

West Valley Naturopathic Center

Dear New Patient,

We are very excited to welcome you to West Valley Naturopathic Center. Within this letter you will find the following: our policies, a website for the new patient forms, the physical address of our office, and a map of our office location.

At the time of scheduling, we take a \$25 **NON-REFUNDABLE** deposit that gets deducted off of the total cost of your visit. If you should need to reschedule your appointment, it must be before 24 business hours of your scheduled appointment time. The initial deposit will be held for the rescheduled appointment up to 3 months. If your appointment is not rescheduled within 3 months of the initial deposit payment, another \$25 deposit is required to reschedule.

The new patient forms can be found on our website at www.wvncaz.com/forms. We require the new patient forms to be filled out and submitted at least 48 hours prior to your scheduled appointment time. If we do not receive the new patient forms in the allotted time frame, we will have to reschedule your initial appointment. Our office blocks out an hour time slot solely dedicated to your appointment and we do not double book patients. Having your new patient forms before the visit helps ensure the doctors are able to stay on schedule with your appointment and the patients after you.

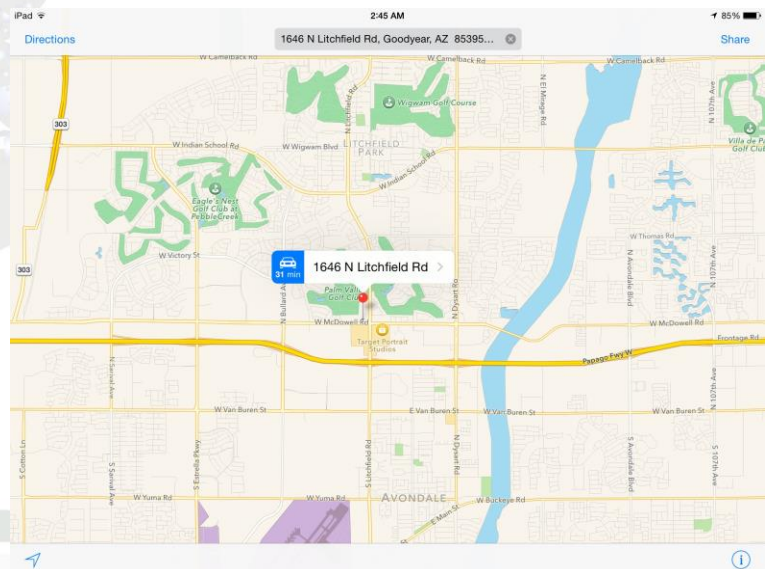
Our office is a cash pay office and your service fee is based on the amount of time spent with the doctor only. If your initial 60 minute consult was to go over the allotted time, an additional charge will be applied.

You will receive text reminders 48 hours before your scheduled appointment time as a reminder. You will also be given a call by our front office staff to confirm your appointment.

Items to bring with you to your initial visit: recent labs, recent imaging, health insurance card, drivers license, list of current supplements and medications, and any other pertinent medical records.

We are at your service to assist you on your journey to optimizing your health and wellness. Please do not hesitate to contact us directly if you have any additional questions or concerns. We look forward to meeting you and we are truly excited that you have chosen our office to facilitate your health care needs.

In health,
The WVNC team





Results Request Form

Here at West Valley Naturopathic Center we take your health care very seriously and strive to provide you with the best information, so that you can in turn make an informed decision about your health care. Your physician has ordered labs or imaging for you, to better understand what may be transpiring within your body. This information can be invaluable in assisting your physician to make appropriate recommendations for your health. It is the office policy of West Valley Naturopathic Center that laboratory and imaging results will be released after you have had a visit with your physician to go over the results together. This will ensure that there are no questions with regards to your results and what next steps should be taken as a result of those findings.

We understand and appreciate that you have a legal right to your medical information. We are more than happy to provide you with copies of your results at the time of your follow up at no additional expense. If you should desire to have a copy of your results WITHOUT a follow up appointment with your physician we will do so with the signing of this document. If you do not agree to sign this document, then West Valley Naturopathic Center reserves the right to not release your results directly to you. Legally we have the right to refuse providing you with your results if it is deemed that it could create harm to you. We have encountered a number of instances in which people have taken it upon themselves to search the Internet for the meaning of their results and have then proceeded to attempt to treat themselves resulting in harm to themselves. If you are going to continue care with another health care provider, we are happy to forward your results to your new provider so that you may have a discussion with them.

Statement:

I understand and assume any and all risk and liability involved in asking for a copy of my medical results WITHOUT having appropriate interpretation and follow up with my physician. I hold harmless my physician and West Valley Naturopathic Center for any health concerns that may arise in the future as a result of choosing to not follow up with my physician and have proper medical interpretation of said results. Including but not limited to death, cancer diagnosis, medication overdosing or under dosing, heart attack and all other maladies that could arise due to lack of appropriate follow up. I have been given the opportunity to have an appropriate follow up visit with my physician to discuss my results and of my own sound mind and volition I am choosing to not have said follow up.

Patient name or minor guardian

Date

Patient signature or minor guardian

Employee Witness