



**Rescheduled / Cancelled Appointments  
After-Hour / Emergency Appointments  
NSF Check Fees / Insurance Reimbursement**

**Appointments:**

The patient is ALWAYS responsible to call **24 hours prior to the scheduled appointment time** to reschedule or cancel. Failure to do so will result in a \$ 45.00 charge to the patient for the missed appointment.

If you need to reach a doctor after regular business hours, there will be a \$75 fee for the urgent phone call. If you have an emergency, please call 911.

**Prescription Refills:**

Please allow 7 days for normal prescription refills. Supplements may be purchased online, picked up at our office, or both. Please call us for more information and visit our medicinary online.

**NSF Checks:**

NSF checks that are returned to us will automatically mean a charge to the patient account of \$25. The patient will be responsible to replace the amount of the check in addition to the \$25 Non Sufficient Funds amount.

**Payment for services:**

An insurance policy is a contract between you and your insurance company. The patient is ALWAYS responsible for payment of all charges incurred regardless of any insurance or other third party payment arrangements.

- Payment will be collected at the time of service.
- Any lab kits purchased are non-refundable after 30 days.
- Most insurance companies do not cover Alternative Medical procedures. This includes but is not limited to Acupuncture, Colonics, Vitamin injections, Microscopy, Intravenous Nutrition and Metabolic Therapy.

The natural medicines that are prescribed by the center's physicians may be purchased here or at the pharmacy of your choice.

**I certify that I have read and understand the above policies. I guarantee payment of all charges incurred as a patient of Integral Naturopathic Medicine, LLC.**

Signed: \_\_\_\_\_

Parent or Guardian (if minor): \_\_\_\_\_

Date: \_\_\_\_\_



*Desert Naturopathic Health*

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of the Notice of Privacy Practices (subsequent pages) for the office of Dr. Jason Jensen and Desert Naturopathic Health, LLC.

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name if signed on behalf of the patient

\_\_\_\_\_  
Relationship (parent, legal guardian,  
personal representative, etc.)

Revisions (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For Office Use Only  
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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because (please specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **NOTICE OF PRIVACY PRACTICES**

To our patients: This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information.

### **Use and disclosure of your health information in certain special circumstances**

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by law enforcement officials.
4. 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. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials, if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation or similar programs.
9. In cases of suspected child abuse or dependent adult or elder abuse, for which we are required by law to report.
10. If a patient is threatening serious bodily harm to another person(s), we must inform the intended victim.
11. If a patient intends to harm oneself, we must act to protect the life of the patient.

## **Your rights regarding your health information:**

1. You can 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. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; 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.
3. You have the right to inspect and obtain a copy of the health information 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 to Dr. Jason Jensen at Desert Naturopathic Health, 20045 N 19<sup>th</sup> Ave, Suite 166, Phoenix, AZ 85027. *Note: We must respond to this request within 30 days.*
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Dr. Jason Jensen, at Desert Naturopathic Health, 20045 N 19<sup>th</sup> Ave, Suite 166, Phoenix, AZ 85027. You must provide us with a reason that supports your request for amendment. *Note: We must respond within 60 days. The Privacy Officer or the patient's physician will usually do this. If the physician believes the information is complete and accurate, the physician can refuse to make any changes.*
5. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact the Office Manager.
6. 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, contact the Office Manager at Holistic Health Solutions, 20045 N 19<sup>th</sup> Ave, Suite 166, Phoenix, AZ 85027. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact the Office Manager.