1831 Orange Ave, Suite A Costa Mesa, CA 92627
P: 949.574-4978 F: 949.574.9854
Web: NPIhealth.com

Welcome to Newport Integrative Health!!

Our goal is to provide you with the highest level of personalized care. We are committed to helping you on your path to health and healing.

It is important to read all the enclosed information carefully. You may mail, email or fax completed forms prior to your appointment. **Please return all forms at least two days before your scheduled appointment.** These documents contain important information about our practice, policies and services, and the patient information will allow your doctor to help address your problems more efficiently and enhance the quality of your care.

This New Patient packet includes the following documents for you to review and complete:

- Patient Contact Information sheet
- Important Patient Information and Practice Policies (including financial and cancellation policies)
- Good Faith Estimate of Costs for Naturopathic Medicine Services
- Credit Card Authorization
- Informed Consent for Naturopathic Medicine
- Informed Consent for Telemedicine
- Notice of Privacy Practices & Acknowledgment of Receipt of Notice of Privacy Practices
- Health History Questionnaire

Thank you for taking the time to complete these forms. This ensures we can provide quality care.

We encourage your questions and participation in all aspects of your care. We are looking forward to meeting you and providing you with naturopathic health care!

Warmly,

The Newport Integrative Health Team

Patient Contact Information

Name of Patient _____ Date of First Visit _____

Name of Parent(s)/Guardian(s) (if applicable) _____

Relationship to patient _____

Address _____

City _____ State _____ Zip Code _____

Telephone # (cell) _____ ☐

(home) _____ ☐

(work) _____ ☐

Please check box by phone number if it is OK to leave a detailed message about your health

☐ Please check this box if you consent to receive text communications for cell number listed above

☐ Please check this box if you consent to voice recordings of your appointments for dictation/charting purposes

Email address_____

Is it OK to use email to correspond about your health? ___Yes ___No

Age _____ Date of Birth _____ Gender: Female _____ Male _____

Married _____ Separated _____ Divorced___ Widowed ___ Single _____ Partnership _____

Live with: Spouse _____ Partner____ Parents _____ Children ___ Friends _____ Alone _____

Occupation _____ Hours per week _____ Retired _____

Employer _____

Preferred pharmacy _____phone number_____

Pharmacy address_____

Insurance Carrier _____ PPO ☐ HMO ☐ Health-share ☐ Medicare ☐

(Insurance Information is only collected to determine potential use for lab testing. Please note if you have Medicare laboratory testing or imaging will not be covered when ordered by NIH doctors)

How did you hear about us?

☐ Friend _____ (name)
☐ Doctor/health provider _____ (name)
☐ Internet _____ (website)
☐ Other _____ (please specify)

Emergency contact name _____ relationship _____
Phone _____ Address _____

Important Patient Information and Practice Policies

Services and Fees:

- Your initial visit will be a 60-minute consultation with your doctor. Nutritional therapy and laboratory/diagnostic testing are integral components of your treatment plan. Test results are used to design your personal health care program as well as uncover the root causes of your medical condition. Nutritional supplements are often recommended, and your doctor will help you select and find the highest quality products. Follow up visits to review lab report or treatment programs are 30 minute visits.
- The initial 60-minute consultation with your doctor is **$375** and 30-minute follow-up appointments to review lab results or treatment programs in-person or by phone are **$185**.
- **Fees for appointments do not include the cost of any laboratory testing or supplements. Lab interpretation and review requires a scheduled visit with your doctor at the normal appointment rate.**

Financial Policies:

- **Credit card information is required upon booking to hold your scheduled appointments. Please complete the Credit Card Authorization provided.** Your credit card on file will be charged after your appointment is over unless another valid form of payment is provided, for any purchases on your account or any fees more than fifteen days overdue, and in the case of a late cancellation or missed appointment in accordance with our Cancellation, Rescheduling and Missed Appointment Policy set forth below.
- **Payment for your office visit or telemedicine appointment is expected at time of service. We accept cash, check, and credit card (MasterCard, Visa, Discover, American Express).** Checks should be made payable to: Newport Integrative Naturopathic Health, Inc. An additional $50.00 fee will be charged for any check returned for insufficient funds or otherwise dishonored.
- **No Insurance, Medicare, or Medi-Cal**: Please note that Newport Integrative Naturopathic Health, Inc. and the Newport Integrative Health naturopathic doctors are not contracted with any insurance carriers, and are not Medicare or Medi-Cal providers. **Therefore, Newport Integrative Health cannot and does not bill insurance, Medicare or Medi-Cal or submit claims for any services provided.**
- Upon request, we will provide you with a statement showing your payment and a coded "superbill" that you may submit to your insurance carrier (not Medicare) if you have a PPO plan for possible reimbursement depending on your individual plan, but we cannot guarantee whether or how much your insurance company will reimburse you, and we do not communicate with insurance carriers on behalf of patients. Payment reimbursement is subject to your insurance plan. For those with Medicare, Medi-Cal and HMO coverage, a claim for reimbursement cannot be submitted.

Cancellation, Rescheduling and Missed Appointment Policy:

- In fairness to our patients and practitioners we have a 48-hour cancellation policy. This means that we request you cancel or reschedule at least 48 hours prior to your scheduled appointment if needed.

You are entitled to a copy of this consent after you sign it.
Please ask our staff for a copy if you want a copy.

- There is no charge for cancelling or rescheduling with more than 48 hours before your scheduled appointment.
- **New Patient Appointments: For cancellations/scheduling changes made less than 48 hours before a New Patient Appointment or Missed New Patient Appointments, your credit card on file will be charged a $150 Late Cancellation/No-Show Fee**.
- **Follow-Up Appointments: For cancellations/scheduling changes made less than 48 hours before a Follow-Up Appointment or Missed Follow-Up Appointment, your credit card on file will be charged a $75 Late Cancellation/No-Show Fee.**
- As a courtesy to our patients, we will use our best efforts to confirm appointments prior to the appointed time. It is however, the patient's responsibility to keep the scheduled appointment or reschedule.
- We are committed to being on time with patients' appointments. If you arrive late to your appointment, your appointment will end at the scheduled time, and you will be charged for the full length of the originally scheduled appointment.

Patient Portal and Patient Communications Between Appointments:

- To ensure the safety and confidentiality of your health information, we use a HIPAA-compliant Electronic Medical Records System and secure Patient Portal.
- In your favorite web browser, visit us at https://npihealth.phiportal.com and enter your username and password. Click the message tab and start email communication.
- The patient portal website is a convenient way to access your medical information, lab results, and communicate with your doctor.
- **Please send all health-related messages to your Newport Integrative Health doctor through the Patient Portal.** This ensures all messages are secure and retained in your medical record. In addition, through your account on the Patient Portal you can view your lab results and medical records.
- **Please do not e-mail health-related information and questions outside of the secure Patient Portal as e-mail can never be guaranteed to be confidential or secure.**
- **Patient portal messages are for quick clarifications regarding your most recent treatment plan, but they are not a substitute for an appointment with your doctor. For new concerns and any other questions that require more than a quick response, please book an appointment. You will be asked to make an appointment if there is a new problem, or your questions or concerns require more than a quick response.**
- The Patient Portal is not suitable nor intended for any sort of emergency communication.
- Your doctor will reply within 2-3 business days, but response time is not guaranteed. Response may be delayed over weekends, holidays or due to technical difficulties or high volume of messages.
- Please be aware your communication with your doctor will become part of your medical records.

You are entitled to a copy of this consent after you sign it.
Please ask our staff for a copy if you want a copy.

Important Patient Information and Practice Policies

Lab Tests:

IHD Laboratory is available to provide phlebotomy services at Newport Integrative Health. IHD is an independent company from Newport Integrative Health. Any billing or staffing questions/concerns needs to be addressed with them directly.

- After your initial or follow–up consultations, lab tests and/or diagnostic tests may be ordered, and testing recommendations will be reviewed.
- Fees for standard testing can either be billed to the patients PPO insurance or a discounted price can be paid if remitted at the time of the blood draw. Most specialty testing is either paid at time of the draw directly to the laboratory performing the test. Insurance coverage will vary and depend on the terms of your plan. To verify insurance coverage for laboratory tests please contact your insurance company. Medicare does not cover lab/imaging tests ordered by the Newport Integrative Health naturopathic doctors.
- Some specialized lab tests take up to 5 weeks to be finalized and sent to the office. We cannot guarantee turn-around time on laboratory testing.
- You will receive a copy of your lab test in the patient portal. It is your responsibility to retrieve the results from your portal and follow up on any recommendations.
- We do not mark up or profit in any way from the sale of lab testing kits that we order for patients.

Supplements:

- Nutritional supplements are available for patient convenience at Newport Integrative Health.
- Patients are under no obligation to purchase their supplements at the office. Many of the same or similar products are available at your local store and/or online.
- Your doctor may receive a commission for the sale of supplements to their patients, but they only recommend what they believe is best for the patient.
- Newport Integrative Health will ship supplements to your home at standard shipping fees.
- **No Return Policy**: All sales are final. We are unable to except returns or provide refunds for any supplements.

Patient Awareness and Responsibility:

- Any therapy, no matter how appropriate, may fail to resolve your symptoms and improve your health.
- Your Newport Integrative Health naturopathic doctor will inform you of the therapies most relevant to your condition both conventional and alternative.
- You have the choice to accept, refuse or terminate these therapies at any time.
- By agreeing to make every effort to implement an agreed upon program, you will receive the full benefit of your visits with your Newport Integrative Health naturopathic doctor.
- You are responsible for seeking professional medical attention from your Newport Integrative Health naturopathic doctor or another facility for a worsening of your condition.

You are entitled to a copy of this consent after you sign it.
Please ask our staff for a copy if you want a copy.

- You are aware that many medical conditions require additional treatment and that follow-up visits are often necessary.
- You are aware that you may be referred to another physician for treatment when needed.

Evenings and Weekends:

- The Newport Integrative Health doctors do not maintain regular call on the evenings and weekends.
- If you have a non-urgent question, please call during regular business hours, or feel free to send your Newport Integrative Health doctor a message through the Patient Portal directly or call and leave a message at the office and your doctor will respond to your question during the workweek.

Emergencies:

- In the event of an emergency, you are responsible to obtain medical attention, call 911 or go to the nearest emergency room.

Please sign below to acknowledge that you have read, understand, and agree to the Important Patient Information and Practice Policies.

PATIENT SIGNATURE _____ Date_____
(or Patient Representative)

Indicate relationship if signing for patient_____

You are entitled to a copy of this consent after you sign it.
Please ask our staff for a copy if you want a copy.

GOOD FAITH ESTIMATE OF COSTS FOR NATUROPATHIC MEDICINE SERVICES

Patient Name:	**Date of Birth:**
Date of this Good Faith Estimate:	
Patient Signature: _____ **Date Signed:** _____	

Newport Integrative Health, Inc. does all billing for services provided by the independent naturopathic doctors providing services at the Newport Integrative Health clinic.
1831 Orange Ave, Suite A Costa Mesa, CA 92627
P: 949.574-4978 F: 949.574.9854

Please select your practitioner below.
Services will be provided by:

- ☐ Koren Barrett, ND, NPI 1225255391
- ☐ Nikki Kanani, ND, NPI 1033620083
- ☐ Jessica Siani, ND, NPI 1164715470
- ☐ Dhurga Reddy ND, NPI 1316274566
- ☐ Peggy Branson, ND, NPI 1689991903
- ☐ Maisam Hasan, ND, NPI 1346988276
- ☐ Lauren Vreeland, ND NPI 1952686990

You are entitled to receive this "Good Faith Estimate" of what the charges could be for naturopathic medical services provided to you. While it is not possible for a naturopathic doctor to know, in advance, how many visits or what lab tests or supplements may be necessary or appropriate for a given person (naturopathic doctors provide individualized care), this form provides an estimate of the cost of services that may be provided. Your total cost of services will depend upon your individual circumstances, and the type and amount of services that are provided to you.

This estimate only applies to your new patient visit. Your naturopathic doctor will provide you with an updated Good Faith Estimate after your first visit when your doctor has more information about your case.

Service/Item	Diagnosis Code	Quantity	Expected Cost
Initial New Patient Visit	Z03.89 [to be determined after initial visit]	1 60-minute initial new patient visit	$375
Labs are generally ordered at the new patient visit depending on patient need			Please see the Practice Policies for additional information about lab costs – labs are an additional cost ****Review of labs requires a paid follow-up visit.**

You are entitled to a copy of this consent after you sign it.
Please ask our staff for a copy if you want a copy

- Your initial visit will be a 60-minute consultation with your doctor. Nutritional therapy and laboratory/diagnostic testing are integral components of your treatment plan. Test results are used to design your personal health care program as well as uncover the root causes of your medical condition. Nutritional supplements are often recommended, and your doctor will help you select and find the highest quality products.
- Follow up visits to review lab report or treatment programs are 30 minute visits.
- The initial 60-minute consultation with your doctor is **$375** and 30-minute follow-up appointments to review lab results or treatment programs in-person or by phone are **$185**.
- **Fees for appointments do not include the cost of any laboratory testing or supplements. Lab interpretation and review requires a scheduled visit with your doctor at the normal appointment rate.**

Please see the Important Patient Information and Practice Policies for additional information.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of naturopathic visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your provider. You may discontinue treatment at any time.

Disclaimer:

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

There may be additional items or services that may be recommended as part of your care that must be scheduled or requested separately and are not reflected in this good faith estimate. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS) if the actual amount charged to you exceeds $400 of the Good Faith Estimate. If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call 1-800-985-3059. **For questions or more information** about your right to a Good Faith Estimate or the dispute process, www.cms.gov/nosurprises or call 1-800-985-3059. Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

You are entitled to a copy of this consent after you sign it.
Please ask our staff for a copy if you want a copy

CREDIT CARD AUTHORIZATION

Newport Integrative Health requires a credit card on file to hold your scheduled appointments. Your credit card will be charged after your appointment is over if another valid form of payment is not provided, for any in-office purchases on your account, and for cancellations and scheduling changes with less than 48 hours prior notice (or made over a weekend) and missed appointments (no-shows).

We have already collected your full card number, but please complete the information below to provide authorization. Thank you in advance.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ AMEX ☐ Discover
Cardholder Name (as shown on card):
Last four digits of Card Number:
Expiration Date (MM/YY):
Billing Address:

By signing below, I acknowledge and agree:

- I have read, understand, and agree to the terms of the Newport Integrative Health financial and cancellation policies, and I accept full financial responsibility for services rendered at time of service.
- I understand my credit card will be charged if cancellations or scheduling changes are not made with at least 48 business hours prior notice before my scheduled appointment or if I do not show up to an appointment.
- I authorize Newport Integrative Naturopathic Health, Inc. to charge my credit card as set forth in the practice policies, and I understand that my information will be saved for future transactions on my account.

_____ _____

Signature of Cardholder **Date**

You are entitled to a copy of this consent after you sign it.
Please ask our staff for a copy if you want a copy

Informed Consent for Naturopathic Medicine

This Informed Consent for Naturopathic Medicine provides important information regarding the services being provided by Newport Integrative Health and your Newport Integrative Health naturopathic doctor. The purpose of this form is to provide you with written information regarding naturopathic medicine and the potential risks, benefits, and alternatives so that you may make an informed decision about whether to proceed with naturopathic medicine evaluation and treatment. Please ask any questions you have regarding this document and the naturopathic medicine services before signing this form.

By signing below, I acknowledge and agree to the following:

I understand that the Naturopathic Doctors of Newport Integrative Health are licensed and regulated by the California Board of Naturopathic Medicine.

I understand that all recommendations and treatments will be discussed with me before treatment begins and that I am encouraged to ask questions including: my suspected diagnosis(es) or condition(s); the nature, purpose, goals and potential benefits of the proposed course of care and treatment; the inherent or potential risks, complications or side effects of the proposed treatment; reasonable available alternatives to the proposed treatment; and potential consequences if treatment or advice is not followed and/or nothing is done.

I hereby request and authorize my selected naturopathic doctor at Newport Integrative Health to perform, order or recommend, as applicable, naturopathic medical care, evaluation, treatment, procedures and/or other naturopathic medicine services (the "**Naturopathic Medicine Services**"), within the scope of a California licensed naturopathic doctor, which may include, but are not limited to:

- **Physical Exams and Common Diagnostic Procedures**: Including performing physical exams and assessments (including via telemedicine), ordering, and interpreting laboratory testing of blood, urine, stool, breath, and saliva, and ordering diagnostic imaging as necessary.
- **Dietary Advice and Therapeutic Nutrition**: Including use of nutritional counseling, dietary plans, and nutritional supplements, and intramuscular (IM) and intravenous (IV) injections (with vitamins, minerals, and amino acids).
- **Botanical/Herbal Medicines:** Botanical substances and plant derivatives may be prescribed as teas, alcohol or glycerin tinctures, capsules, tablets, creams, or suppositories.
- **Homeopathic Medicine:** The use of highly dilute quantities of naturally occurring plants, animals, and minerals to gently stimulate the body's healing responses.
- **Bioidentical Hormone Replacement Therapy:** The use of bioidentical hormone replacement therapy, including thyroid medication, to help restore and balance hormone levels as needed.
- **Other Pharmaceutical Medications**: Other medications may be prescribed as necessary as permitted within the scope of California naturopathic medicine licensure.
- **Lifestyle Counseling**: Recommendations to promote improved lifestyle strategies relating to exercise and movement, stress management, nutrition, and environment.

I understand naturopathic doctors are not psychologists or psychiatrists and any counseling is for support of improved lifestyle strategies only. I also understand the U.S. Food and Drug Administration has not approved nutritional, herbal, and homeopathic substances to treat specific diseases.

No Guarantee and Patient Responsibility: I understand that results from the Naturopathic Medicine Services are not guaranteed, and Newport Integrative Health does not make any representations, promises, claims, warranties, assurances or guarantees that my medical problems or conditions will be helped or cured by undergoing any of Naturopathic Medicine Services. I understand that my failure to comply with any treatment recommendations and instructions may impede results, and that as with all existing methods of diagnosis and treatment, the Naturopathic Medicine Services have both benefits and risks.

Potential Benefits include but are not limited to: Restoration of health and the body's maximal functional capacity; relief of pain and symptoms of disease; assistance in injury and disease recovery; and prevention of disease or its progression.

Potential Risks include but are not limited to: Herbs, dietary supplements, and homeopathic remedies are available over the counter and considered safe based upon their long history of use and when used as instructed. However, they may lack therapeutic effect or could cause allergic reactions or unpleasant side effects which could possibly range from mild to severe. Additionally, the interactions between herbs, and between herbs and medications are also not always thoroughly understood. While unlikely, and while the Newport Integrative Health naturopathic doctors are trained in herbal medicine, it is possible to have an adverse reaction or experience a reduction or increase in the effect of other medications when taking herbs. These can have serious consequences for some medications, such as for the control of high blood pressure or blood sugar. Homeopathic medicines can potentially cause aggravation or worsening of current or pre-existing symptoms.

I am aware that unforeseeable complications could occur, and that while the Newport Integrative Health doctors will make every reasonable effort to screen for contraindications to care, I do not expect them to be able to anticipate and explain all possible risks and complications.

Following Doctor Instructions: I understand that for my safety it is extremely important that I follow instructions I receive with respect to dosing and administration of herbs, homeopathic medicines, nutritional supplements, hormones, peptides, and other prescriptions**. I understand that taking more than prescribed/recommended or self-treating with additional supplements or medications can be dangerous**.

Complete Medical History: I understand that some treatments may be inappropriate and unsafe if I have certain health conditions, allergies or take certain medications or supplements, whether prescribed or over-the-counter. I understand that it is vital that I truthfully and accurately disclose all health information requested by my Newport Integrative Health doctor including, but not limited to, all medications, allergies, and medical conditions, as well as keep Newport Integrative Health updated as to any changes, including any new treatments or procedures I am undergoing. I understand that failure to do so may negatively affect the outcome and safety of any treatments I receive, and I understand that there shall be no liability on the part of Newport Integrative Health or my Newport Integrative Health doctor should I fail to do so.

Notice Regarding Pregnancy and Breastfeeding: I understand that some treatments could present a risk during pregnancy and breastfeeding, and I agree that I will notify my Newport Integrative Health doctor immediately if I am or become pregnant, suspect that I may be pregnant, if I am planning to become pregnant in the next three months or if I am breastfeeding.

Monitoring and Testing: I agree to comply with my Newport Integrative Health doctor's guidelines and recommendations for ongoing testing as well as preventative and diagnostic screening exams to assure proper monitoring of my treatments. I understand this is necessary to improve safety and outcomes of treatment.

By signing below, I acknowledge and agree to the following: I have read the foregoing Informed Consent for Naturopathic Medicine Evaluation and Treatment, or someone has read it to me. I understand the nature of the proposed Naturopathic Medicine Services and the potential risks, benefits and alternatives, and I have had the opportunity to ask questions about its contents and my questions have been answered. I hereby voluntarily consent and agree to receive the Naturopathic Medicine Services as determined in my best interest by my Newport Integrative Health doctor and intend this Informed Consent to cover the entire course of my care with Newport Integrative Health. I understand that I am free to withdraw my consent and to discontinue participation in the Naturopathic Medicine Services at any time, but that discontinuing consent does not remove past consent for therapy or treatments already consented to and performed and/or implemented.

PATIENT NAME (printed) _____

PATIENT SIGNATURE: _____ Date: _____
(or Patient Representative)

Indicate relationship if signing on behalf of patient _____

Informed Consent for Telemedicine

Because the Newport Integrative Health naturopathic doctors conduct consultations via telemedicine, this form is to obtain your informed consent for telemedicine consultations with your Newport Integrative Health naturopathic doctor. This Informed Consent for Telemedicine is intended as an addition to the informed consent for naturopathic medicine and does not change the terms of that informed consent.

The Newport Integrative Health naturopathic doctors are licensed naturopathic doctors in the State of California, which gives them the ability to practice naturopathic medicine and diagnose and treat patients who are located in California. Therefore, you must be present in California during your telemedicine consultations with your Newport Integrative Health naturopathic doctor.

Telemedicine involves the use of electronic communications to enable the doctor at a different location from the patient to share medical information with that patient. The information may be used for diagnosis, treatment, follow-up and/or education. During a telemedicine consultation, your Newport Integrative Health naturopathic doctor will be providing care to you via live two-way audiovisual electronic communications or telephone instead of in-person.

The interactive video connection and electronic communication system used by Newport Integrative Health for telemedicine consultations is HIPAA-compliant and designed to protect the confidentiality of patient data.

Expected benefits of a telemedicine consultation include:

- The Newport Integrative Health naturopathic doctors can provide care to patients who are located throughout California and patients may not need to travel to the Newport Integrative Health office for all visits.
- More efficient medical evaluation and management.

Potential risks associated with the use of telemedicine include, but not limited to:

- There is the potential that conditions that could be diagnosed with an in-person visit may go undetected in a remote encounter especially because a full physical exam cannot be performed.
- The video connection may not work, or it may stop working during the consultation, or there may be other technical difficulties or failures during the consultation.
- The video picture or information transmitted may not be clear enough to be useful for the consultation or to allow for appropriate care. This may cause a delay in medical evaluation and treatment.
- Security protocols may fail, causing a breach of privacy of personal medical information and/or unauthorized access to the video connection during the consultation.
- Certain treatments that may be provided in person cannot be provided via telemedicine.

If the video connection is interrupted, please call the office.

By signing this Informed Consent to Telemedicine, you acknowledge and confirm that you understand and agree to the following with respect to telemedicine services:

1. I understand that telemedicine consultations do not replace in-person visits in all circumstances. I understand that I must either see my Newport Integrative Health naturopathic doctor or another primary care provider for in-person physical examinations and other diagnostic and screening procedures.
2. I understand it is up to my Newport Integrative Health naturopathic doctor to determine whether my specific clinical needs are appropriate for a telemedicine consultation. I understand that I may be required to see a licensed provider for an in-person physical examination if in my Newport Integrative Health naturopathic doctor's professional judgment I need to receive a more thorough physical examination or that the videoconferencing connections are not adequate for the situation or to provide appropriate care for any reason.
3. I understand that the federal and state laws that protect the privacy and confidentiality of health information also apply to telemedicine and all medical reports resulting from the telemedicine consultation are part of my medical record. I understand that there will be no recording of any of the online session and that all information disclosed within telemedicine sessions and in the written records pertaining to those sessions are subject to the same HIPAA privacy protections as in-person visits.
4. I understand that I am responsible for information security on my device, including but not limited to, computer, tablet, or phone. I also understand that I am responsible for using this technology in a private location so that others cannot hear my conversation.
5. I understand there is a risk of technical failures during the telemedicine encounter including difficulties with internet connectivity, hardware, software, equipment, and/or services supplied by a third party and that these technical failures are beyond the control of Newport Integrative Health. I understand Newport Integrative Health cannot make any guarantee that such services will work as expected, and I agree to hold Newport Integrative Health harmless for delays in evaluation or for information lost due to such technical failures.
6. I understand that alternatives to telemedicine consultation, such as in-person services are available to me, and in choosing to participate in a telemedicine consultation that some naturopathic medical services may not be available.

By signing this Informed Consent for Telemedicine, I confirm and agree that: I am/will be in the state of California at the time of my Telemedicine consult. That I have read this informed consent form, or someone has read it to me. I understand the contents of this form including the risks and benefits of the telemedicine consultation and my questions have been answered. I hereby give my informed consent to participate in telemedicine consultations with my Newport Integrative Health naturopathic doctor, and I intend this informed consent to cover the entire course of my care with Newport Integrative Health.

PATIENT NAME (printed) _____

PATIENT SIGNATURE: _____ Date: _____
(or Patient Representative)

Indicate relationship if signing on behalf of patient _____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS REQUIRED BY LAW AND 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.

Newport Integrative Naturopathic Health Inc. ("**Newport Integrative Health**," "**we,**" "**our**" or "**us**") is dedicated to providing service with respect for your personal information. Protecting your privacy and healthcare information is fundamental in the course of our relationship.

This Notice tells you about the ways we 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.

- **Treatment**. We may use and disclose your protected health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose protected health information to other doctors at our clinic, naturopathic assistants, technicians, or other personnel, including people who are involved in your medical care and need the information to provide you with medical care.
- **Payment.** We may use and disclose protected health information so that we may bill and receive payment from you for the treatment and services you received. Additionally, if you submit a superbill to your insurance carrier, insurance companies may require that copies of your applicable medical records be sent with respect to your request for reimbursement of services already provided to you and paid for.
- **Health Care Operations.** We may use and disclose your protected health information in order to perform various operational activities.
- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose protected health information to contact you and to remind you that you have an appointment with us. We also may use and disclose protected health information to tell you about treatment alternatives or health-related services that may be of interest to you. We will not, however, send you communications about health-related or non-health-related products or services that are subsidized by a third party without your authorization.

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.
- **Business Associates.** We may disclose protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **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.
- **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.

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.

Your Rights Regarding your Protected Health Information

You may have certain rights regarding protected health information that we maintain about you.

- **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. 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 the protected health information that we maintain about you 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 we did not create, 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 our 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.
- **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 communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make your request, in writing, to us. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **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.

As required by law, patient records will be kept for a period of at least seven (7) years after the date of the patient's last visit.

Health Information Security: Newport Integrative Health maintains physical, administrative and technical security measures to safeguard your protected health information and requires any staff to follow such security policies and procedures as well as limits access to health information about patients to those individuals who need it to perform their job responsibilities.

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, the new Notice will contain the new effective date. You may always obtain a copy of our current Notice by contacting us as indicated below or asking for a copy at the time of your next office visit.

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 for filing a complaint.

If you have any questions or complaints, please contact:
Privacy Officer: Dr. Koren Barrett, ND
1831 Orange Ave, Suite A Costa Mesa, CA 92627
P: 949.574.4978 F: 949.574.9854
Effective: March 2023

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been presented with a copy of the *Notice of Privacy Practices* for Newport Integrative Health detailing how my information may be used and disclosed as permitted under federal and state law and that I have read and understand such Notice.

NOTE: Newport Integrative Health staff use the contact information you provide to contact you. By signing below, you authorize Newport Integrative Health personnel to communicate by phone, mail, answering machine message, and/or email according to the information you have provided in your patient intake form. ***If you would like to make changes to this information or you do not want Newport Integrative Health to contact you via any of these methods, you must let the staff know.***

PATIENT NAME (printed) _____

PATIENT SIGNATURE: _____ Date: _____
(or Patient Representative)

Indicate relationship if signing on behalf of patient _____

Patient name (Last, First)

HEALTH HISTORY QUESTIONNAIRE

Successful healthcare and preventive medicine are made possible when your doctor has a comprehensive understanding of your health history. Please complete this questionnaire as thoroughly as possible.

Are you currently receiving healthcare? Y N

If yes, where and from whom?_____

If no, when and where did you last receive medical or health care?

_____

What was the reason? _____

WHAT ARE YOUR MOST IMPORTANT HEALTH CONCERNS?

List as many as you can in order of importance.

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

Do you have any known contagious diseases at this time? Y N If yes, what?_____

CURRENT MEDICATIONS

Please list any **prescription** or **over-the-counter medications** you are taking, with dosages.

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

Please list any **vitamins** or other **supplements** you are taking, with dosages.

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

ALLERGIES - Are you hypersensitive or allergic to...

Any drugs? _____

Any foods? _____

Any environmental? _____

Patient name (Last, First) _____



HEIGHT & WEIGHT

Weight:_____ lbs. Weight 1 year ago:_____ lbs. Height: _____

PREVIOUS DIAGNOSIS, MAJOR ILLNESS, HOSPITALIZATION OR SURGERY

_____ year: _____ _____ year: _____
_____ year: _____ _____ year: _____
_____ year: _____ _____ year: _____
_____ year: _____ _____ year: _____

PERSONAL/FAMILY HISTORY

	SELF	FATHER	MOTHER	CHILD	SPOUSE	SIBLINGS
Age (if living)	__n/a_	_____	_____	_____	_____	_____
Health (G=good P=poor)	__n/a_	_____	_____	_____	_____	_____
Age at death (if deceased)	__n/a_	_____	_____	_____	_____	_____
Check (√) those applicable						
Cancer	_____	_____	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____	_____	_____
Heart Disease	_____	_____	_____	_____	_____	_____
High Blood Pressure	_____	_____	_____	_____	_____	_____
Stroke	_____	_____	_____	_____	_____	_____
Anxiety/depression	_____	_____	_____	_____	_____	_____
Other mental Illness	_____	_____	_____	_____	_____	_____
Asthma/Hayfever/Hives	_____	_____	_____	_____	_____	_____
Memory challenges	_____	_____	_____	_____	_____	_____
Gastrointestinal	_____	_____	_____	_____	_____	_____
Headache	_____	_____	_____	_____	_____	_____
Insomnia	_____	_____	_____	_____	_____	_____
Gynecological	_____	_____	_____	_____	_____	_____
Autoimmune	_____	_____	_____	_____	_____	_____
Neurological	_____	_____	_____	_____	_____	_____
Thyroid	_____	_____	_____	_____	_____	_____
Cause of Death	__n/a_	_____	_____	_____	_____	_____

For **WOMEN**; Date of last menses_____ Date of last pap smear_____
Date of last mammogram_____ Date of last DEXA (bone density) _____
Date(s) of pregnancies_____ Number of children _____

For **CHILDREN**; please include (or bring) vaccine record. Any adverse reactions? Y/N

PLEASE WRITE ANY ADDITIONAL INFORMATION ON BACK IF NECESSARY

Patient Portal Set Up

This is your way of digitally communicating safely and securely with your doctor.

Please write/make up a username and password (please print clearly - it IS case sensitive):

Username: _____

Password (*MUST BE at least 8 characters long*): _____

Email: _____

The patient portal website is a convenient way to access your lab results and communicate with your doctor.

Features:
- Private and secure full HIPAA compliant messaging - Access lab results

How to access your portal once it has been set up:

In your web browser, please go to: www.npihealth.phiportal.com then enter your username and password.

To view your test results - after you log in, click the icon with your name on it, and results will be under the section called “shared files”.

To message your doctor - After you log in, compose a message and then assign it to your doctor.

To schedule appointments - It is best to call our office at 949-574-4978.

The patient portal is suitable for brief clarification questions that take the doctor 5 minutes or less to read and respond. Please schedule appointment for any questions that take longer than 5 mins to respond or for any significant changes to the course of treatment. The patient portal is not suitable nor intended for any sort of emergency issues. Your doctor will reply within 1-2 business days. Responses may be delayed over weekends, holidays, due to technical difficulties or high volume of messages. Please be aware of your communication with your doctor will become part of your medical records.