

## **General Policies For THE VITALITY DOCTOR Practices in Scottsdale and Flagstaff**

### **Appointments**

When you set an appointment, it is an agreement between you and The Vitality Doctors- Dr. Kovalik/ Dr. Martin to be seen. The Vitality Doctors are responsible to be here and provide a service. You are responsible for keeping the appointment or giving The Vitality Doctors- **24 hour notice of cancellation**. Should you decide not to keep the appointment without giving notice, you will be charged a **\$50 service charge**, except in case of an emergency.

### **Payment**

It is necessary to collect payment at the time of your visit. No insurance coverage is accepted by Dr. Kovalik; however there are certain circumstances when your insurance company will reimburse you for services rendered. You will be responsible for payment not covered by your insurance company. If you would like to apply for a special payment plan due to financial hardship, please discuss this with Dr. Kovalik prior to scheduling your appointment.

Failure to pay for said services and/or unpaid balances in the time frame indicated on any billings- or failure to make and honor any agreed upon payment arrangements- may result in the forwarding of any unpaid balances to a 3rd party collection agency as a means of pursuing payment in full. We may also elect to utilize an attorney to pursue litigation, at our discretion. If any of the actions described herein are deemed necessary by The Vitality Doctor you agree to pay any and all incurred collection costs, attorney fees and/or court costs that may become applicable in our pursuit of any unpaid balances.

### **Confidentiality**

If an outside person or agency requests information concerning a patient, we are required that their inquiry be in writing with a signed release form from the patient before the information be given out. The Vitality Doctors- Dr. Christina Kovalik and Dr. Beth Martin are fully HIPAA compliant to ensure patient confidentiality.

### **NOTICE OF PRIVACY PRACTICES**

#### **The Vitality Doctor- Dr. Christina Kovalik NMD, PLLC**

#### **Patient Consent for Use and Disclosure of Protected Health Information**

I hereby give my consent for The Vitality Doctor, PLLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by The Vitality Doctor, PLLC, describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. The Vitality Doctor, PLLC. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to [assistant@thevitalitydoctor.com](mailto:assistant@thevitalitydoctor.com)

With this consent, The Vitality Doctor, may call or text my home phone, cell phone, or other alternative location and leave a message on voice mail, text message, or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, The Vitality Doctor, may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

With this consent, The Vitality Doctor, may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that The Vitality Doctor, restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow The Vitality Doctor to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, The Vitality Doctor- Dr. Christina Kovalik PLLC, may decline to provide treatment to me.

#### **VITALITY PROGRAMS, AESTHETIC, AND INJECTION PACKAGES- REFUND POLICY**

**No refunds** will be given unless discussed with The Vitality Doctors. *Unused treatments* will also expire in 60 days after last treatment unless arrangements have been made with The Vitality Doctors in advance.

Patient must cancel in writing with reason for cancellation.

I have read and understand the above policy and agree to the terms of the Vitality Packages Rates. I understand that it is up to me to take charge of my health and vitality. These programs are designed to improve your health thru consistent treatments to achieve the most benefit.