writing and mail them to Archerfriendly Wellness. You may also call the office to ask questions about this notice. You may also ask questions about this notice during an office visit.

I have read and acknowledge receipt of the Notice of Privacy Practices.

_____	_____	_____
Patient / Guardian Signature	Printed Name	Date

This notice describes how your personal health information may be used and disclosed (provided to others). It gives information on how you can access your personal medical information. Please review this notice carefully.

When you become a new patient at Archerfriendly Wellness, a medical record is created specifically for you. Health information obtained while providing health care services to you is recorded in your medical record. Health information that gets recorded in your medical record includes, but is not limited to, your symptoms, medications, supplements, lab results, diagnoses, treatment, and health information from other providers. Your medical record also includes your health insurance information as well as any other additional information we need for billing and payment. If treatment advice is exchanged over email, copies of email communications may also go in your medical record. Your medical record is the spot where we store all of the **protected health information (PHI)** we have about you. Your PHI is also known as your individually identifiable health information.

Archerfriendly Wellness is committed to your privacy. The medical record we have created for you is protected by law. We are required by law to maintain the privacy and security of your PHI.

The terms of this Notice of Privacy Practices apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future.

Archerfriendly Wellness uses your PHI to provide you with health care services. **Under the law, Archerfriendly Wellness may use and disclose your PHI without your authorization for the following purposes**:

1. **Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We can use your health information and share it with other professionals who are treating you. For example, your PHI may be shared with a provider to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you. Your PHI may also be given to a pharmacy when we order a prescription for you.

2. **Payment.** Your PHI will be used, as needed, to obtain payment for the services and items you may receive from us. We can use and share your health information to bill and receive payment. We can use your PHI to obtain payment from third parties who may be responsible for such costs, such as family members. We can use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts. We may also share your health information with your health insurance plan to aid in the reimbursement process for any claims you submit to your insurance company for reimbursement. Your health insurance company will be notified of any vaccines your child receives at Archerfriendly Wellness so that your insurance company can reimburse the state of Washington for the vaccine.

3. **Health Care Operations.** We may use or disclose, as needed, your PHI in order to support the business activities of our practice. We can use and share your health information to run our practice, improve your care, and contact you when necessary. Archerfriendly Wellness may use and disclose your PHI to operate our business. Our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

4. **Appointment Reminders**. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

5. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. **Health-related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits that may be of interest to you.

7. **Release of Information to Family/Friends**. Archerfriendly Wellness may disclose your PHI without your authorization to your immediate family members, including your state registered domestic partner, or any other individual with whom you are known to have a close personal relationship, if made in accordance with good medical or other professional practice, unless you have instructed Archerfriendly Wellness in writing not to make the disclosure. One example here is when the parents or guardians of a child have a babysitter take their child to the doctor's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

8. **Disclosures required by law.**

There are other circumstances where Archerfriendly Wellness may use or disclose your PHI without your authorization. These circumstances usually pertain to public health issues and research. We have to meet many conditions in the law before we can share your information for these purposes. **The following are unique situations where we are allowed or required to share your PHI**:

1. **Public Health & 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, reporting suspected neglect, reporting suspected domestic violence, preventing a serious threat to anyone's health or safety, or reducing a serious threat to anyone's health or safety. We may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of maintaining vital records, such as births and deaths. We may disclose your PHI to public health authorities for the purpose of notifying a person

regarding potential exposure to a communicable disease. We may disclose your PHI to public health authorities for the purpose of notifying a person regarding a potential risk for spreading or contracting a disease or condition. We may notify your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **Lawsuits and Similar Proceedings**. Archerfriendly Wellness may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. **Law Enforcement.** We may release your PHI if asked to do so by a law enforcement official in the following situations:

    a. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.

    b. Concerning a death we believe has resulted from criminal conduct.

    c. Regarding criminal conduct at our offices.

    d. In response to a warrant, summons, court order, subpoena, or similar legal process.

    e. To identify/locate a suspect, material witness, fugitive, or missing person.

    f. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. **Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. **Organ and Tissue Donation.** Archerfriendly Wellness may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. **Research.** We can use or share your information for health research in certain limited circumstances. According to Washington state law (RCW 70.02.210), a health care provider or health care facility may disclose health care information about a patient **without the patient's authorization** to the extent a recipient needs to know the information, if the disclosure is for use in a research project that an institutional review board has determined:

    (i) Is of sufficient importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure;

    (ii) Is impracticable without the use or disclosure of the health care information in individually identifiable form;

    (iii) Contains reasonable safeguards to protect the information from redisclosure;

    (iv) Contains reasonable safeguards to protect against identifying, directly or indirectly, any patient in any report of the research project; and

    (v) Contains procedures to remove or destroy at the earliest opportunity, consistent with the purposes of the project, information that would enable the patient to be identified, unless an institutional

review board authorizes retention of identifying information for purposes of another research project.

8. **Federal Food and Drug Administration.** We may disclose your PHI without your consent to a person subject to the jurisdiction of the Federal Food and Drug Administration in regards to a food and drug administration-regulated product or activity for which that person has responsibility for quality, safety, or effectiveness of activities.

9. **Serious Threats to Health or Safety.** Archerfriendly Wellness may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

10. **Military.** We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

11. **National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

12. **Inmates.** Archerfriendly Wellness may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

13. **Workers' Compensation.** We may release your PHI for workers' compensation and similar programs.

You have certain rights regarding the PHI we maintain about you in your medical record. The following information details your rights and our responsibilities regarding your PHI.

1. **Request Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a specific type of confidential communication, or to change your confidential communication preference, you must send Archerfriendly Wellness a written request in the mail, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate *reasonable* requests. You do not need to give a reason for your request.

2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **Since Archerfriendly Wellness is a cash based practice, you can ask us *not* to share your PHI with your health insurance company**. If you ask us to do this, it could interfere with insurance claim reimbursement. If you do not want us to share your PHI with your health insurance company, you will need to specify that on your intake form or submit that request in writing and mail it to Archerfriendly Wellness. All PHI regarding pediatric vaccinations must be shared with the respective insurance company because the child's insurance company must reimburse Washington State for the cost of the vaccination. We are not required to agree to your request for a restriction. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing and mail it to Archerfriendly Wellness. Your request must describe in a clear and concise fashion the information you wish restricted, whether you are requesting to limit our practice's use, disclosure, or both, and to whom you want the limits to apply.

3. **Inspection and Copies.** You have the right to see or obtain a copy of your PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing by mail to Archerfriendly Wellness in order to view and/or obtain a copy of your PHI.

For paper copies of your medical records, Archerfriendly Wellness may charge a copying fee per page in addition to a clerical fee for searching and handling your records. For electronic copies of your medical records, Archerfriendly Wellness may charge a clerical fee for searching and handling your records. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. **Amendment.** You have the right to correct health information we have about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days. We can only amend information that is kept by or for our practice. To request an amendment, your request must be submitted in writing and mailed to Archerfriendly Wellness. You must provide us with a written reason that supports your request for an amendment. We may deny your request if you ask us to amend information that is in our opinion accurate and complete. We may deny your request if you ask us to amend information that is not part of the PHI kept by or for our practice. We may deny your request if you ask us to amend information that is not part of the PHI which you would be permitted to inspect and copy. We may deny your request if you ask us to amend information that is not created by our practice.

5. **Accounting of Disclosures.** An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment, or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented. You have the right to request an "accounting of disclosures". In order to obtain an accounting of disclosures, you must submit your request in writing to Archerfriendly Wellness. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but we will charge a reasonable fee if you ask for another one within the same 12 months.

6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please submit your complaint in writing and mail it to Archerfriendly Wellness. You will not be penalized for filing a complaint.

8. **Right to Provide an Authorization for Other Uses & Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time **in writing.** After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note that we are required to retain records of your care.