

Rockwood Natural Medicine Clinic

General Policies

Appointments

We consider an appointment to be an agreement between you and our office. We are responsible to be here and provide our services, or to inform you otherwise. You are responsible for keeping the appointment or giving us 24 hours notice of cancellation. Should you decide not to keep the appointment without giving the appropriate notice, you will be charged a \$25.00 service charge, except in the case of emergency.

Payment

In order for us to keep our services available to our patients, **it is necessary to require payment at the time of your visit.** We will accept those insurances that we are credentialed for after obtaining verification of coverage and benefits for naturopathic services. If this is not completed by the first visit, payment will be expected and RNMC will reimburse you. You will be responsible for payment of charges not covered by your insurance company. If you would like to apply for a special payment plan due to financial hardship, please discuss this with us before your appointment is scheduled. We will make every effort to help you obtain reimbursement from your insurance company if they do not cover naturopathic services.

Rights

- You have the right to be treated with courtesy, respect and dignity.
- You have the right to know the process through which services are offered, including the general course of treatment, and whom you will be working with.
- If a medication is prescribed, or any other specific treatment is recommended, you have the right to know what the medication or treatment is, why it is being prescribed, what is the expected outcome, and general side effects which might be reasonably expected.
- You have the right to request that the physician not make notes in the chart pertaining to sensitive matters.
- Any medications prescribed for you by your physician may be obtained at other locations if also provided by our medicinary.

Confidentiality

If an outside person or agency requests information concerning a patient, we require that their inquiry be in writing with a signed release form from the patient before the information is given out. RNMC are fully HIPAA compliant to ensure patient confidentiality. This policy enables us to develop a trusting therapeutic relationship between doctor and patient.

Assignment of Benefits

I hereby assign my medical benefits for services rendered by the Rockwood Natural Medicine Clinic. This assignment will remain in effect until I revoke it in writing. A photocopy or fax of this assignment is to be considered as valid as an original. I authorize the Rockwood Natural Medicine Clinic to release all information necessary to secure payment in full. I understand that I am financially responsible for all the charges whether or not paid by an insurance company or attorney.

I have read this page and understand these policies.

Signature

Date

Witness

Date

