

Seasons Natural Healthcare, LLC
Cora Rivard, N.D.

New Patient Office Policy

Welcome to Seasons Natural Healthcare, LLC. I look forward to helping you to achieve your health goals. All new patients will need to have an intake form filled out prior to your first visit. Please fill out the forms as accurately as possible and provide copies of relevant laboratory tests (if possible).

Seasons Natural Healthcare is a cash office and payment is expected at time of service. Payment methods include check (preferable), Visa, Mastercard, or cash. If you have an insurance policy that will reimburse you for naturopathic medicine visits, please request to be provided with a superbill including appropriate diagnostic and billing codes that you can submit to the insurance company for reimbursement of your visit. It is suggested that you make a copy of the superbill prior to submission because of common insurance clerical errors. This office will not interact with insurance companies on your behalf.

Cancellation Policy

There is a 24 hour cancellation/reschedule policy. If you do not call the office 24 hours prior to your scheduled appointment, you will be billed a \$25 fee.

Consent

By signing below, I agree that I have read and understood the policy. I guarantee payment of all charges incurred as a patient of Seasons Natural Healthcare, LLC.

Signed: _____ Date: _____

Printed Name: _____ Date: _____

Parent or Guardian (minor): _____ Date: _____

Notice of Privacy Practices

To patients: This notice describes how health information about you, as a patient of this practice, may be used and disclosed. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Commitment to Your Privacy

This practice is dedicated to maintaining the privacy of your health information. All patient charts are stored on the premises within a locked file cabinet. I am required by law to maintain the confidentiality of your health information. Please review the following important information:

Use and disclosure of your health information in certain special circumstances:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to prevent the threat.
5. If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials, if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

Your rights regarding your health information

1. You can request that this practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. Reasonable requests will be accommodated.
2. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to Seasons Natural Healthcare, 43B Birch Street, Suite #3G, Derry, NH 03038. Allow 30 days for a response.

Seasons Natural Healthcare, LLC
43B Birch Street, Suite #3G
Derry, NH 03038
Phone: (603) 736-7770 Fax: (603) 584-7911