

General Policies- Office policies, Privacy and consent to treat 2025

Welcome! We look forward to partnering with you in your healthcare journey. We encourage your questions and participation in all aspects of your health care. The following document is comprised of three sections:

- 1) Office policies, financial agreement, and payments**
- 2) HIPAA privacy policy, and**
- 3) Consent to treatment.**

Please make sure to read through this document in its entirety, mark each box appropriately, and insert your signature at the bottom.

1. OFFICE POLICIES, FINANCIAL AGREEMENT AND APPOINTMENTS

The Doctor or staff may contact me via telephone and leave a message that may contain appointment or medical information if I am not available.

Optimantra Portal Messages Policy: For your convenience, we have a HIPAA protected patient portal. This allows BRIEF clarifications of current treatment plans, scheduling appointments, texting and simple updates that do not require an appointment for assessment or follow-up. Text or appointment messages are meant for nonurgent communication, and may take 3+ business days to receive a response, which will occur during normal business hours.

An Appointment Will Be Required If You:

- *Have an acute (new) concern and understand that we are *not an urgent care, Primary Care Physician or an ER facility*,
- * New or re-emerging symptoms/concerns, which require evaluation
- * Require changes to your current treatment plan
- * Need to review labs or imaging reports,
- * Need a new prescription
- * Are asking a new medical question
- * Or are asking for the doctor's medical opinion or second opinion ...

An appointment will be required. *

By law we cannot answer medical questions about family members that are not our patients. For family members that are current patients, we must have a HIPAA release designating authorized members form- Authorized member to share medical information and type of information we are allowed to share.

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. If your appointment is on Monday, we require you to cancel by the prior Friday. Should you decide not to keep the appointment without giving notice, you will be charged a \$150 late

cancel 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. After each treatment/ service we provide you with a copy of your superbill that you may submit to your insurance company for reimbursement. There is no guarantees of coverage and we may be considered an out of network provider. You are 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. Additional fees may result when following a payment plan schedule.

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.

Superbills are given to each patient at the time of service. We are happy to offer 1 courtesy superbill each calendar year. These will be generated at no cost to the patient. Superbills are batched once a month. Any further superbills will be assessed at the "simple paperwork" fee of \$25

Appointment fees do not include supplements or lab fees. Cash rate labs are paid directly to The Vitality Doctor. If labs are submitted to insurance, there is no guarantee that the labs will be covered and the patient may be responsible for the balance not covered by insurance.

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

The intention of these packages/ programs are to promote continuity of care to help you reach your health outcomes and should be used with in the 3 month plan. If you desire a refund, any *unused treatments will be refunded at the discounted price after paying full price for the services used*. Patient requesting a refund will also have the option to use the remaining balance towards other services. 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.

Labs and appointment management

If you have insurance, we will strive to be conscientious of in-network coverage for lab and imaging referrals. We cannot guarantee coverage of labs/imaging through your insurance, and it is your responsibility to check with your insurance company about coverage of any recommended diagnostic work-up. *

For patients receiving medication prescriptions/medication management at TVD, we require labs be completed every 3 to 6 months (based on your individual treatment plan) for refills. *

For patient convenience, medication refills will almost always be synchronized with when you are due for repeat labs and/or a follow-up visit. If you've run out of a medication, you may be overdue for a lab/follow-up appointment and should contact our office to schedule.

If a patient has not been seen within the last 6 months for general care follow-up (does not include acute appointments), we require a follow-up appointment before labs will be ordered. This policy supports better lab bill management, patient safety, and accurate/correct labs are ordered for patients. *

Appointments for controlled substances must be completed in office, and a new controlled substance agreement must be signed yearly with TVD. *

In order to be seen, The Vitality Doctor requires a credit card on file for all patients. This information is kept within your secure and protected patient portal, and must be updated yearly, and every time you request a new payment be used for an appointment. *

Payment for services and dispensary (supplement/medication) items are due at the time of the service. Custom order supplements or medications will require payment ahead of order placement. * You understand that by purchasing supplements recommended by The Vitality Doctor, we make a small commission for the practice and online ordering from Fullscript. You have the option to order from other means but know that we offer quality supplements and you may risk getting the wrong product or counterfeit products.

The undersigned permits and authorizes Dr. Christina Kovalik, NMD, PLLC a.k.a. The Vitality Doctor to keep credit card information in a secure processing gateway. I authorize, Dr. Christina Kovalik NMD, PLLC to charge my credit/debit card for visit fees, cancellation fees, and/or other incurred fees related to services provided by The Vitality Doctor. I understand it is my responsibility to keep an updated copy of my credit/debit card information on file. If my credit/debit card is declined for any reason, I am responsible for immediate payment of the full balance. Patients with an outstanding balance will not be scheduled for future appointments until the balance is paid in full.

2. HIPPA- Confidentiality- Patient Consent for Use and Disclosure of Protected Health Information

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

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 (PHO). (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

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 PHO, 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 PHO, 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 PHO, such as appointment reminder cards, lab results and patient statements. I have the right to request that The Vitality Doctor, restrict how it uses or discloses my PHI to carry out PHO. 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 PHO.

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.

3. INFORMED CONSENT AND REQUEST FOR NATUROPATHIC MEDICAL CARE

I have the right to be informed about my health condition(s) and recommended treatment. This disclosure is to help me become better informed by discussing the potential benefits, risks and hazards involved. I understand that as part of the practice of naturopathic medicine evaluation and treatment may include, but are not limited to:

- Physical exams (e.g. general, musculoskeletal, EENT, heart and lung, orthopedic and neurological assessments)
- Common diagnostic procedures (e.g. venipuncture, pap smears, laboratory evaluation of blood, urine, stool and saliva)
- Physiotherapeutic treatments (e.g. acupuncture, cupping, gua sha, moxa)
- Dietary advice/therapeutic nutrition (e.f. use of foods, diet plans, nutritional supplements and intra-muscular vitamin injections)
- Trigger point injection therapy with vitamin or homeopathic substances
- Botanical/ herbal medicines, prescribing of various therapeutic substances including plant, mineral, and animal materials. Substances may be given in the forms of teas, pills, creams, powders, tinctures (which may contain alcohol), suppositories, tropical creams, pastes, plasters, washes, or other forms Homeopathic remedies (highly diluted quantities of naturally occurring substances)
- Prescription medications, consistent with the Arizona Board of Naturopathic Doctors'

Potential benefits: Restoration of the body's maximal and optimal functioning capacity, relief of pain and other symptoms of disease, assistance with injury and disease recovery, and prevention of disease or its progression. *

Potential risks: Pain, discomfort, blistering, minor bruising, discoloration, infections, burns, itching; loss of consciousness and deep tissue injury from needle insertions, pneumothorax, allergic reaction to prescribed herbs, supplements; soft tissue or bony injury from physical manipulations; aggravation of pre-existing symptoms. *

Notice to pregnant women: All female patients must alert the provider if they have confirmed or suspect pregnancy as some of the therapies prescribed could present a risk to the pregnancy. *

Notice to individuals with bleeding disorders, pace makers, and/ or cancer. For your safety it is vital to alert your providers of these conditions. *

Naturopathic doctors will only prescribe medications if they believe that they are in the best interest of myself, the patient. *

You also agree to give complete true medical information to the best of your knowledge.

The FDA does not approve many nutritional, herbal and homeopathic substances but they have been used widely in Europe, China and the USA for many years. I also understand that it is important to get supplements from trusted providers/ sources.

Naturopathic doctors are not psychologists or psychiatrists. Counseling services are provided for the support of improved lifestyle strategies. I do not expect the naturopathic physicians, and/or any allied healthcare providers to be able to anticipate and explain all of the risks and complications, and I wish to rely on the provider to exercise all judgment during the course of the procedure based on the known facts. I also understand that it is my responsibility to request that the doctor explain

therapies and procedures to my satisfaction. I further acknowledge that no guarantee of services have been made to me concerning the results intended from any treatment provided to me. **