

Living Vitality Office Policies

- **You are encouraged to ask questions on any health-related topic and to take an active role in your healthcare.** You are welcome to bring a friend or relative to your visits (or listen on telemedicine visits) if such companionship is comfortable for you.
- **Information revealed during counseling sessions and office visits is confidential.** Exceptions to this confidentiality include disclosure by you regarding intention to harm yourself or others. Your record and the information contained within it will not be disclosed to others unless you direct us to do so or unless the law authorizes or compels us to do so.
- **Each procedure and/or treatment carries with it both risks and benefits.** There may be additional or alternative treatments available. You are encouraged to ask questions if you would like additional information. Although your plan will be thoroughly evaluated and customized to your unique health status and your personal goals, no guarantees can be assured regarding the outcomes of treatment(s) or procedure(s).
- **Initial Consultation/Office Visits:** All office visits and teleconferences are scheduled for a minimum of 60 minutes and are billed at \$250.00 per hour. There is no refund for services provided.
- **Supplements:** Your supplement prescription will be available to you on our Fullscript website at <http://us.fullscript.com/welcome/living-vitality>. You are welcome to browse the site and purchase other items. All orders will receive a 10% discount with free shipping over \$50. Please note this site is managed by Fullscript, not Living Vitality. For any issues, refunds, or returns with your order please go to the support section of your Fullscript account and submit a request.
- **Specialty Laboratory Testing:** Our office frequently uses specialty testing. These are usually an out-of-pocket expense. Occasionally, there is some insurance coverage. We will guide you through identifying the costs associated with your testing.
- **Telehealth education:** In order to establish a doctor/patient relationship with us, you must see us in our office in person at least once per year. If you do not see us in our office in person at least once each year, there will not be a doctor/patient relationship between us and you. Instead, our communications with you will be for educational purposes only. We call these communications "Telehealth/education services". These services we provide to you will consist of information and suggestions that are intended to assist you and your health care provider in using natural means to support your health. Telehealth/education services are not intended to serve as a medical diagnosis or treatment of any kind. Our fees for telehealth/education services are the same as the fees that we charge for our telephone consultations and office visits. Please note that medical insurance does not cover telehealth/education services. You will be responsible for paying for all telehealth/education services yourself. We do not refund any amounts paid for telehealth/education services.
- **Emergencies, after-hours care, disability requests:** If you have a serious health problem that requires immediate attention, call 911, or have someone take you to the nearest hospital emergency room. If you notice an adverse effect from one of the components of your health plan, you should discontinue it immediately and email your provider (livingvitalitync@gmail.com) or call the office at 704-997-6002. **Please note that because we are not primary providers, we do not complete disability or workers' compensation forms for patients.**
- **Billing:** We accept cash, checks, credit cards, FSA and HSA cards. We do not accept insurance, nor do we bill insurance or prepare HCFA forms for you. **For our Medicare patients:** Since we do not accept Medicare in our office, all services, including labs and mail away specialty lab tests, are self-pay. **You will not be able to submit any bill to Medicare for reimbursement from them for any services you encounter in our office by our provider(s).**

I agree to all terms and conditions of these General Living Vitality Office Policies.

Signature:

Date:

*I agree to allow Rajal Patel, MD, MPH, to use or to describe my **anonymous** medical history and laboratory data for educational purposes in lectures, blogs, case reports, and other publications that are communicated to other professionals, but may include members of the public. This medical history and laboratory data might include photographs and/or other images of parts of my body other than my face (nutrition/physical exam findings only). Rajal Patel, MD, MPH, will never publish any information that uses my name or that identifies me as the source of any of the information, data, or images that it publishes. **If you do not wish to participate, initial here:** _____*

