

DISCLAIMER & CONSENT PAPERWORK

Disclaimer & Consent Paperwork

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kraftfamilychiropractic.com



POLICIES AND PROCEDURES

_____ **New Clients – First Appointment.** Your first consultation will be approximately 45 minutes – 1 hour. During this time I will suggest the appropriate lab tests you should order to address your specific health concerns.

_____ **Fee Schedule**

- New Client consultation: \$300 and will last approximately 45 minutes to 1 hour.
- 1 hour follow-up consultations: \$250
- 30 minute follow-up consultations: \$125
- Payment is due at time of booking
- Method of payment is PayPal

_____ **Appointments**

- Follow-up consults may be scheduled in 30 or 60-minute blocks of time.
- We encourage you to book your appointments 2 weeks in advance.
- As a courtesy to you, you will receive an appointment reminder via email.

_____ **Lab Tests**

- We receive your lab results 2-4 weeks after you mail your sample to the lab.
- We will evaluate the results. After evaluation you will be contacted to schedule a follow-up appointment.

_____ **Cancellations.** If you are unable to keep your scheduled appointment, you must notify our office a minimum of 24 hours before your scheduled time or you will still be charged for that appointment.

_____ **Forfeiture of Appointment.** Should you be unable to provide SCD Lifestyle with required case review documents or other required documents within **48 hours of your scheduled appointment**, the appointment will be cancelled and you will be charged for the appointment. You will need to purchase another case review study and rebook the appointment at the current case review study rate.

_____ **Skype Appointments (both Domestic and International).** If you select Skype as the method of communication for your appointment(s), it is your responsibility to ensure it is downloaded and tested prior to your appointment(s). You must ensure your Privacy setting are such that we are able to contact you and send you contact requests. You can expect one of our clinicians to send you a Skype contact request no later than 48 hours prior to the appointment. Is it your responsibility to ensure you accept the Skype contact request. Failure to secure Skype will result in forfeiture of the appointment fee.

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_____ **Time Zone Differences.** All appointments are made and will transpire using the Central Daylight Time zone. If you do not reside in this time zone, it is your responsibility to ensure you accurately convert the time change so as to not miss your appointment(s). <http://www.timeanddate.com/> Failure to ensure an accurate time zone conversion will result in forfeiture of the appointment fee.

_____ **Insurance Requests.** We are not in a position to offer SuperBills or collaborate with insurance companies for reimbursement of any services. The receipt you receive when purchasing items with Kraft Holistic Wellness & Diagnostics is the only document offered to substantiate services.

Returned Products

- _____ **PRE-APPROVAL is REQUIRED on ALL RETURNS!!**
- _____ **Refrigerated items CANNOT be returned**
- _____ 15% restock fee of purchase price less shipping and handling may be refunded on unopened and non-refrigerated items
- _____ No supplement returns will be accepted after 30 days on all regularly stocked items. Special orders CANNOT be returned!
- _____ Prepaid tests can be returned for credit within one year of purchase.

Important Notes

_____ I am not a medical doctor; I do not service medical emergencies. **If you have a medical emergency, you must contact your primary care physician or dial 911!**

Please contact the office if you are not clear on any of our policies or procedures.

I, _____, have read and understood Kraft Holistic Wellness & Diagnostic's Policies and Procedures.

Date Executed:

Signature _____

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Consult Disclaimer and Informed Consent

_____ Informed consent is the process by which a fully informed person can participate in choices about his or her health. This consent form is intended to provide you with information about my practice, the nature of decisions regarding your health, reasonable alternatives to the proposed process, the relevant risks, benefits, and uncertainties related to the alternatives, an assessment of your understanding, and your acceptance of the process. This is an invitation for you to participate in your decisions regarding your health.

Nature of Relationship

_____ We do not practice medicine and do not diagnose or treat diseases or medical conditions. Our services are not meant to be a substitute for, or replace those of, a licensed physician. We advise you to be under the care of a licensed physician and encourage open communication between us and your current licensed medical professional. We do not handle medical emergencies of any kind and refer clients with such emergencies to 911 or the emergency room of their local hospital.

_____ We will not speak with you unless you've completed the new client questionnaire. We will discuss the proposed ideas with you before we initiate any action only after we receive your assurance that you understand the situation, understand the risks associated with the decision at hand and you communicate a decision to proceed based on your understanding. We will also advise you of any significant risk which would affect the judgment of a reasonable patient. You always have the right to refuse any proposed ideas entirely or to certain parts of your body.

_____ You agree to advise us regarding your medications, drugs, and aspects of your underlying disease and state of mind that may affect your capacity to make an informed decision. You also agree to advise us if you have ever experienced a fit or fainting, if you have a pacemaker, a bleeding disorder, are taking anti-coagulants, or if you have damaged heart valves or have any other particular risk of infection.

_____ If you are determined to be incapacitated or incompetent to make decisions regarding your health, you agree to provide information regarding a surrogate decision maker who can legally speak for you.

Risks of Self Treatment

_____ Potential risks of self treatment include allergic reactions, sensitivities, adverse effects to natural supplements, and adjustments to making lifestyle modifications. Although this consent form describes major risks of treatment, other side effects and risks may occur.

Your Responsibilities

_____ You agree to take full responsibility for taking any natural remedy that we suggest and you agree that we are not liable for any adverse effects or complications from such natural remedies. You agree to cease taking all natural remedies upon the onset of any adverse effects. You understand that the supplements and herbs need to be consumed according to the instructions provided orally and in writing. Some supplements and herbs may have an unpleasant taste or smell. You agree to immediately notify us of any unanticipated or unpleasant effects associated with the consumption of the supplements or herbs. You will also notify us if you are or become pregnant or nursing as some supplements and herbs may be inappropriate during pregnancy and/or nursing. You do not expect that we will be able to anticipate and explain

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all possible risks and complications of treatment and you understand that the results are not guaranteed.

_____ You agree that if you have a complaint, you will talk about it with us. If we are unable to resolve it informally, we agree to binding arbitration in Lansing, Michigan under the rules of the American Arbitration Association. Reasonable discovery shall be permitted and the prevailing party shall be entitled to attorney's fees and costs of the arbitration.

Consent

_____ By voluntarily signing below you show that you have read or had read to you, this consent to treatment, have been told about the risks and benefits of nutritional and lifestyle consulting, and have had an opportunity to ask questions. You intend this consent form to cover the entire course of treatment for your present condition and for any future conditions for which you seek treatment.

_____ As with all other material contained on our website and blog, I am not a medical professional and will not provide you any medical or other professional advice or opinions as a result of a web-based consultation between us.

_____ Even if you provide personal health information to us in the course of a consultation, the consultation shall not involve or constitute the practice of medicine or any other profession, it will not create a physician-patient relationship between us, and it is not intended as a substitute for a physical examination and face-to-face consultation with your personal physician.

_____ All matters regarding your health require medical supervision by healthcare professionals selected by you. You and your personal healthcare providers shall have exclusive authority and control over your health and healthcare, including all diagnosis, treatment and other determinations related thereto, and nothing discussed in a consultation between us, is intended to or shall influence, restrict or interfere with your personal healthcare professionals' exercise of independent clinical, medical or professional judgment in providing healthcare services to you.

_____ As such, we shall not be liable or responsible for, and you hereby release us from, any loss or damage allegedly arising from any information or suggestions made during any consultation between us. The information in this medical disclaimer is stored electronically online and is neither governed by nor compliant with HIPPA regulations.

Printed Name

Date Executed: _____

Signature