Aspen Integrative Medical Center
323 N Leroux, Suite B
Flagstaff, AZ - 86001

- Aspen Informed Consent Welcome Form 2026 -

WELCOME TO ASPEN INTEGRATIVE MEDICAL CENTER
Overview of Our Office Policies and Informed Consent

We are excited that you have chosen us to be part of your journey toward better health, happiness, and overall quality of life. At our clinic, we combine the best of conventional, natural, and cutting-edge therapies to provide safe and effective care for your entire family. This document contains important policies and informed consent information specific to your care. We kindly ask that you read it thoroughly. We value your active participation in every aspect of your health care. If you have any questions or need further clarification, please don't hesitate to contact our office. Thank you for placing your trust in us!

GENERAL OFFICE POLICIES

Business Hours: Monday - Thursday from 9am-5pm and Friday from 9am-2pm

To ensure we can provide you with the best care, we kindly ask all new patients to complete the required paperwork, including this questionnaire, before we can schedule a first appointment or determine whether we are able to take you on as a patient.

If you are seeking a procedure-only appointment: Please contact our office after completing your new patient paperwork so we can expedite the scheduling process.

If you are looking to establish care: You do not need to contact our office after completing your paperwork. Our team routinely monitors for completed intake questionnaires and will follow up with you regarding next steps.

I agree to the above: * ☐ Yes

Patient and Staff Safety is Our #1 Priority

Respectful Behavior: Our clinic is committed to providing a safe and healing space for everyone at all times. We ask all patients to treat others—both fellow patients and our staff—with respect. Thank you for helping us uphold a respectful and supportive environment for all.
We maintain a zero-tolerance for the following behaviors, which may result in immediate removal from the building, discharge from care, and potential legal action:
- Use of profane, defamatory, or violent language in person, via email, or over the phone.
- Any actions or speech deemed harassing, threatening, or abusive, particularly those targeting race, ethnicity, religion, gender, disability, sexual orientation, or political beliefs.
- Posting hateful, discriminatory, or harassing comments about our clinic, staff, or other patients on any form of media.

Scent-Free Care: Please note that we are a scent-free clinic. Many of our patients have a heightened sensitivity to certain smells and scents, which can trigger symptoms such as disabling fatigue, brain fog, headaches, and more. To support a safe environment for everyone, we kindly ask that you: 1.) Use scent-free detergents and cleaning products at home; 2.) Avoid wearing perfumes, colognes, essential oils, or other fragranced products when visiting the clinic. If you arrive for an in-person appointment and we detect strong fragrances, you may be asked to reschedule. Thank you for your cooperation in helping us maintain a comfortable space for all.

Masking and Medical Autonomy: Our clinic is committed to creating a safe and respectful environment for all patients and staff. Patients with acute COVID-19 or other contagious respiratory infections are isolated in designated areas, and we utilize a natural airborne disinfectant to help prevent transmission. We firmly support medical autonomy for everyone. Patients and staff are encouraged, but not required, to wear masks based on their personal preferences. For cases involving acute COVID-19 or other contagious respiratory infections, we encourage doctors and staff to wear masks; however, the decision to do so remains at the discretion of each individual. To uphold our commitment to medical autonomy, staff members are not obligated to comply with requests from patients to wear masks.

I agree to the above: * ☐ Yes

What to Expect When You Visit

New Patient Establishing Care Appointment - "First Visit" - A typical first office visit with your physician lasts 60 to 90 minutes. The primary goal is to gather an extensive health history, perform a physical exam (if needed), discuss laboratory and/or diagnostic tests, answer your questions, and establish an initial treatment plan. While your physician will provide an initial medical assessment and outline a treatment approach, your first visit often focuses on information gathering. In some cases, your physician may need additional time after your visit to:
- Review your case in more depth, research medical literature, and/or consult with a specialist.
- Determine and order additional labs, imaging, or make referrals to specialists.
Please note: We do not issue lab or imaging orders before your first visit, as a full understanding of your health history is essential to determine which tests are appropriate.
In these instances you will need to schedule a follow-up appointment to discuss test results and finalize your treatment plan. Follow-up visits are not included in the price of the initial appointment.

NOTE: An establishing care appointment, consult, and/or lab work may be required before beginning services such as IV therapy, IV ozone, EBOO, hyperbaric oxygen therapy, deep tissue laser therapy, or other advanced treatments. A consult is not required for craniosacral therapy or visceral manipulation.

Follow-Up Appointments - "Second Visit & Ongoing Care" - Your physician will recommend the appropriate timeline for follow-up visits. These appointments allow us to review lab and imaging results, discuss your progress, provide prescription refills, and adjust your care plan as needed. A core principle of our practice is Doctor as Teacher. We set aside ample time to explain your test results and treatment options in a clear, meaningful way, and to ensure you have time to ask questions. Follow-up visits are billed based on the time required for your care. Typical ranges include: 0–15 minutes, 16–20 minutes, 21–30 minutes, 31–45 minutes, and 46–60 minutes. The actual duration will depend on the complexity of your case and the time your physician determines is needed to provide exceptional care. In some cases, visit length may vary, and fees will be adjusted accordingly.

Reaching Your Provider Between Visits: We understand that you may have questions about your treatment plan, need to update your physician on new developments, or have other medical concerns between appointments. If you need assistance, please call our office or message us through your CHARM patient portal. We strive to respond promptly within 48 business hours. Please use CHARM messaging only for non-urgent, simple, and straightforward requests that do not require medical decision-making. To ensure you receive the best care possible, we may limit CHARM messages to ten between appointments. For concerns beyond this, a phone call may be more effective.

Quality of Care Policy: To help us provide you with the safest, most effective, and individualized care possible, we ask that you schedule a follow-up appointment with your physician if any of the following apply:
1.) You have a new, acute, or urgent health concern.
2.) Your symptoms have worsened and require evaluation.
3.) You would like changes to your current treatment plan, including a new prescription.
4.) You need a review of lab or imaging results.
5.) You are requesting a new lab or imaging order (especially if it has been 6 months or more since last appointment)
6.) You need a prescription refill but haven’t been seen recently and/or require further evaluation (such as labs) before continuing the medication.
7.) You have a new medical question that requires evaluation.
8.) You are requesting your doctor’s medical opinion or a second opinion.
9.) You need your doctor to write a letter, referral, or complete paperwork for a third party (e.g., disability application).
Note: Additional situations may require a follow-up at your physician’s discretion.

I agree to the above: * ☐ Yes

E-Consults through CHARM Messaging: If you have symptoms or concerns that need to be addressed before your next scheduled follow-up visit, you may initiate an E-Consult by sending a message through the CHARM patient portal. This allows you to request clinical decision-making and feedback from your provider regarding symptoms, response to treatment, medication adjustments, and related concerns. E-Consults are a billable, non-face-to-face, patient-initiated visit designed to address issues that would otherwise require an in-person or TeleMedicine visit. They are billed based on time, with a minimum charge of $75 for 10 minutes. While E-Consults can help maintain continuity of care between appointments, they are not a substitute for routine care visits. Please note that in some cases, it may not be appropriate or safe to manage your concerns electronically. If necessary, we may recommend an acute TeleMedicine or in-person follow-up appointment.

Urgent Concerns and After-Hours Care: If you have a non-emergent but time-sensitive health concern, please call our office immediately so we can notify your provider as soon as possible and advise you on the next steps. Do not use CHARM portal messaging or email for urgent concerns. We will always do our best to accommodate urgent needs; however, same-day appointments are not guaranteed if our schedule is full. It is at the physician's discretion whether they can see you between scheduled visits or after hours. If you contact us outside of regular business hours, please leave a message, and we will return your call on the next business day. If you feel you cannot wait until the next business day, we recommend seeking care at an urgent care facility.

Medical Emergencies: If you are experiencing a life-threatening emergency, call 911 or go to the nearest emergency department immediately.

Procedure-Only Appointments: If you are scheduled for a procedure-only appointment—such as craniosacral therapy, visceral manipulation, IV therapy, ozone therapy, or similar treatments—please note that these visits are intended solely for the scheduled procedure. At the provider’s discretion, they may accommodate additional requests during your visit, such as treatment plan adjustments, prescription refills, or lab orders. However, these services are not included in the procedure cost and will incur an additional charge for medical care management. We appreciate your understanding and look forward to providing you with the best care possible.

If You Have Not Been Seen in 12 Months: If it has been more than one year since your last appointment, you will need to schedule a minimum of 45-minute follow-up visit before we can provide any medical care, including lab orders, prescription refills, or other treatment requests. While your provider may not need the full 45 minutes, we schedule this amount of time to ensure there is adequate time to review your health, address your concerns, and provide appropriate care.

If You Have Not Been Seen in 2 Years: If it has been two years or more since your last appointment, you will need to schedule an establishing care visit before we can provide medical care, including lab orders, prescription refills, or other treatment requests.

I agree to the above: * ☐ Yes

Laboratory Testing, Imaging, and Referrals

Ordering Lab Testing: As part of your care, your provider may recommend lab testing (blood, urine, stool, culture, etc.) through Labcorp, Sonora Quest, Patient's Choice, and/or other specialty labs to help identify the root cause of your symptoms. We offer in-house lab testing and blood draws; if that is not an option for you, we will provide a lab requisition for testing at another location or arrange for a lab kit to be shipped to you. We always strive to order testing in the most cost-effective way for you. Standard labs such as Labcorp and Sonora Quest will be submitted through your insurance whenever possible. We encourage you to contact the lab and/or your insurance provider in advance to verify coverage. It is your responsibility to understand your insurance plan and any applicable deductibles for lab testing. We make no guarantee that any lab tests will be covered under your plan. For uninsured patients, those with Medicaid (AHCCCS) or Medicare, or individuals with high-deductible plans, we offer highly discounted cash-pay prices as an alternative. We will always do our best to estimate out-of-pocket costs for you before proceeding with any lab orders.

Ordering Imaging and Referrals: As part of your care, your provider may order imaging (e.g., X-ray, CT, MRI, ultrasound) or refer you to a specialist for further evaluation (e.g., a gastroenterologist for a colonoscopy). In either case, we will fax the order or referral to the appropriate office and provide you with a copy for your records. We strive to ensure cost-effective care by submitting all requests with your insurance details. However, we encourage you to verify coverage with the imaging center or specialist beforehand, as it is your responsibility to understand your plan’s deductibles and benefits. We cannot guarantee insurance coverage for imaging services. For uninsured patients, those with Medicaid (AHCCCS) or Medicare, or individuals with high-deductible plans, we can provide cash-pay options with an estimated out-of-pocket cost before proceeding. You may also choose to have the order placed through your primary care provider.

Reviewing Test Results: All test results will be reviewed during your scheduled follow-up visit. To ensure timely review and avoid delays, we recommend completing your testing at least 2 weeks prior to your next appointment, unless otherwise instructed by your physician. If you are unable to complete testing on time, please call us to reschedule your appointment. We will do our best to notify you via CHARM Patient Portal or a phone call once your results are finalized, so you can review them before your follow-up visit. If you haven’t heard from our office and wish to inquire about your results, please call us to check in. Please note: this is not a substitute for your appointment, as proper interpretation of test results is required during your visit.

I agree to the above: * ☐ Yes

Medications and Supplements

In-Clinic Pharmacy and Online Dispensaries: At the time of your visit, your provider may prescribe nutritional, botanical, and homeopathic remedies, in addition to pharmaceuticals, to support your care. These products are typically available through our in-clinic natural pharmacy, which offers high-quality, potent, safe, and effective remedies selected to meet your specific needs. Your provider may also prescribe supplements through one of our online dispensaries, Fullscript or Doctor's Supplement Store, which will drop-ship directly to your home. Please note that supplement recommendations are not covered by insurance plans.

Return Policy and Special Orders: Certain items may be returned for a refund or credit within 15 days, provided they are unopened, sealed, and in original condition. Items that are heat-sensitive, special order, custom tinctures, injectables, or prescription-only are not eligible for return. Special order items such as IV therapies, peptides, or prescriptions may require prepayment before treatment begins.

Medication Refills: For your convenience, prescription refills are typically synchronized with your repeat lab tests and/or a follow-up visit. If you have run out of a prescription, please contact your pharmacy to check if any refills are remaining. If there are no refills, you may be overdue for a lab test or follow-up appointment, and should contact our office. If it has been one year or more since your last appointment, you will need to schedule a follow-up before we can provide prescription refills.

Physician Discretion in Prescribing Pharmaceuticals: At Aspen Integrative Medical Center, our naturopathic physicians may prescribe medications when clinically appropriate. However, we prioritize natural and holistic alternatives whenever possible—particularly when they offer safer, more sustainable long-term benefits. While certain pharmaceuticals may be within our scope of practice, we may choose not to prescribe them based on clinical judgment. Specifically, we generally do not prescribe the following medications: Zolpidem (Ambien), Escitalopram (Lexapro), Bupropion (Wellbutrin), Gabapentin, or benzodiazepines such as Alprazolam (Xanax), Diazepam (Valium), Lorazepam (Ativan), and Clonazepam (Klonopin). These medications may be considered only for short-term use in specific situations—such as tapering protocols or managing flight-related anxiety—when no other effective options are available.

Controlled Substances: To ensure we’re providing you with the highest quality care, patients receiving prescriptions for controlled substances must be seen in person at least once per year. We also require a new controlled substance agreement to be signed annually, so that we remain aligned in supporting your health and treatment goals. Please note that certain medications are outside our scope of practice in the state of Arizona. This means we are unable to prescribe opiates (e.g., Oxycodone), certain GABA Analogues (e.g., Pregabalin), or stimulants (e.g., Methylphenidate, Dextroamphetamine).

Medication Availability: We are happy to send your prescription to the pharmacy of your choice. If your pharmacy is out of stock, it is the patient's responsibility to contact other pharmacies to determine which location has the medication available. Because pharmacy inventory changes frequently and we do not have access to real-time stock information, our office is unable to call multiple pharmacies to check medication availability. Once you have identified a pharmacy that has your medication in stock, please notify our office with the pharmacy's name, location, and phone number, and we will gladly transfer or resend your prescription as appropriate.

I agree to the above: * ☐ Yes

TeleMedicine

TeleMedicine Overview: We offer the convenience of TeleMedicine follow-up appointments for our established patients who may be unable to visit the clinic in person due to distance, illness, or other reasons. You can choose to connect with your physician either by phone or through video using a secure, HIPAA-compliant platform called Doxy. During your TeleMedicine visit, your provider can assess your health, order labs, prescribe medications, and develop a personalized treatment plan for you, just as we would in an in-office visit. Please note, TeleMedicine visits are billed to the credit card on file at the end of your appointment, unless you let us know if you'd like to use a different form of payment. The charge is based on the time spent with your provider, with a minimum fee of $75 for up to 10 minutes. If additional time is needed (typically around 15 minutes), it will be added to cover time that would have been spent on tasks like finalizing your treatment plan, providing lab orders, or submitting prescriptions, if you were seen in person.
While TeleMedicine is a great option, it does have some limitations, such as the inability to perform a physical exam. If necessary, your provider may ask you to schedule an in-person visit for a more thorough evaluation.

TeleMedicine Treatment Plans: After your TeleMedicine visit, your provider will share your personalized treatment plan through your CHARM patient portal. If your provider needs a little extra time to finalize your plan, it will be available to you within 3 business days of your appointment.

To qualify for TeleMedicine and receive the best possible care, your first appointment must be in person, and you'll need at least one in-person visit per year. This ensures your provider can perform a thorough physical exam and offer personalized treatment. These guidelines are set by the Arizona Naturopathic Licensing Board and the Department of Health. If you're unable to attend in-person visits regularly, we may not be able to establish your care, as TeleMedicine isn't suitable for all health conditions. Some conditions—such as chronic pain, chronic fatigue, gastrointestinal disorders, Long Covid-19, and Lyme disease—often require in-person treatments we specialize in like IV therapy, ozone therapy, craniosacral therapy, visceral manipulation, laser therapy, and hyperbaric oxygen therapy. New patients seeking primarily TeleMedicine care must complete our new patient paperwork. After reviewing your case, we'll determine if TeleMedicine is appropriate. If in-person care is necessary, we'll do our best to help you find a provider near you.

I agree to the above: * ☐ Yes

Finances

Fee Schedule: For the most up-to-date information on pricing for new patient appointments, follow-up visits, and treatment-focused visits, please feel free to contact our front desk. We're happy to assist you!

Payment at Time of Service: We kindly remind you that it is the patient's responsibility to cover the costs associated with services provided by your clinician and our clinic team, in accordance with our clinic policies. At the end of each visit, you will receive an invoice that may include fees for your appointment, treatments, and any items provided during your care. To ensure a smooth experience, payment in full is required at the time of service. Please be aware that any outstanding balance must be resolved before additional services can be scheduled. If needed, we are happy to discuss a payment plan. Balances that remain unpaid after 3 months will have a 50% fee added and sent to collections. If you have any questions about your invoice or believe there may be an error, please don't hesitate to contact our office. We're here to help and will gladly review the matter. While we are unable to adjust payment obligations outside of our established policies, we sincerely appreciate your understanding and cooperation.

Payment Options: To make things easier for you, we accept a variety of payment methods, including Check, Cash, Visa, Discover, and MasterCard. We also offer the option to pay with your HSA/FSA accounts if that's more convenient for you. Please note that there is a $40.00 fee for any returned checks.

Treatment Packages: All treatment packages (such as infrared sauna, hyperbaric oxygen therapy, laser therapy, neurofeedback, etc.) are valid for one year from the date of purchase. Please note that these packages are non-transferable to other family members or friends, and they are non-refundable. However, if you have any unused treatments, you can apply them as a credit toward other services at Aspen Integrative Medical Center.

Credit Card On File: For patients who are routinely seen virtually, we securely store your credit/debit card information in our encrypted payment system. This allows us to process visit fees, cancellation fees, and other charges related to the services we provide. Please keep your payment information current to avoid interruptions in care. If your card is declined, we ask that you provide immediate payment for any outstanding balance. Unpaid balances may temporarily pause scheduling of future appointments until resolved. For patients seen in person, we do not routinely keep a card on file. Please bring a valid credit/debit card to each visit for payment. Receipts are sent automatically via CHARM, but are also available printed upon request.

Estimated Cost of Care: If you'd like, our staff can provide an estimated cost for your upcoming visit or services. Please note that this is only an estimate and not a guarantee of final charges. The actual cost will be determined at the end of your appointment based on the time, complexity, and care required to address your healthcare needs. Our providers are committed to being thorough and ensuring all of your questions and concerns are addressed. Because of this, appointments may occasionally take longer than expected in order to provide the highest level of care. For certain conditions—such as complex chronic illness—additional time may be needed both during your visit and in preparation, including review of past medical records. In these cases, visit charges will reflect the complexity and total time involved.

Review of Prior Medical Records: To provide you with the highest quality care, your physician may review your prior laboratory results, imaging reports, and medical records before your appointment. Routine review of these records is included in the cost of your visit. However, some patients have more extensive medical histories that require additional physician time. This most commonly occurs during new patient establishing care appointments or in medically complex cases. If reviewing your records requires more than 30 minutes of physician time, an additional fee of $100 per 30-minute increment will apply. This fee applies only to physician time spent reviewing prior medical records. Time spent researching medical literature, reviewing current evidence, or consulting with other healthcare professionals regarding your care is not billed under this policy. Whenever possible, we will notify you in advance if significant record review is anticipated and will make every effort to complete the review as efficiently as possible.

I agree to the above: * ☐ Yes

Medical Insurance

As naturopathic physicians in Arizona, we are not able to credential with insurance companies and therefore cannot submit claims directly on your behalf. If you would like, we can provide you with a superbill, which includes the necessary medical codes for your treatments, diagnoses, and itemized fees. Please note: receiving a superbill does not guarantee coverage or reimbursement from your insurance company. We strive to keep in-network coverage in mind when referring you for labs and imaging. However, it is your responsibility to confirm coverage with your insurance provider. Any costs not covered by your plan—including copays, deductibles, or uncovered services—are your financial responsibility.

Medicare & AHCCCS (Arizona Medicaid): Please note that Medicare and AHCCCS (Arizona Medicaid) do not cover or reimburse services provided by naturopathic physicians in Arizona. As a result, we are unable to submit claims, provide superbills for reimbursement, or bill laboratory testing through your Medicare or AHCCCS coverage—even if you have a secondary insurance plan. If laboratory testing is ordered through our office and your insurance does not cover the cost, any charges billed to our practice will be your financial responsibility.

Insurance Superbills: We’re happy to provide you with superbills for your charges at no cost. Please allow up to 14 business days for us to prepare the superbill paperwork. If you request additional information or documentation beyond the superbill to submit to your insurance, please note that we may charge an hourly rate to cover the time spent preparing those documents.

I agree to the above: * ☐ Yes

Missed Appointments and Cancellations

It is truly an honor and privilege to serve you, and we look forward to building a long and mutually fulfilling relationship with you. We value your time and appreciate your understanding in respecting ours. When an appointment is missed or not canceled with at least 48 business hours' notice, it can prevent us from helping other patients who are also in need of care. We understand that sometimes unexpected circumstances arise, and we are happy to work with you if you need to reschedule. Please let us know as soon as possible if you need to cancel or reschedule, and we'll do our best to accommodate you.

Cancellations: We understand that things can come up, but if you need to cancel or reschedule your appointment, please let us know at least 48 business hours in advance. If we don't receive notice in time, a non-refundable $50 fee will be charged to the credit card on file. For new patient appointments scheduled on a Monday, we ask that you provide notice by Thursday. In cases where a procedure appointment wasn't cancelled in time (such as an IV, hyperbaric oxygen therapy, laser therapy, or regenerative injection), we reserve the right to charge the full cost of the procedure or it may count towards a prepaid package, instead of the flat fee. We appreciate your understanding, as this helps us continue providing care to all of our patients.

Arriving Late: We understand that delays happen! Arriving late is considered any arrival 10 minutes or more past your scheduled appointment time. If you arrive late, we may need to reschedule to ensure all patients receive their full appointment time. A $50 cancellation fee may apply for appointments that must be rescheduled due to late arrival. If we are able to see you within the remaining time, the full appointment fee will still apply. (For example, if you arrive 10 minutes late and spend 30 minutes with the doctor, a 40-minute appointment will be charged.) For back-to-back appointments, fees may apply for each affected visit. If you are late for a procedure, such as an IV, and we are still able to accommodate you, a $50 late fee may apply to compensate for the inconvenience. Repeated late arrivals may result in our requesting that you pause or discontinue care to maintain timely service for all patients. We value your time and our relationship with you, and we appreciate your effort to arrive on time for future appointments. Following this helps us serve all patients efficiently and maintain the high standard of care you expect from our clinic.

Submitting New Patient Paperwork: To ensure the best possible experience, we kindly request that you complete your new patient paperwork at least 7 days in advance, but no later than 48 business hours prior to your appointment. If we do not receive your completed forms 24 hours before your visit, we may need to cancel your appointment and apply a $50 late cancellation fee.

IV Therapy and Blood Draws: To ensure a smooth and timely experience, we kindly ask that you arrive at least 5 minutes early for your IV therapy and blood draw appointments. These visits are scheduled within a short 15-minute time slot, and arriving late may cause delays for other patients and compromise the time our nurse has to focus on your care. Your safety and comfort are our top priority, and we truly appreciate your understanding and cooperation!

Appointment Reminders: As a courtesy, we send reminder texts and emails before your scheduled appointment. However, please note that it is your responsibility to remember your appointment time. If you do not receive a reminder, or if a reminder is received after the 48-hour window, we are still unable to make exceptions to our cancellation policy.

I agree to the above: * ☐ Yes

UNDERSTANDING NATUROPATHIC MEDICAL CARE

Right to Know About Your Health and Treatment: You have the right to fully understand your health condition(s) and the treatment options being recommended. This disclosure is intended to ensure you are well-informed about the potential benefits, risks, and considerations involved in Naturopathic Medicine, so you can make the best decisions for your care.

Principles of Naturopathic Medicine: As Naturopathic Doctors (NDs), we follow a holistic and patient-centered approach to health and healing. Our core principles include:

1.) First Do No Harm (Primum Non Nocere) – We prioritize using the most natural, least invasive, and least toxic therapies to support your healing process.

2.) Identify and Treat the Causes (Tolle Causam) – While symptom relief is important, our focus is on uncovering and addressing the root causes of your health concerns for lasting results.

3.) Treat the Whole Person (Tolle Totum) – We recognize the deep connection between your body, environment, and lifestyle. Our approach is designed to restore balance and overall health by considering all aspects of your well-being.

4.) Doctor as Teacher (Docere) – We believe in empowering you with knowledge so that you can make informed decisions about your health. By fostering a trusting, educational relationship, we help you understand the steps needed to achieve and maintain wellness.

5.) Use the Healing Power of Nature (Vis Medicatrix Naturae) – We work with the body’s natural ability to heal itself, guiding you on your journey to better health with the wisdom your body already holds.

6.) Prevention (Praevenire) – We focus on prevention to help you avoid illness and suffering, promoting long-term health and vitality.

What to Expect During Your Appointment: During your appointment with a naturopathic physician, you will receive a thorough evaluation, diagnosis, and treatment plan tailored to your condition(s). Your visit may include, but is not limited to:

- A discussion of your medical history
- A physical exam including general, musculoskeletal, heart and lung, EENT, orthopedic, and neurological assessments
- Diagnostic procedures such as venipuncture (blood draws), pap smears, imaging, and laboratory evaluations (e.g., blood, urine, stool, saliva)
- Physiotherapeutic treatments like acupuncture, cupping, gua sha, moxibustion, laser therapy, and more
- Dietary advice and therapeutic nutrition, including diet plans, and nutritional supplements
- Injection therapies with vitamin or other therapeutic substances via intravenous or intramuscular means

Botanical/herbal medicine, including teas, pills, creams, tinctures (which may contain alcohol), and other forms of plant, mineral, and animal-based remedies

- Homeopathic remedies, which are highly diluted natural substances
- Over-the-counter medications
- Prescription medications, which will be filled at your pharmacy
- Hyperbaric oxygen therapy
- Hydrotherapy (therapeutic use of water)
- Counseling including lifestyle strategies and techniques such as visualization

Potential Benefits: By choosing naturopathic medicine, you understand that there are potential benefits associated with evaluation, diagnosis, and treatment, including, but not limited to:

- Restoration of the body’s optimal functioning capacity
- Relief from pain and other symptoms of illness
- Support in injury and disease recovery
- Prevention of disease or slowing its progression

Potential Risks: You understand that, as with any medical treatment, there are potential risks associated with naturopathic medicine. These may include, but are not limited to:

- Pain, discomfort, or minor bruising and discoloration
- Infections or itching
- Loss of consciousness or tissue injury from needle insertions
- Pneumothorax (lung injury)
- Allergic reactions to prescribed herbs, medications, or supplements
- Soft tissue or bone injury from physical manipulations
- Aggravation of pre-existing symptoms

Treatment Philosophy and Expectations: I understand that Aspen Integrative Medical Center generally does not use long-term antibiotics, antifungals, antivirals, corticosteroids, opioid pain medications, muscle relaxants, or other symptom-suppressing medications as the primary treatment strategy for chronic illness. Instead, treatment recommendations focus on identifying and improving the underlying physiologic dysfunction contributing to my condition. I understand that prescription medications may still be recommended when medically appropriate.

Notice to Pregnant Patients: If you are pregnant or suspect you may be pregnant, please inform your provider. Some of the therapies we may recommend could pose risks to the pregnancy, and we want to ensure the safest care possible for you and your baby.

Counseling: Please note that naturopathic physicians are not licensed psychologists or psychiatrists. We do offer counseling to support the development of improved lifestyle strategies, but it is not intended to replace professional psychological or psychiatric care.

Contraindications to Care: For your safety, please notify your provider if you have any of the following conditions: bleeding disorders, chronic kidney disease, implanted medical devices (such as pacemakers), cancer, or any other health conditions that may affect your treatment. It's important that your healthcare providers are aware of these conditions to ensure the safest and most effective care.

Pharmaceuticals: Our naturopathic physicians will prescribe medications within their scope of practice when they believe it is in your best interest. Please note, the State of Arizona Naturopathic Medicine Board imposes certain limitations on the types of controlled substances we are authorized to prescribe.

Not FDA Approved: While the U.S. Food and Drug Administration (FDA) has not approved nutritional, herbal, and homeopathic substances, these treatments have been used safely and effectively in Europe, China, and the USA for many years.

Patient Responsibility: You understand that it is your responsibility to ask your provider to explain any therapies and procedures to your satisfaction. While you do not expect the naturopathic physician or allied healthcare providers to anticipate and explain every possible risk or complication, you trust the provider to use their judgment and expertise during the course of your care based on the known facts.

Course of Treatment: You acknowledge that this consent form applies to the entire course of treatment for your current condition and any future conditions for which you seek care. While we will do our best to help you, no guarantees have been made regarding the results of any treatment. You provide your written consent to undergo evaluation and treatment as part of this ongoing care.

I agree to the above: * ☐ Yes

HIPPA NOTICE OF PRIVACY PRACTICES

Please review this Notice carefully. It explains how your medical information may be used and shared, as well as how you can access this information. Please check the appropriate boxes. If you have any questions about this Notice, feel free to contact our Privacy Officer: Dr. Paul Despres Phone: (928) 213-5828

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates data privacy and security to protect your medical information. This Notice explains how your medical information may be used and disclosed, and how you can access it. Please review it carefully. Under the HIPAA privacy rule, you have the right to request restrictions on how your protected health information (PHI) is used and disclosed. You also have the right to request confidential communications or ask that PHI be communicated through alternative means (for example, sending correspondence to your office instead of your home).

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices. If you have any questions or concerns about this form, please feel free to speak with our HIPAA Compliance Officer, either in person or by phone at our main number.

Section A: Who Will Follow This Notice

This Notice describes Aspen Integrative Medical Center (hereafter referred to as "Provider‟) Privacy Practices and that of:
Any workforce member authorized to create medical information referred to as Protected Health Information (PHI) which may be used for purposes such as Treatment, Payment and Healthcare Operations. These workforce members may include:
- All departments and units of the Provider.
- Any member of a volunteer group.
- All employees, staff and other Provider personnel.
- Any entity providing services under the Provider's direction and control will follow the terms of this Notice. In addition, these entities, sites and locations may share medical information with each other for Treatment, Payment or Healthcare Operational purposes described in this Notice.

The providers at this clinic maintain a record of the healthcare services we provide. You have the right to request access to and a copy of that record (please note that copy charges may apply, as required by law). Your protected health information may be used and disclosed by your physician, our office staff, and other individuals or entities involved in your care and treatment, for purposes such as providing healthcare services to you, processing your healthcare bills, supporting the operation of the physician's practice, and for other uses as required by law.

Section B: Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or maintained at Aspen Integrative Medical Center whether made by staff or your provider.

Phone and Email Confidentiality Risks: We want to inform you that using cell phones and email for communication is not fully secure, as these methods are not encrypted. While we strive to protect your confidentiality, there may be risks when sharing your protected health information through these channels. If you choose to communicate with your Aspen Integrative Medical Center provider or staff via cell phone or email, you understand these risks. To ensure greater security, we encourage the use of our CHARM patient portal for communication. Email communication is only offered as an alternative if you are unable to use the portal.

Audio Recordings and Pictures: Audio recordings or photos of your appointment may only be taken with explicit consent from both you and your provider. Posting any audio or pictures on media platforms is not allowed unless both the patient and provider have given their consent.

Section C: How We May Use and Disclose Medical Information About You

The following will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:
- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other Provider personnel who are involved in taking care of you at the Provider. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Provider also may share medical information about you in order to coordinate different items, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Provider who may be involved in your medical care after you leave the Provider.

Payment: We may use and disclose medical information about you so that the treatment and services you receive at the Provider may be billed and payment may be collected from you or a third party. For example, we may tell your health plan about a prescribed treatment to obtain prior approval or to determine whether your plan will cover the treatment.

Healthcare Operations: We may use and disclose medical information about you for Provider operations. These uses and disclosures are necessary to run the Provider and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Provider patients to decide what additional services the Provider should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the medical information we have with medical information from other Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning a your identity.

Appointment Reminders: We may use your contact information as a reminder that you have an appointment for treatment or medical care at the Provider.

Treatment Alternatives: We may use your contact information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Authorizations Required: We will not use your protected health information for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization, this includes uses of your PHI for marketing or sales activities.

Emergencies: We may use or disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

Psychotherapy Notes: Psychotherapy notes are accorded strict protections under several laws and regulations. Therefore, we will disclosure psychotherapy notes only upon your written authorization with limited exceptions.

Communication Barriers: We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

Individuals in Your Care or Payment For Your Care: We may release medical information about you to a friend or family member who is involved in your medical care and we may also give information to someone who helps pay for your care. Disclosure of this information will ONLY happen after your written HIPPA release designating members and type of information we are allowed to share.

As Required by Law: We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health Issues as required by law, Communicable Diseases: Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors; and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Worker's Compensation; Inmates. Under the law, we must make disclosures to you and when, required by the Secretary of the Department of Health and Human Services.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Email Use: Email will only be used following Aspen Integrative Medical Center's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

Section D: Special Situations

- Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- Workers' Compensation. We may release medical information about you for workers' compensation or similar programs.
- Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Law Enforcement. We may release medical information if asked to do so by a law enforcement official: in

response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the Provider; and in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about you to funeral directors as necessary to carry out their duties.
- National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Section E. Your Privacy Rights Regarding Medical Information About You

The following is a statement of your rights with respect to your protected health information.

Right to Request Medical Records: We process requests for medical records as quickly as possible, with a standard turnaround time of up to 14 business days. Please note that fees may apply based on the complexity of the request and for each piece of paperwork. If you need the paperwork sooner, a "RUSH" fee may be added to the standard fee. Payment for paperwork will be required before the completed documents are provided.

Right to Access, Inspect, and Copy: You have the right to access, inspect and copy the medical information that may be used to make decisions about your care, with a few exceptions. Usually, this includes medical and billing records, but may not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- We may deny your request to inspect and copy medical information in certain very limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Provider will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Provider. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Provider;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to Accounting Disclosures: You have the right to request an "Accounting of Disclosures‟. This is a list of the disclosures we made of medical information about you. Your request must state a time period which 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 accounting (for example, on paper or electronically, if available). The first accounting you request within a 12 month period will be complimentary. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to your spouse). We are not required to agree to these types of request. We will not comply with any requests to restrict use or access of your medical information for treatment purposes. You also have the right to restrict use and disclosure of your medical information about a service or item for which you have paid out of pocket, for payment (i.e. health plans) and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.

Right to Receive Notice of Breach: We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The Notice is required to include the following information:

- A brief description of the breach, including the date of the breach and the date of its discovery, if known;
- A description of the type of Unsecured Protected Health Information involved in the breach;
- Steps you should take to protect yourself from potential harm resulting from the breach
- A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional Information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

Right to Request 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 at work or hard copy or e-mail. We will not ask you the reason for your request. 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 the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website.

To exercise these rights, please contact the individual listed at the top of this Notice to request the appropriate form needed to make your request.

Section F: Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice. The Notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are admitted to the Provider for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Provider or with the Secretary of the Department of Health and Human Services:
http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html.
To file a complaint with the Provider, contact the individual listed on the first page of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Section H: Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Section I: Organized Healthcare Agreement

The Provider, the independent contractor members of its Medical Staff (including your physician), and other healthcare providers affiliated with the Provider have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your healthcare needs.

I agree to the above HIPPA Notice of Privacy Practices *

☐ I agree

ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTED TERMS

Aspen Integrative Medical Center
323 N Leroux, Suite B
Flagstaff, AZ - 86001

By signing and submitting this form, you acknowledge that you've been given ample opportunity to read or have this document read to you. You also understand that it is your responsibility to ask your provider to explain any therapies or procedures to your satisfaction. You give both your oral and written consent to the evaluation and treatment of your current and any future conditions for which you seek care. While no guarantees have been made, you acknowledge that you understand the information provided. You also confirm that you have received and reviewed the Notice of Privacy Practices, as well as the office policies and financial agreement with Aspen Integrative Medical Center, and agree to comply with them. We look forward to serving you!

I agree to the above: * ☐ Yes

Name of Patient: * _____

Patient's Date of Birth: * _____

Signature of Patient or Guardian: * _____

Name of Guardian (if applicable): _____

Today's Date: * _____