WALNUT CREEK
NATUROPATHIC, INC.

Welcome!

Thank you for choosing our office for your Naturopathic care. We look forward to providing you with safe, effective, and high-quality natural medicine. As you will notice through your time with us, we are as committed to the environment as we are to medicine. We are a certified Bay Area Green Business and strive to be environmentally conscious in all that we do in the office.

We are excited to form a lasting relationship with you that will support your short and long term health care goals. Naturopathic Medicine takes a whole body approach to healing and will strive to address the underlying issues that are causing current symptoms. Because of this we ask that you take your time in filling out the accompanying forms. We appreciate the energy it takes to fill these out completely and many details of your health history will allow the doctor to address your needs on a deeper and more complete level. The doctors' initial treatment plan will address your current health concerns and symptoms and will then focus on balancing the underlying cause of your concerns in subsequent and regular follow-up appointments.

Office Hours & Directions

In order to meet the needs of our patients, we keep flexible appointment hours. Evening, weekend, and home visit appointments are available on a limited basis.

Monday-Thursday	10am-5:00pm
Friday	10am-3:00pm

From West (Oakland, Berkeley, Lafayette, Orinda):

- Hwy 24E to 680 North
- Exit at Ygnacio Valley Road
- Turn right onto N. Broadway Street.

From South (Danville, San Ramon, Dublin):

- 680 N – exit at Ygnacio Valley Road and turn right onto Ygnacio Valley Rd.
- Turn right at N. Broadway Street.

From North (Pleasant Hill, Concord, Martinez):

- 680 South to N. Main Street Exit.
- Follow signs to N. Main Street Exit to head ***south***
- Turn Left on Ygnacio Valley Road
- Take right onto N. Broadway Street.
-

Our office is located on the 2nd floor and can be accessed via elevator or stairs when you enter our building. Parking is available in front of our building and metered parking is available along N. Broadway and our cross street, Arroyo Way.

1981 N. Broadway St. Suite #255
Walnut Creek, CA 94596
www.walnutcreeknaturopathic.com
Phone: 925.939.0300
Fax: 925.939.3181
manager@walnutcreeknaturopathic.com

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How to prepare for your first appointment

******Your intake forms will be reviewed prior to your first appointment. Therefore, we require that you return the following forms to us at least 24 hours prior to your appointment******

- Adult (or Pediatric) health history questionnaire
- Signed copy of Office Policies
- Nutritional Assessment - optional
- In some cases, these forms may also be required: Cancer information, Informed Consent, House & Lifestyle Questionnaire, Records Release Authorization
- Please also Include all lab test results from the past 18 months
- Please prepare to bring all current supplements to your first appointment in their original containers. These include any and all medications, vitamins, and nutrient supplements or herbs that you are currently taking.

Appointment Structure & Fees

One of the greatest rewards of Naturopathic care is the continued movement towards wellness over time. Health is a journey and our goal is to take you beyond the absence of symptoms and into a realm of vibrant well-being. Our doctors see your health as a long term goal, not simply a quick fix of current symptoms. Because of this, the doctors will look forward to building a relationship with you by scheduling regular follow-up appointments with you after your initial appointments are complete. Below is a list of fees for first office appointments.

First office appointments

Each appointment will include the following:

- A comprehensive patient health history review
- A brief and non-invasive physical examination
- An individualized treatment plan based on the patients specific needs.

Adult - $300.00

Please plan on spending up to 90 minutes in the office. A follow-up appointment will be held 3 weeks later to review treatment and allow the doctor to make adjustments based on the needs and experiences of the individual.

Pediatric - $200.00

Please plan on spending up to one hour in the office. A 30 minute follow-up appointment will be held 2-3 weeks later to review treatment and allow the doctor to make adjustments based on the needs and experiences of the individual.

Individuals with a diagnosis of cancer - $400.00

This intake appointment will be split into 2 sessions. Plan on spending up to two 1 hour appointments in the office. The intake will include a review of current medical records that are made available to the doctor prior to the second session. Regular follow up appointments will be held to review treatment.

Fertility & Preconception for couples – fees to be discussed during first appointment

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Follow-up appointments

These appointments can be held over the phone if needed and are encouraged every 3 months for maintenance.

Standard follow up - $150.00

Plan on spending 30-45 minutes in the office for this appointment. A standard follow up is held after your first visit and again for anyone who has not been seen for more than 3 months.

Brief follow up - $100.00

Plan on spending 15-30 minutes in the office for this appointment.

Payment & Insurance

Patients are responsible for the office fees regardless of insurance coverage. Our office does not bill insurance; however, we are able to accept both Health Savings Account and Flexible Spending Account cards as forms of payment. ***If you have insurance and you wish to submit a bill to request reimbursement for services, please ask for an invoice with the appropriate medical codes before your visit.***

Dispensary

Our dispensary carries a wide variety of herbal remedies, homeopathic medicines, and nutritional supplements. We carry only the highest-quality products available and all items that are sold within our office are carefully scrutinized for purity and effectiveness before they are put on our shelves. **While patients are not required to purchase products from our office, we are only able to verify effectiveness of the products that we carry. (Please note: We are happy to help you with questions about products that are not carried within our dispensary, however regular office fees may apply.)** Payment for all dispensary items is due at time of purchase.

Our office staff is available for your dispensary orders via telephone or email during regular business hours. Patients are invited to pick up their orders or request a product shipment. A minimum shipping fee of $6 will apply and 3-7 business days should be allowed for shipments or to order items that are not currently in stock. We send packages via the USPS Priority Mail.

In closing, we are grateful for your business and look forward to your questions or suggestions about how we can make your experience with us more enjoyable and productive. Please feel free to call and talk to anyone in the office at any point during your care and we look forward to working with you!

Yours in health,
Dr. Anja and the entire team at Walnut Creek Naturopathic, Inc.

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice tells you about the ways Walnut Creek Naturopathic, Inc. may collect, store, use and disclose your protected health information and your rights concerning your protected health information. "Protected Health Information" is information about you that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care. Federal and state laws require us to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is still in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

Uses and Disclosures of Your Protected Health Information
We may use and disclose your protected health information for different purposes. The examples below are illustrations of the different types of uses and disclosures that we may make without obtaining your authorization.

- **Payment.** We may use and disclose your protected health information in order to pay for your covered health expenses. For example, we may use your protected health information to process claims or be reimbursed by another insurer that may be responsible for payment.
- **Treatment.** We may use and disclose your protected health information to assist your other health care providers in your diagnosis and treatment.
- **Health Care Operations.** We may use and disclose your protected health information in order to perform various operational activities.
- **Enrolled Dependents and Family Members.** We will mail explanation of benefits forms and other mailings containing protected health information to the address we have on record for you.

Other Permitted or Required Disclosures

- **As Required by Law.** We must disclose protected health information about you when required to do so by law.
- **Public Health Activities.** We may disclose your protected health information to public health agencies for reasons such as preventing or controlling disease, injury or disability.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your protected health information to government agencies about abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose protected health information to government oversight agencies (e.g. state insurance departments) for activities authorized by law.
- **Judicial and Administrative Proceedings.** We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- **Coroners or Funeral Directors.** We may release protected health information to coroners or funeral directors as necessary to allow them to carry out their duties.
- **Research.** Under certain circumstances, we may disclose protected health information about you for research purposes, provided certain measures have been taken to protect your privacy.
- **To Avert a Serious Threat to Health or Safety.** We may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Special Government Functions.** We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.
- **Workers' Compensation.** We may disclose protected health information to the extent necessary to comply with state law for workers' compensation programs.

Other Uses or Disclosures With an Authorization
Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information to contest a claim or coverage under the Plan.

Your Rights Regarding your Protected Health Information
You may have certain rights regarding protected health information that Walnut Creek Naturopathic, Inc. maintains about you.

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- **Right To Access Your Protected Health Information.** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include billing, claims payment and case or medical management records. Your request to review and/or obtain a copy of your protected health information must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance.
- **Right to Amend Your Protected Health Information.** If you feel that your protected health information maintained by Walnut Creek Naturopathic, Inc is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request, if for example, you ask us to amend information that was not created by Walnut Creek Naturopathic, Inc. or you ask us to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures we have made of your protected health information. The list will not include our disclosures related to your treatment, our payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes. Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (paper or electronically). For additional lists within the same time period, we may charge for providing the accounting, but we will tell you the cost in advance.
- **Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information.** You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment or health care operations. ***We may not agree to your request.*** If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.
- **Right to Receive Confidential Communications.** You have the right to request that we use a certain method to communicate with you or that we send information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from us could endanger you. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.
- **Contact Information for Exercising Your Rights.** You may exercise any of the rights described above by contacting our privacy office. See the end of this Notice for the contact information.

Health Information Security
Walnut Creek Naturopathic, Inc requires its employees to follow its security policies and procedures that limit access to health information about patients to those employees who need it to perform their job responsibilities. In addition, WCNI maintains physical, administrative and technical security measures to safeguard your protected health information.

Changes to This Notice
We reserve the right to change the terms of this Notice at any time, effective for protected health information that we already have about you as well as any other information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. Any time we make a material change to this Notice, we will promptly revise and issue the new Notice with the new effective date.

Complaints
If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may file a complaint with us by contacting the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.
We support your right to protect the privacy of your protected health information. ***We will not retaliate against you or penalize you for filing a complaint.***

Our Legal Duty
We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact:
Dr. Anja Lindblad
Walnut Creek Naturopathic, Inc.
1981 N. Broadway St Suite #255
Walnut Creek, CA 94596
(925) 939-0300

WALNUT CREEK
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Patient Information & Office Policies

Thank you for giving us the opportunity to provide you with high-quality Naturopathic care. It is important that our patients are fully aware of the information outlined in our Welcome letter and in the below Office policies prior to their first visit. Please complete the patient information below and sign to acknowledge that you have read and understand this information. We will always be available for questions during your journey towards optimal health.

Patient Name_____ **Date of Birth**_____/_____/____

Name of Parent/Guardian if patient is under 18 yrs _____**Relationship**_____

Address_____**City**_____**State**_____**Zip**_____

Phone: Home_____ **Work**_____ **Cell**_____
Please note preferred phone number *. Is it ok to leave personal voicemails? **Y** **N**

Emergency Contact
Name_____ Relationship_____Phone_____

Forms
We require all intake forms to be returned to our office at least 24 hours prior to your appointment. This allows the doctor time to review your health history before your first office visit. If your forms are not received, we may contact you to reschedule your appointment. Late cancellation fees may apply.

Appointment cancellation policy
In respect to other patients and to everyone here at the office, please understand that there is a 24 hour cancellation policy for appointments. If appointments are cancelled within 24 business hours of the scheduled appointment time, patients will be responsible for a $75 fee for Naturopathic appointment cancellations and $50 for Acupuncture cancellations.

Office hours
Evening, weekend, and home visit appointments are available on a limited basis.
Monday – Thursday - 10:00am-5:00pm
Friday - 10:00am-3:00pm

How to contact your doctor in the event of an emergency:
Call the office – This is the best place to start to contact your doctor during the business week.
Doctor's cell phone –An after hours contact number will always be listed on our outgoing office voicemail message.
*** Please note that charges will apply for calls made to the doctors cell phone.**
Dr. Anja Lindblad (925) 285-5259 Dr. Kelly Han (503) 407-0256 Jacob Chinn L.Ac (925) 759-2319

Other information
General questions and inquiries made through our office email and phone are free of charge and are considered part of your ongoing care. Questions that the office team is unable to answer may require a follow-up appointment with the doctor. Additional charges will apply for dispensary orders, correspondence requests, and cell phone calls made to the doctor. A Standard Follow-Up appointment length is required for patients that have not been seen in over 3 months.

First Office Appointment Fees

Adult	Pediatric	Integrative Cancer	Acupuncture
$300	$200	$400 (2 sessions)	$120 ($100 current patients)

Follow Up Appointment Fees

Standard Follow Up	Brief Follow Up	Acu Follow Up	Cell Phone Fee
$150	$100	Standard $80 / Extended $100	$30

I understand and agree to the conditions listed above.

Print Name_____ **Signature**_____ **Date**_____

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PEDIATRIC HEALTH HISTORY

All questions contained in this questionnaire are strictly confidential and will become part of your child's medical record.

Parents' names:	**Date:**
Name: *(Last, First, M.I.)* ☐ **M** ☐ **F**	**DOB**

Other healthcare practitioners:

Name:	**Type of practice:**	**Phone number:**

Please list your current health concerns for your child in order of their importance to you

Concern:	**Date of onset:**
1.	
2.	
3.	

☐ Yes ☐ No Traumas, Car Accidents, Injuries?

Surgeries and Hospitalizations:

Date	Reason	Hospital

Has your child ever had a blood transfusion? ..... ☐ Yes ☐ No

BIRTH HISTORY

Prenatal history: ☐ Yes ☐ No Did mother have any problems or illness during pregnancy?
If so, describe:

Birth History: ☐ Vaginal ☐ Cesarean Section ☐ Forceps ☐Vacuum ☐ Trauma?
☐ On time ☐ Before 37 weeks of pregnancy ☐ After 42 weeks of pregnancy
Any newborn problems? ☐ Jaundice ☐ Hospitalization ☐ Other, describe

Illness: Has your child had antibiotics? If so, how many times?

VACCINATIONS

Vaccination History: Has your child received vaccinations? If yes, which ones?
☐ Yes, my child is fully vaccinated ☐ No, my child is not vaccinated

☐ My child has been selectively vaccinated.
Please mark vaccinations below that your child has received:

☐ Chicken Pox ☐ MMR ☐ DPT ☐ Pneumonia ☐ Hepatitis A/B
☐ Polio ☐ HIB ☐ PPD

Do you have any questions about vaccinations?

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DIET

Describe your baby's diet	If your child is eating solids, describe what she/he has eaten in the last 24 hours….
☐ Breastmilk only ☐ Formula ☐ Mixed	Time: Food eaten- describe ingredients Amount

MEDICAL HISTORY

Does your child have, or has she/he had:

☐ Yes ☐ No	Chicken pox	☐ Yes ☐ No	Constipation requiring a doctor visit
☐ Yes ☐ No	Ear infections	☐ Yes ☐ No	Bladder or kidney infection
☐ Yes ☐ No	Problems with ears or hearing	☐ Yes ☐ No	Bed-wetting (if over 5 years old)
☐ Yes ☐ No	Nasal allergies	☐ Yes ☐ No	(girls) Started menstruating?
☐ Yes ☐ No	Problems with eyes or vision	☐ Yes ☐ No	(girls) Any problems with periods?
☐ Yes ☐ No	Asthma, bronchitis, croup or pneumonia	☐ Yes ☐ No	Chronic or recurrent skin problems
☐ Yes ☐ No	Heart problems or murmur	☐ Yes ☐ No	Frequent headaches
☐ Yes ☐ No	Anemia or bleeding problem	☐ Yes ☐ No	Seizures or other neurologic problems
☐ Yes ☐ No	Frequent abdominal pain	☐ Yes ☐ No	Diabetes or thyroid problems

FAMILY HEALTH HISTORY

Is your child adopted? ……. ☐ Yes ☐ No

Have any family members had the following? If so, note relationship to child

☐ Yes ☐ No	Deafness	☐ Yes ☐ No	Bleeding disorder
☐ Yes ☐ No	Nasal Allergies/ Hayfever	☐ Yes ☐ No	Liver disease
☐ Yes ☐ No	Eczema	☐ Yes ☐ No	Kidney disease
☐ Yes ☐ No	Asthma	☐ Yes ☐ No	Diabetes before age 50
☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ No	Bed-wetting after age 10
☐ Yes ☐ No	Heart Disease before age 50	☐ Yes ☐ No	Epilepsy or convulsions
☐ Yes ☐ No	High Blood Pressure before age 50	☐ Yes ☐ No	Alcohol or drug abuse
☐ Yes ☐ No	High Cholesterol	☐ Yes ☐ No	Developmental disability
☐ Yes ☐ No	Anemia	☐ Yes ☐ No	Mental illness

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SOCIAL HISTORY AND DEVELOPMENT

Home Environment:

How many children in your home? Child's birth order (3rd of 4 kids…)

What adults live with your child?

Has your child had any traumas or losses?

School Age Children:

☐ Yes ☐ No Has he/she ever been "held back" or had to repeat a grade?

☐ Yes ☐ No Are you concerned about your child's attention span?

☐ Yes ☐ No Does your child like school?

☐ Yes ☐ No Any concerns about your child's behavior in school?

☐ Yes ☐ No Any concerns about how he/she is doing academically?

MEDICATIONS

INCLUDE **CURRENT** PRESCRIPTION MEDICATIONS, OVER THE COUNDER DRUGS, VITAMINS, HERBS ETC…

Start date	Name	Dose/ Strength	Frequency	

ALLERGIES

Name of Drug, environmental or food allergy	Reaction

Thank you for your time and honesty in filling out this health questionnaire. We look forward to serving you and your family.

-- Dr Anja the team at Walnut Creek Naturopathic, Inc.

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AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize _____ to release healthcare information of the patient named above to:

Name: Walnut Creek Naturopathic, Inc. Fax # 925.939.3181

Address: 1981 N. Broadway St Suite #255

City: Walnut Creek State: CA Zip Code: 94596

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates: _____

_____

☐ All healthcare information

☐ Other: _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

☐ Yes ☐ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

☐ Yes ☐ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.