

POMPA HEALTH SOLUTIONS

Nutrition Patient Policies

Revised February 2010

Below you will find information regarding your rights and responsibilities and established policies of Pompa Health Solution's nutrition practice. Please read this carefully and sign at the bottom. The Nutrition Patient Policy form is to be completed by the patient, or the patient's legally authorized representative/parent:

Nutritional Appointments:

Nutrition appointments can be made by calling (724) 940-7733 and speaking with our front office staff. A credit card number is required to keep your appointment. Arrive to your appointment 15 minutes early. We will make every effort to see you on time, or inform you if there is a delay. Likewise a call to our office is appreciated if a late arrival is expected. Many of our patients have chemical sensitivities so please do not wear colognes, perfumes, scented lotions etc. anytime you come to our office.

Keep in mind that the front office staff cannot discuss your lab results over the phone, go over protocols specific to your condition, or review your supplement regimen. Please schedule an appointment with Dr. Pompa or our nutritionist to discuss the above matters.

If you are a chiropractic patient of ours, please do not discuss nutrition related questions with Dr. Pompa during adjusting hours. A follow-up appointment outside of chiropractic hours is required if you would like to review or update your supplement regimen, get a Tanita or Visual Contrast Sensitivity test completed etc.

Cancellation Policy:

You must call to cancel an appointment 48 business hours in order to avoid being charged the full consultation fee. For example, if your appointment is on Monday, you must call the week before on Thursday to cancel your appointment. Missed consultations without a 48 hour cancellation notification will result in the full consultation fee being charged to the patient. If treatment is terminated prior to contract completion financial responsibility to the patient is assessed at a per visit fee based on the type of consultation.

Confidentiality:

To ensure quality record maintenance and patient confidentiality, Pompa Health Solutions will conduct routine patient record audits. To comply with state and federal laws regarding patient confidentiality, I understand that no information about my treatment will be released to anyone unless I provide written authorization. The only exception to this would be if I have not paid for services and are sent to collections for payment; then necessary information will be released in order for Dr. Daniel Pompa or the assistant of his choice to be paid for service. I also understand that there are limits to my confidentiality, including the following:

- Where there is the risk of imminent harm to myself or another person, we at Pompa Health Solutions have the legal and/or ethical duty to take the appropriate steps to protect life.
- When a court orders a release of information, we at Pompa Health Solutions are bound by law to comply.
- When there is reason to believe that child or an elderly person is in danger or is being abused (physically, emotionally, or sexually), we at Pompa Health Solutions are obligated by law to report the abuse.
- In response to a subpoena from a court of law.

Fees and Financial Agreement:

Fees for service are due at the time the service is provided including telephone consultations. Cancellation policy is outlined above. Forms of payment accepted include: cash, check and credit card (we do not accept Discover or American Express). *There is a \$25.00 service charge for personal checks returned for any reason.*

Nutritional consultations are a non-billable service. The patient is responsible for any non-covered service as determined by your insurance carrier. Insurance company quoted benefits is not a guarantee of payment. I understand that it is my responsibility, prior to any consultation, to determine insurance coverage.

Due to the additional time and costs incurred, there is a charge for extended or complex phone calls, and for extensive letters needed on an immediate basis, reports, or extended calls done on your behalf to other clinicians or insurance companies/agencies etc. At our discretion, simple letters that are not time sensitive can be provided within 5 – 10 business days at no expense. Phone conversations are not covered by any insurance plan. Payment for these phone consults will be an out-of-pocket expense.

Emergency Contact/Crises:

I understand that Dr. Daniel Pompa and associates are not on-call 24 hours a day. We do not give out personal phone numbers of any employed personnel of Pompa Health Solutions. I understand that I am free to call Dr. Daniel Pompa at his office phone number during off hours and leave a phone message. Due to the high volume of phone calls and messages, I understand that non-emergent concerns will be addressed within 2 – 3 business days. In cases of emergency when immediate help and counsel is needed I understand the local resources available are:
Emergencies: 911

Nutrition Process and Your Rights Regarding Treatment:

I understand that Dr. Daniel Pompa and I will work together to define my goals for nutrition. Since nutrition is not an exact science, I understand that the results of counseling can be variable. I understand that the attainment of a positive outcome is dependent upon the effort I am willing to put into this experience.

I understand that I have the right to ask questions about my nutrition counseling. I also have the right to end nutrition counseling at any time and understand that I should notify Pompa Health Solutions when I am finished. If I decide that I would like to continue my nutrition counseling with another professional, we at Pompa Health Solutions will facilitate that process. I understand that Dr. Daniel Pompa and associates at Pompa Health Solutions also reserves the right to refer me to another professional if the level of care provided at Pompa Health Solutions is assessed to not be the appropriate level of care. I have been informed that Dr. Daniel Pompa has the right to terminate services offered with a 30 day written notification given to the client with a listing of referrals for continuity of care.

By signing this document I acknowledge that I have voluntarily chosen to participate in a program of nutrition and supplementation planning. In signing this document, I acknowledge that I have informed Pompa Health Solutions and its representatives of all possible allergies.

I also understand that all supplements that Pompa Health Solutions recommends are suggestions and I should not take them without reading all labels and warning information. Furthermore, I will do my own research before taking these products.

By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the facility, Dr. Daniel Pompa or any staff members of Pompa Health Solutions. I understand that questions about nutrition, toxicity protocols and supplementation procedures and recommendations are encouraged and welcomed. I also understand that this Nutrition Patient Policy is subject to change at our discretion.

I authorize Pompa Health Solutions, Dr. Dan Pompa, and Revelation Health LLC to use my name, photograph, personal story and/or likeness in advertising or promotional materials and waive all claims for remuneration for such use.

BEFORE TREATMENT CAN BE PROVIDED, please sign below showing that you read and understand the above information. A copy of this consent can be requested for your records. Your consent can be revoked with written notice at any time for future treatment. I consent to treatment for myself or for the patient for whom I am the parent or legally authorized representative.

Signature of Patient: _____ Date: _____

Signature of Legally Authorized Representative: _____

Relationship of Legally Authorized Representative to Patient: _____

Date: _____

