Welcome

Thank you for trusting Avena Integrative Medical Center, LLC with your wholistic health care needs. We take our commitment to you and your family very seriously. We look forward to establishing a partnership that will enhance your health and well-being.

We value your time, and realize that office visits may be an interruption in an otherwise very busy schedule. For this reason, we've taken steps to assure that your time in our clinic is as focused and efficient as possible.

Enclosed you will find new patient information forms. Before your scheduled appointment, please read and complete the attached forms. These forms are our first introduction to you, as a patient. Your detailed and thoughtful responses will help us to utilize our time in the clinic more effectively. **Please bring these completed forms to your first office visit.**

Your first visit will be a thorough assessment of your health and may last up to an hour or more. Our fees vary based on the time and complexity of your case. If your visit is not covered by your insurance provider, payment is expected at the time of your visit. For your convenience we accept cash, check, debit cards, Visa, MasterCard, American Express and Discover.

If you are unable to keep your scheduled appointment time, please let us know as soon as possible so that we may allow another patient to have your appointment time. We will be glad to reschedule your visit. **Please provide at least 24 hours notice of cancellation as a courtesy.** Our policy is to charge $40.00 for missed appointments without appropriate notice. Please help us to serve you better by keeping scheduled appointments.

Please remember to bring in copies of any recent lab work or medical records as well as the supplements or medications you are currently taking.

We look forward to seeing you in our clinic. Our goal is to become a trusted partner to you and your family in your health care needs.

Sincerely,

Avena Integrative Medical Center LLC

Patient Registration Form

Patient Information

Name _____ Social Security # _____

Date of birth _____ Age _____ Sex: ☐ Male ☐ Female

Address _____

City _____ State _____ Zip _____

Phone _____ (home) _____ (work) _____ (cell)

Fax _____ Email _____

Primary Care Physician _____

Marital Status (check one): ☐ single ☐ married ☐ divorced ☐ widowed

Insurance Information

Insurance Provider _____ Secondary Insurance _____

Insurance ID# _____

If the subscriber of the insurance is someone other than yourself, please complete the following:

Name of insured _____ Date of birth _____

Relationship to Patient _____

Address if different than above _____

Employer Information

Employer Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Emergency contact information

Name _____ Relationship to you _____

Phone _____ (home) _____ (work) _____ (cell)

How did you hear about our office? _____

Referred by: _____
(name) (address)

I authorize Avena Integrative Medical Center LLC to release medical records pertaining to my treatment to any entity that is responsible for payment of the charges. I also authorize payment of benefits directly to Avena Integrative Medical Center LLC.

Signature of Patient _____ Date _____

Signature of Guardian _____ Relationship to patient _____
(if different from patient)

Financial Policy

Thank you for trusting Avena Integrative Medical Center LLC, where we are committed to providing the best wholistic health care possible. Please understand that the payment of your bill is considered part of your treatment. The following statement explains our financial policy. Please read the policy, sign and return it to us prior to your treatment.

I, _____, understand I am responsible for payment of any charges and agree to pay Avena Integrative Medical Center LLC the regular charges for all medical services rendered to me. It is my responsibility to check with my insurance provider to determine if this is a covered benefit. If I am covered by one of the following insurance providers that we contract with: Aetna, Anthem/BCBS, ConnectiCare, Cigna, or Oxford Health, then they may pay all or a part of the charges. If so, I agree to pay those charges that are not covered by or paid by that insurance provider as soon as I receive the bill. If I do not pay my bill, I agree to pay Avena Integrative Medical Center LLC any collection costs it may incur. Avena Integrative Medical Center LLC reserves the right to accept periodic installment payments without waiving its right to demand payment in full.

If your insurance provider is not listed above, your payment is due at the time services are provided. We accept cash, check, debit cards, Visa, MasterCard, American Express and Discover. A superbill will be provided for you to send to your insurance provider for reimbursement if you have out-of-network benefits.

Returned Checks

For checks returned to us as unpaid by your bank, you will be charged a $25.00 fee. Any legal fees that we incur to secure past due balances will be added to your account.

Missed Appointments

Please provide at least 24 hours notice of cancellation as a courtesy. Our policy is to charge $40.00 for missed appointments without appropriate notice. Please help us to serve you better by keeping scheduled appointments.

I understand that I am financially responsible for the charges that I incur during my treatment under the care of Avena Integrative Medical Center LLC. This includes all Naturopathic therapies, supplements, office visits, laboratory and imaging charges. I have read and agree to the financial policy.

Signature of Patient _____ Date _____

Name of Guardian _____ Relationship _____

Signature of Guardian _____ Date _____

Informed Consent For Treatment

I, _____, hereby authorize the physicians of Avena Integrative Medical Center LLC to perform the following procedures as necessary to facilitate my diagnosis and treatment:

Common Diagnostic Procedures: e.g. venipuncture, laboratory, x-ray, imaging tests.

Physical Examination: may include but not limited to any of the following: Skin & Dermatology; Head, Ear, Eyes, Nose & Sinuses & Throat; Face & Neck; Lungs & Pulmonary; Chest & Cardiovascular; Abdominal; Hands, Arms & Lower Limbs; Reflexes; Motor Skills; Back and Spine; Cranial Nerves; Male Genitalia, Prostate & Rectal Exams; Female Genitalia, Breast Exams; Mini-Mental Status Exams; Nutritional Exams.

Medicinal Use of Nutrition: e.g. therapeutic nutrition, nutritional supplements.

Botanical Medicine: botanical substances may be prescribed as teas, alcoholic tinctures, nonalcoholic tinctures, capsules, powders, tablets, creams, ointments, plasters or suppositories.

Homeopathic Medicine: the use of highly dilute quantities of naturally occurring plants, animals and minerals to stimulate the body's natural healing responses.

Chinese Medicine: e.g. acupuncture, cupping, electrical stimulation, TDP lamp, Chinese herbal medicine.

Lifestyle Counseling and Biofeedback: e.g. diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities.

Naturopathic Physical Medicine: e.g. muscle stretching/massage, hot and cold therapies, constitutional hydrotherapy.

I recognize the potential risks and benefits of these procedures as described below:

Potential Risk: allergic reactions to prescribed herbs and supplements, side effects of natural medications, inconvenience of lifestyle changes, injury from procedures.

Potential Benefits: restoration of health and body's maximum functional capacity without the use of drugs or surgery, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease of its progression.

Notice to Pregnant Women: all female patients must inform the doctor if they know, suspect, or may be pregnant as some of the therapies used could present a risk to the pregnancy and fetus.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Avena Integrative Medical Center LLC regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. I understand that a record will be kept of health services provided to me. This record will be kept confidential and will not be released to others unless so directed by me or my representative or otherwise permitted by law.

Signature of Patient _____ Date _____

Name of Guardian _____ Relationship _____

Signature of Guardian _____ Date _____

Informed Consent Regarding Nutritional and Herbal Supplements

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

Sale of Nutritional Supplements at Avena Integrative Medical Center

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

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

If you have concerns about this issue, please discuss them with our staff.

I, _____,

have read and understand the above statement on _____ (date)

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

Acknowledgment of Acceptance of Notice of Privacy Practices

Printed Name _____ Date of Birth _____

I hereby acknowledge that Avena Integrative Medical Center LLC has provided me with a copy of its Notice of Privacy Practices. I also understand that I am entitled to receive updates upon request if Avena Integrative Medical Center LLC amends or changes its Notice of Privacy Practices in a material way. I understand that if I have questions or complaints I may contact:

Avena Integrative Medical Center LLC
158 Pomfret Street
Putnam, CT 06260

Signature _____

Relationship to Patient _____

Date _____

THIS SECTION IS TO BE COMPLETED BY THE AVENA INTEGRATIVE MEDICAL CENTER IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGMENT FROM PATIENT

I attempted to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above named patient, but was unable to for the following reason:

- ☐ Patient declined to sign the written acknowledgment
- ☐ Other (specify): _____

Name and Title of Employee _____ Date _____

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

We at the Avena Integrative Medical Center understand that your medical/health information is personal and private. In order to provide you with quality care and to ensure compliance with certain legal requirements, we create a record of the care and services you receive at our office. We respect the privacy and confidentiality of medical/health information about you and that can be identified with you. This is called "protected health information." Your protected health information is contained in the medical and billing records maintained at our practice. It includes information that relates to your past, present or future physical and mental health and related health care services.

This Notice of Privacy Practices ("Notice") describes the ways in which we may use and disclose your protected health information. It also describes your rights and our legal obligations with respect to your protected health information.

This Notice applies to uses and disclosures we make of all your protected health information, whether created by us in our practice or received by us from other health care professionals.

We may use and disclose your health information for treatment, payment and health care operations.

For treatment

We will use your health information to provide, coordinate or manage your health care and any related services. We may disclose your health information to our staff members or other health care professionals involved in your health care either in our practice or outside of our practice. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or to staff members who may be involved in your care.

For payment

Your health information may be used to bill and obtain payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to your representative, an insurance company or another third party payor. We may also provide protected health information to collection departments, consumer reporting agencies or any other health care provider who requests information necessary for them to collect payment. For example, insurance companies may require that copies of your applicable medical records accompany any requests for payment of services already provided to you.

Health care operations

Your health information may be used as necessary to support the operation of Avena Integrative Medical Center LLC and to monitor our quality of care. We may use your protected health information for internal purposes such as general administrative activities, to evaluate our employees, and for education and training purposes. For example, we may call you by name in the waiting room when ready to see you, and we may use your health information to contact you and remind you of your upcoming appointment.

We may also use and disclose health information about you for specific purposes without your written authorization.
The following are various ways in which we may use or disclose your health information:

As required by law
We may disclose your protected health information when required to do so by federal, state or local law or other judicial or administrative proceedings.

Law enforcement
Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public health reporting
Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Emergency
We may use or disclose your protected health information in the case of an emergency treatment situation. If your physician or another physician in the practice must treat you and the physician has attempted to obtain your consent and failed, he or she may still use or disclose your health information to treat you.

Individuals involved in your care or payment of your care
Unless you object, we may disclose your protected health information to a family member, relative, close personal friend or any other person you identify who is involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in the payment for your care.

Treatment alternatives
We may use or disclose your health information to inform you about treatment alternatives and other health-related benefits and services that may be of interest to you. This may include: treatments, services, products, other health care professionals, special programs, and/or nutritional services.

Research
In some situations, your protected health information may be used for research purposes, provided that the privacy and safety aspects of the research have been reviewed and approved by an institutional review board or privacy board. The board must have an established procedures to ensure that your protected health information remains confidential.

Appointment reminders
We may use or disclose your protected health information to remind you about appointments you have scheduled at our office. We may notify you of these appointments using the contact information you have provided for us to mail or call with the reminder.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization.
Except in those circumstances listed above, we will use and disclose your protected health information only with your written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Your Individual Rights
You have certain rights under the federal privacy standards regarding your health information. These include:

Right to request restrictions
You have the right to request restrictions on the use and disclosure of your protected health information. We are not required to agree to your requested restriction, but if we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment and in certain other instances.

Right of access to personal health information
You have he right to inspect and obtain a copy of your medical and billing records. In most cases, we may charge a reasonable fee for our costs in copying and mailing your requested information.

Right to request amendment
You have the right to request that we amend medical or billing records or other protected health information maintained by us, for as long as the information is kept by us. Your request must be made in writing and must state the reason for the requested amendment. We have the right to deny your request for amendment if the information is deemed accurate and complete, as determined by Avena Integrative Medical Center LLC.

Right to an accounting of disclosures
You have the right to request an "accounting" of certain disclosures of your health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You must submit your request in writing, stating a time period that is within six years from the date of your request, but not before April 14, 2003. An accounting will include, if requested: the disclosure date, the name of the person or entity that received the information and address, if known, a brief description of the information disclosed. We may charge you for these requests at a reasonable rate.

Right to paper copy of this Notice
You have the right to obtain a paper copy of this Notice at any time. You may request a copy or this Notice by contacting our office in writing or by phone. In addition, you may receive a copy of this Notice at our website, www.avenamedical.com.

Right to request confidential communications
You have the right to request that we communicate with you concerning you health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

Special rules regarding disclosure of mental health conditions, substance abuse, sexually transmitted diseases and HIV/AIDS
For uses and disclosures concerning health information relating to care for mental health conditions, substance abuse, sexually transmitted diseases or HIV/AIDS, special restrictions may apply. For example, we generally do not disclose specially protected information in response to subpoena, warrant or other legal process unless 1) you sign a written authorization or 2) a court orders the disclosure and mandates the necessary safeguards to protect the information after it is released.

Complaints
If you believe that your privacy rights have been violated, you may file a complaint in writing with the Avena Integrative Medical Center LLC or by contracting the Secretary of Health and Human Services. We will take no punitive action against you for filing a complaint.

Changes to this Notice
We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures of health information, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised Notice provisions effective for all health information already received and maintained by Avena Integrative Medical Center LLC. We will post any revisions in our office and on our website. The revised Notice will be available to you upon request.

This Notice is effective on or after 12.6.17