

## **Naturopathic Doctor Disclosure Statement and Consent for Treatment**

### **Education and Fee Schedule**

Jody Shevins, ND obtained her BA in biology from Cornell University in 1977 and her naturopathic doctorate from National College of Naturopathic Medicine in 1984. Completing additional training in homeopathy through the International Foundation for Homeopathy's Professional's Course in 1986 she went on to become a Diplomate of the Homeopathic Academy of Naturopathic Physicians (DHANP) and maintains her CCH (Certified in Classical Homeopathy, a national accrediting agency). She maintained her Oregon license as a Naturopathic Physician from 1984 (#0599) through 2014 and is now a registered Naturopathic Doctor in Colorado as of June 5, 2014 (#058). Dr. Shevins is trained in classical homeopathy and naturopathic modalities and provides office consultations to patients as a service.

Fees are based on the length of the visit at a rate of \$220 per hour. Initial visits are 90 minutes for adults and teenagers (\$330) and 60 minutes for children (\$220). Follow up appointments are generally 30 minutes (\$110). Phone appointments and email consultations will be charged accordingly.

All clients are asked to pay in full at the time of visit. We can provide you with ICD coded receipts for you to submit to your insurance carrier for your possible reimbursement.

24 Hour notice is required for all cancellations. Missed appointments without 24 hours notice will be billed at half of your appointment fee the first time. Subsequent cancellations in less than 24 hours will be billed in full. All expenses for supplements and herbs are in addition to the cost of the treatment.

I have read the above information and my signature endorses my understanding of the conditions.

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Signature

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Date

## Disclosures and Informed Consent

### Welcome

I am honored to be part of your path to better health and wellbeing. In order to comply with state regulations regarding the practice of naturopathic medicine issued by Colorado Department of Regulatory Agencies, we must ask all patients to read and sign the following:

### Services:

Naturopathic Medicine and Homeopathy are branches of the healing arts distinct from other branches. My services include the prevention, evaluation, diagnosis, and treatment of injuries, diseases, and conditions through education, nutrition, naturopathic preparations, natural medicines, physical medicine, physical agents, homeopathy, and other therapies and modalities designed to support the body's natural healing ability. Naturopathic Doctors (ND) are registered under the Colorado Naturopathic Doctor Act. They are not Medical Doctors (MD), Doctors of Osteopathy (DO), Doctors of Chiropractic (DC), or Doctors of Nursing (DNP) who are licensed under separate practice acts. Naturopathic medicine is not meant to be a substitute for conventional medicine. As Naturopathic Doctors in Colorado, we do not prescribe, dispense, administer, or inject controlled substances (including general or spinal anesthetics) or practice medicine (including performing surgery, obstetrics, or administering ionizing radiation therapy). The only adjustments, manipulations, and mobilizations naturopathic doctors perform are naturopathic manual therapies. We cannot recommend against a course of care recommended or prescribed by a licensed provider in another branch of the healing arts. We recommend that our pediatric patients follow the CDC immunization schedule (copy attached) and have a relationship with a licensed pediatric health care provider.

In order to treat a child, this form must be fully read and signed. You must be provided with a current vaccination schedule; I need a release from the parent to share information with the child's licensed pediatric health care provider if the child has one.

### Alternatives and Collaboration:

Alternatives to Naturopathic Medicine and Homeopathy include declining such care and consulting with others such as an MD, DO, DC, or DNP. Naturopathic Medicine and Homeopathy are not a substitute for other types of health care and we encourage you to seek second opinions, have a relationship with an MD or DO, to communicate with all your providers about the care recommended in our office, and to authorize us to attempt to collaborate with your other providers. If applicable, please identify the provider(s) with whom you give your permission and directive to attempt collaboration:

### Providers names, phone number, addresses:

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**Emergencies:**

If you are having a medical emergency, do not wait to seek care. Call 911.

**No Guarantee:**

Every individual responds to care differently and no guarantee or assurance is made as to the results of care in any specific case, as care may not improve your condition.

**Payment, Insurance, Refunds:**

The fee schedule is attached. Payment for services is not conditional on response to care. There is no guarantee of insurance coverage. Any insurance you have is an agreement between you and your insurance provider.

**Rights:**

You are entitled to receive information about your provider's credentials (attached), the methods of therapy, the techniques used, and the duration of therapy, if known. Complaints regarding Dr. Shevins must be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, contact the Division at (303) 894-7414 or find more information on how to file a complaint at [http://www.dora.state.co.us/reg\\_investigations/file\\_complaint.htm](http://www.dora.state.co.us/reg_investigations/file_complaint.htm)

**Do not sign until you have read and fully understand:**

I have read and fully understand this consent form, and understand that I should not sign this form if any of my questions have not been explained to my satisfaction or if I do not understand any of the terms or words.

**Patient or Person with Authority to Consent Date**

I have read the above information and my signature endorses my understanding of the conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Notice of Privacy Practices and Acknowledgement**

*This notice describes how your health information may be used and disclosed. Please Review it carefully.*

You have certain rights with respect to your health information, subject to legal limitations, including:

- Obtaining an electronic or paper copy of your record. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Asking us to correct incorrect or incomplete information. We may say “no,” but if we do, we will tell you why in writing within 60 days.
- Requesting confidential communications or asking us to contact you in a specific way (e.g., home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- Asking us to limit what we use or share for treatment, payment, or our operation. We are not required to agree to your request, and we may say “no.” If, however, you pay for a service or item out-of-pocket in full, you can request that we not share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- Obtaining a list (accounting) of those with whom we’ve shared your information for six years prior to the date you ask, who we shared it with, and why. The list will not include disclosures for treatment, payment, and health care operations, and certain other disclosures (e.g. made at your request). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for additional accountings.
- Obtaining a paper copy of this notice at any time, even if you agreed to receive the notice electronically.
- Designating someone to act for you. If you have a medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act on your behalf before we take any action.

## **Surprise Balance/Billing Disclosure**

### **Surprise Billing – Know Your Rights**

Beginning January 1, 2020, Colorado state law protects you\* from “surprise billing,” also known as “balance billing.” These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado, and/or
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado

### **What is surprise/balance billing, and when does it happen?**

If you are seen by a health care provider or use services in a facility or agency that is not in your health insurance plan’s provider network, sometimes referred to as “out-of-network,” you may receive a bill for additional costs associated with that care.

Out-of-network health care providers often bill you for the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called “surprise” or “balance” billing.

**When you CANNOT be balance-billed:**

**Emergency Services**

If you are receiving emergency services, the most you can be billed for is your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be balance-billed for any other amount. This includes both the emergency facility where you receive emergency services and any providers that see you for emergency care.

**Nonemergency Services at an In-Network or Out-of-Network Health Care Provider**

The health care provider must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. They must also tell you what types of services that you will be using may be provided by any out-of-network provider.

**You have the right** to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for **covered** services is your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance. These providers cannot balance bill you for additional costs.

**Additional Protections**

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- Your provider, facility, hospital, or agency must refund any amount you overpay within sixty days of being notified.
- No one, including a provider, hospital, or insurer can ask you to limit or give up these rights.

***If you receive services from an out-of-network provider or facility or agency OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive nonemergency services from an out-of-network provider or facility, you may also be balance billed.***

If you want to file a complaint against your health care provider, you can submit an online complaint by visiting this website:

[https://www.colorado.gov/pacific/dora/DPO\\_File\\_Complaint](https://www.colorado.gov/pacific/dora/DPO_File_Complaint).

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the billing department, or the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745.

\*This law does NOT apply to ALL Colorado health plans. It only applies if you have a “CO-DOI” on your health insurance ID card.

Please contact your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance with questions.