

## CONSENT AND PAYMENT POLICY

I, \_\_\_\_\_, (client), consent to receive naturopathic care and recommendations from Katrina Bogdon, ND of Our Healing Roots, LLC. I understand that I will not be receiving diagnostic information from my Naturopathic Doctor (ND).

Dr. Katrina Bogdon is licensed as a naturopathic physician in the state of Washington. She received her four years of post-graduate naturopathic medical education and two years of residency through CNME (Council of Naturopathic Medical Education) approved programs.

I understand that the state of Missouri does not license NDs and that Dr. Katrina Bogdon is **NOT** a Medical Doctor (MD), Osteopathic Doctor (DO), nor Licensed Dietitian (LD). The information and recommendations provided are considered to be alternative care in the state of Missouri. Dr. Katrina Bogdon's recommendations do **NOT** replace the care, diagnoses, and treatment provided by my licensed medical providers. The information provided is intended to be used in conjunction with my medical care provided by my licensed medical providers.

I also understand that I will not be receiving any medical treatment, prescriptions, nor medical exemption letters from Dr. Katrina Bogdon. Recommendations made by Katrina Bogdon may not be FDA approved and therefore should not be taken as such.

\_\_\_\_ (initial) I understand that Dr. Katrina Bogdon does not carry medical malpractice insurance and is not required to by law.

I understand that if Katrina Bogdon, ND determines that I am in urgent need of medical evaluation, she will refer me to my primary care physician, an urgent care or the emergency room. I understand that I must consult with my licensed medical provider to obtain medical evaluation, medical diagnosis, and medical treatment. If I need emergency medical attention, I will call 911 or go to the nearest emergency room (ER).

I do not expect Dr. Katrina Bogdon to be able to anticipate and explain all risks and complications of her recommendations, and I wish to rely on her to exercise judgment in making recommendations that she feels at the time, based on the facts then known, are in my best interest.

I understand that Our Healing Roots, LLC does not make any guarantees, warranties or claims of any kind, whether expressed or implied, that a particular result will be achieved.

## NOTICE OF SAFETY

Notice to Women: If I suspect I am pregnant or plan to become pregnant, I will alert Dr. Katrina Bogdon immediately.

I will alert Dr. Katrina Bogdon if I have any of the following conditions: bleeding disorders or taking anticoagulants/blood thinners, pacemaker, insulin or morphine pumps, local infections, or any other condition or medication that is relevant and necessary to her care of me.

If I have been diagnosed with cancer, I understand that Katrina Bogdon, ND will not provide recommendations unless I am under the care and treatment of an oncologist. Dr. Katrina Bogdon is not trained nor qualified to manage the overall care of a person with cancer. Instead, she provides integrative recommendations to support overall health and improve quality of life during and after conventional cancer treatment. Dr. Katrina Bogdon's recommendations are not a cure for cancer. The care provided by Dr. Katrina Bogdon and Our Healing Roots, LLC, is not a substitute for oncology care but may be used integratively alongside prescribed oncology care. If my doctor suspects I have cancer and has recommended further workup, I must complete that diagnostic work up before initiating care at Our Healing Roots. Accordingly, I accept responsibility to adhere to the following:

1. I should engage my own board-certified oncologist (BCO) for overall oncology care;
2. I understand that it is important to make the BCO aware of the care and advice that I am receiving from Dr. Katrina Bogdon;
3. I understand that the recommendations provided by Dr. Katrina Bogdon are not intended to replace any treatments prescribed by my BCO.

## **PAYMENT AND FEES**

Our Healing Roots, LLC, accepts payment via cash, check, credit card, and debit card. Our Healing Roots, LLC is **NOT** contracted with insurance companies and doesn't write letters or provide diagnosis codes for insurance companies. **Payment is due at the time services are provided.** Future consults will not occur until outstanding balances are paid. Clients with accounts that are in default after thirty days will result in the cancellation of any future appointments. Clients who have had accounts in default for thirty days or who have had 3 late payments of 7 days or more will not be allowed to schedule in the future without prepaying for the appointment.

**PLEASE NOTE** that pricing and policies are subject to change periodically. Our current price list is available on our website, and we are happy to provide you with a hard copy upon request. If appointments go over time, there may be an additional charge (pro-rated). Appointments will not be pro-rated if they take less time than the maximum amount of time allowed for each appointment type. Services rendered and lab work recommended by Our Healing Roots, LLC are non-refundable.

If you call or send an electronic message with a question that directly relates to scheduling, billing, to report an adverse reaction to something Katrina Bogdon, ND recommended, or to ask for clarity regarding the recommendations made at your most recent visit, there is no additional cost. Telephone calls, telephone messages and electronic messages with all other questions and concerns will each be billed as a quick check-in or mentoring appointment. Please see the Electronic Communication and Phone Policy for more details.

## COLLECTION OF FEES

Any unpaid balance due and owing may be collected by utilizing the services of a collection agency of Dr. Bogdon's choice and/or filing a lawsuit in the court of appropriate jurisdiction. All unpaid balances will be collected at an interest rate of 9%. In the event Our Healing Roots, LLC and/or Dr. Bogdon files suit to collect your unpaid fees, you shall pay to Our Healing Roots, LLC and/or Dr. Bogdon all damages, costs, and expenses, including reasonable attorney fees, incurred by them as a result of collecting said balance. Returned payments for insufficient funds or other reasons are subject to a \$30 charge.

This consent form is enforceable under the laws of the State of Missouri. Venue for any action under this contract shall be Webster County, Missouri.

## PRIVACY POLICY

For the privacy and safety of your health information, you agree not to send texts to our business phones. We do not respond to any text messages.

I understand that the information I share with Our Healing Roots, LLC, will be kept confidential as described in the Notice of Privacy Practices. I understand that I have received a copy of the Notice of Privacy practices, and that our Notice of Privacy practices is also available for me to view upon request, in the office, and on this company's website.

## APPOINTMENTS/CANCELLATION

Your appointment time is reserved for you. Should you need to reschedule, please call at least 48 hours before your appointment to avoid a late cancellation fee, which can be found on our fee schedule listed on our website. I understand that if I cancel or reschedule more than four times in a year I may be referred to another provider for care and / or I will no longer receive services from Our Healing Roots, LLC.

**Signing my name below attests that I have read the foregoing and that I understand the information above. I agree to these terms and acknowledge that this document is a binding contract for service.**

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

Dr. Katrina Bogdon, ND: \_\_\_\_\_ Date: \_\_\_\_\_