

Name and Date:

Ralph W. Wilson, N.D., M.S. Acupuncture
Licensed Naturopathic Physician: #NP-0015
Washington DC 20016

Natural Connections Healthcare
c/o 5101 Wisconsin Ave NW Suite 100
Appointments: (202) 237-7681

Informed Consent to Integrative Naturopathic Assessment and Treatments

Overview Statement:

This is information about the approach to health care used by Dr. Wilson. In the District of Columbia Dr. Wilson is a licensed naturopathic physician who uses functional assessment techniques to guide his recommendations. Dr. Wilson prefers not to give ICD code diagnoses, but instead focuses attention on functional capacities of the body and brain for the person's innate self-healing abilities. Assessments and treatments may draw upon systems of medical thought such as Acupuncture and Traditional Chinese Medicine, Ayurvedic Medicine, Integrative Homeopathy, Craniosacral therapy, or Iridology. Plans for Integrative Medicine referral are considered for each patient. Patients can learn more starting with the internet site: www.NaturalConnectionsHealthcare.com. *"It is more important to know what sort of person has a disease than to know what sort of disease a person has."* -- Hippocrates (460-377 B.C.)

Diagnostic Code Considerations:

The American Medical Association system of diagnosis codes (ICD) for the electronic health record (EHR) is considered as a starting point but is not sufficient to describe in detail the categorizations typical in Traditional Chinese Medicine, Ayurveda, Homeopathy, etc., that are often central to Dr. Wilson's assessment and treatment. The AMA diagnosis code that may be associated with this appointment was chosen for its relevance to the case but cannot be completely describe the patient's condition.

Counseling Aspect of Dr. Wilson's Practice:

Body-Mind Therapy is a concept that can describe his practice. Dr. Wilson has been trained in Craniosacral Therapy and other physical methods that can result in changes in awareness and emotions. He may incorporate techniques that bring to conscious awareness the actions of typically unconscious processes. In particular this includes instruction in the distinct differences between the **Three Control Systems** that each person has to control their life: **1)** the brain with motor nerve control; **2)** the physical body with neurohormonal sensory signaling capability; and, **3)** the autonomic nervous system which controls many unconscious processes. When providing services that affect the mind and emotions Dr. Wilson generally prefers to not use the DSM codes to describe a patient's mental health status. His preference in counseling, hypnotherapy, homeopathy and other approaches that affect mental health and wellbeing is based in part on the field of Positive Psychology which seeks to support the healthy aspects of the patient and also on the phenomenon known as Neuroplasticity ("neurons that fire together wire together"). He acknowledges the existence of negative factors but does not dwell on them. He is a proponent of Coherence Therapy, taught by Coherence Psychology Institute. Often conditions can be defined in terms of Traditional Chinese Medicine or Homeopathy such as "Liver Chi Stagnation" (the symptoms of which are similar to "premenstrual syndrome"), and those symptoms can be relieved without needing to resort to a particular western medicine diagnosis label.

Dr. Wilson also provides focused supportive consultations on referral from other professionals such as psychiatrist, psychologist, counselor, clergy, etc.

Treatments - Informed by Assessment:

When Complementary and Alternative Medicine (CAM) approaches are included in a person's Health Menu, there is a wide range of possible treatments. Assessments may lead to nutritional recommendations, naturopathic physical medicine, acupressure and electro-stim treatments, exercise and movement therapy, biofeedback, homeopathy, NES Infocentials, etc. Referral for outside treatments such as biological dentistry and hyperbaric oxygen may be included. More information is on the Internet site: **www.NaturalConnectionsHealthcare.com**.

Note: If you chose a Focused Service Visit, please consider a more comprehensive consultation.

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AUTHORIZATION & ACKNOWLEDGEMENTS—with YEARLY UPDATE.

Ralph W. Wilson, N.D./Natural Connections Healthcare

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Authorization for Consultations and/or Coaching: I [print name]

_____ authorize naturopathic medical treatment of myself or my minor child by Dr. Ralph Wilson.

Notice as to Nature of Services: I understand that care I receive with Dr. Wilson may be non-traditional or non-conventional. Such services are commonly referred to as integrative, functional, complementary or alternative or holistic medicine. Many of these services may not be recognized as standard medical practices, and may be considered to be unproven or supported by inadequate evidence by medical associations or agencies. Medications prescribed may be approved by the FDA for a different condition than that for which it is prescribed for me. I understand my doctor may request laboratory evaluation that may include venipuncture, and analysis of stool, urine, saliva or hair and that some of these tests, while approved for patient use, may not be considered standard testing or subjected to interpretations based upon functional approaches to medicines.

Notice That Services are Not Primary Care: I understand that Dr. Wilson does not act as my primary care physician. I understand that even though my physician(s) and Dr. Wilson may address issues affecting my general health, they do not become responsible for my health generally simply because he/she may conduct a searching and broad investigation to provide a response to my chief complaint(s).

Dr. Wilson's practice is focused on a complementary, holistic approach to care and it is in my best interest to also have a primary care physician to ensure that I am fully informed about all available conventional means to address any medical conditions I may have. I should also consider, in selecting who should provide primary care services, their role in hospital services. Dr. Wilson's practice is exclusively office-based and he is not affiliated with a hospital. If I become so ill that I require hospitalization, it may be in my interest to have a relationship with a physician with hospital admitting privileges familiar with my health problems and history. I understand that in addition to a primary care physician, it may be in my best interest to have appropriate specialists, such as a cardiologist if I have cardiac problems or a pediatrician if I am seeking treatment for my children. I also understand that it is my responsibility to inform Dr. Wilson who my primary care physician and specialists are, to let Dr. Wilson know of any diagnoses I have received, and of any treatments I have had or am now undergoing for current conditions, and that I should keep Dr. Wilson informed on an ongoing basis. I also understand

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that it is very important to let my primary care physician know about any treatments performed with Dr. Wilson in order to properly and safely coordinate my care.

My primary care physician is:

Name _____ Address _____

City/State/Zip _____ Phone _____

I am also being treated for

by:

Name _____ Address _____

City/State/Zip _____ Phone _____

Medical Records Release Authorization: [Yes___; No__] I have executed a HIPAA authorization, and have authorized Dr. Wilson to release my medical information to any physician or health practitioner involved in my care and to any payer of my care including my insurance company, managed care program, or Medicare carrier upon their specific request. I also authorize any physician or health care provider I have seen to release my medical/dental records to Dr. Wilson.

Financial/Insurance Responsibility for All Services: I understand and agree to the following policies regarding financial and insurance responsibilities. Payment is required at each visit; Dr. Wilson does not accept assignment for medical services. I am responsible for charges incurred for all treatment rendered. This responsibility includes co-payments, deductible amounts, non-covered and excluded items. I agree that I am responsible for any payments for services my insurance carrier determines, either now or at a later date, to be unreasonable or not medically or dentally necessary. I understand that my insurance carrier or other third-party responsible for coverage of my medical/dental expenses may deny coverage because of differences between integrative and conventional medicine, but I choose to receive and will pay for such care. I understand that I am responsible for payment of fees for laboratory or other clinical services ordered by my treatment practitioner(s). Dr. Wilson will not be obligated to take action on my behalf against an insurance carrier for collecting or negotiating my insurance claim. I also agree to be responsible for costs and expenses, including court costs, attorney fees and interest, should it be necessary for Dr. Wilson to take action to secure payment of an outstanding balance owed.

Notice to Medicare Patients: Dr. Wilson has currently opted entirely out of the Medicare program, which means that Medicare will not cover any services or procedures performed by him. I understand that I will not be able to submit any claims to Medicare and that if I have a secondary insurance carrier that carrier may or may not choose to reimburse claims that would have been covered had I seen a physician who accepts payment for Medicare. I understand that I will need to sign a contract (Medicare

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Private Contract Agreement) agreeing not to submit claims to Medicare, that Dr. Wilson will charge me the rates he determines without being limited by Medicare fees, and that I will be financially responsible for any services received. I understand that some services may be considered by Medicare to be non-covered, excluded, or considered not medically necessary due to their nature as complementary medical practices. I understand that Medicare will not be reviewing any claims, and that an opinion by Medicare that a service is not medically necessary in their view of care does not change my responsibility to pay for services.

Claim Management: Dr. Wilson may respond to insurance requests for information, but will not be obligated to take action on my behalf against an insurance carrier for collecting or negotiating my insurance claim. I understand I may be charged for responding to requests for information. Insurance claim forms and information will be provided to patients at the time of visit or sent to the patient upon the availability of the appropriate documentation. Dr. Wilson does not typically send information directly to insurance carriers due to problems he and others have experienced with carriers losing claims.

Dr. Wilson will provide a receipt for payment for services rendered. Submission shall be the patient's responsibility. Dr. Wilson reserves the right in preparing claim submissions to include those procedural codes or other data that accurately reflect services, and to invoice non-covered services using internal descriptions without the use of procedural codes. Dr. Wilson will make an effort to provide sufficient information to allow an insurer to determine what services it will reimburse, but is not responsible for any insurance company decision. As Dr. Wilson does not participate with medical insurance companies, Dr. Wilson reserves the right to determine whether and how he will respond to insurance company requests for records. Patients may always obtain records and provide them in support of their claims. If possible, I understand that Dr. Wilson will advise whether my insurance will cover any particular expenses, but given the uncertainty that pervades insurance decisions, cannot be responsible for any information that turns out to be incorrect.

No Guarantees: I am aware that no practice of medicine or dentistry is an exact science, and acknowledge that there are and can be no guarantees as to accuracy or outcomes of any diagnosis or treatments that I receive from Dr. Wilson.

Revocation of Authorizations: The authorizations may be revoked by me in writing at any time. Such revocation will not affect my financial responsibility to pay for services rendered.

Patient Acknowledgment: I certify that the information I provide to my practitioners and my insurance company is correct. I certify that I am here to receive medical/dental care and for no other purpose. I do not represent any third party.

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Annual Update Questions: Address, Telephone, email or Insurance Company Changes? If so, please update the information with Dr. Wilson.