



Please carefully review all of the following policies of Anasa Personalized Medicine, LLC as it pertains to maternity coverage care for Dr. Bridget Casey of Rhode Island Natural Medicine, LLC. All patients must sign this document prior to initiating care with Anasa Personalized Medicine, LLC. Thank you and we look forward to working with you!

Fees & Payment Policy

Continuity of care visits are 60 minutes in duration and cost \$210. Payment is due at time of service. We do not bill insurance. *Please note: visit cost listed above does not include any labs/testing, supplements or other therapies.*

Informed Consent To Treatment

No health care is without risks, or is guaranteed to be successful. Naturopathic care is generally more safe than other systems of medicine, but there are potential risks in what we do as well. We ask you to acknowledge your awareness of this by signing below.

I hereby request and consent to the performance of naturopathic health care and related procedures on me by the providers at Anasa Personalized Medicine, LLC. I understand that results are not guaranteed and that neither Anasa Personalize Medicine, LLC, nor the providers therein, warrant or guarantee any result or outcome. I agree to the treatment recommended by my provider(s) at Anasa Personalized Medicine, LLC. I intend this consent to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at Anasa Personalized Medicine, LLC.

I agree to indemnify and hold harmless Anasa Personalized Medicine, LLC, its officers, members, independent contractors, directors, and employees from any and all damages and/or liability arising out of or related to services rendered.

Healthcare Provider Disclosure (Required Per RI Law § 5-36.1-18)

The providers at Anasa Personalized Medicine, LLC are licensed as a naturopathic physicians in the state of Rhode Island. Rhode Island does not currently recognize naturopathic physicians as primary care providers. As such, we do not practice as a primary care provider (PCP) and are not responsible for the overall medical care of any patient. Anasa Personalized Medicine, LLC requests that all patients maintain a relationship with a PCP, and any necessary specialists.

Naturopathic health care is intended to support your health and well-being. It is an adjunct to, and not a substitute for, medical care from a physician, physician assistant or advanced-practice registered nurse. Anasa Personalized Medicine, LLC and it's providers do not recommend that you discontinue any other treatment or care provided by any other health care professional. In Rhode Island, naturopathic physicians are not licensed to prescribe drugs, or to advise patients regarding prescription drugs beyond possible dietary supplement/herb-prescription drug interactions. All questions regarding prescription medications should be directed to the prescriber, or to your PCP or a licensed registered pharmacist.

Printed Name of Patient or Legal Representative

Signature of Patient or Legal Representative

Date



Notice of Privacy Practices

This notice, and the below “Practices Regarding Disclosure of Client Health Information,” describes how health information about you may be used and disclosed, and how you can get access to your health information. Please review this information carefully.

Understanding your health record: A record is made each time you meet with a provider for a consultation. Your symptoms, the practitioner’s thoughts, and a list of recommendations are recorded. This record forms the basis for planning your care at future visits, and also serves as a means of communication among other health professionals who may contribute to your care.

Understanding your health information rights: Your health record is the physical property of Anasa Personalized Medicine, LLC, but the content is about you, and therefore belongs to you. You have the right to review or obtain a paper copy of your health record. You have the right to request restrictions, to authorize disclosure of the record to others, and be given an account of those disclosures. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information.

By signing this form, you agree to have your health information record shared between the providers at Rhode Island Natural Medicine, LLC and Anasa Personalized Medicine, LLC.

Our responsibility: Anasa Personalized Medicine, LLC is required to maintain the privacy of your health information. We will follow the terms of this notice and notify you if we are unable to grant your request to disclose or restrict disclosure of your health information to others. Anasa Personalized Medicine, LLC reserves the right to change its practices and promises to make a good faith effort to notify you of any changes. Other than for the reasons described in this notice, Anasa Personalized Medicine, LLC agrees not to use or disclose your health information without your consent.

Practices Regarding Disclosure of Client Health Information

Your health information will be routinely used for consultation. Your consent, or the opportunity to agree or object, is not required for the following:

Consultation: Information obtained by your practitioner at Anasa Personalized Medicine, LLC will be entered in our record and used to plan the services provided you. Your health information may be shared with others involved in your care. Your practitioner’s own expectation and those of others involved in your care may also be recorded.

In addition, the following disclosures are required by law and do not require your consent:

- **Food and Drug Administration (FDA):** Any adverse effects of food, supplements, products, and product defects for surveillance to enable product recalls, repairs, or replacements.
- **Public Health:** This office is required by law to disclose health information to public health and/or legal authorities to avert a serious threat to health or safety, to report communicable disease, injury, or disability, or to comply with mandated reporting requirements for tracking of birth and morbidity.
- **Law Enforcement:** As required by law, your health information will be disclosed to appropriate health oversight agencies, public health authorities, law enforcement officials, or attorneys: (1) In response to a valid subpoena; (2) In the event that a staff member or business associate of this office believes in good faith that one or more clients, workers, or the general public are endangered due to suspected unlawful conduct of a practitioner or violations of professional or clinical standards; (3) When a client is a suspected victim of abuse, neglect or domestic violence.



Consent To Privacy Practices

- I consent to the use or disclosure of my protected health information by Anasa Personalized Medicine, LLC for the purpose of analyzing or providing recommendations to me. I understand that analysis or consultation of me by Anasa Personalized Medicine, LLC may be conditioned upon my consent as evidenced by my signature below.
- My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me. I understand that my protected health information can include, but is not limited to: medical history, examinations, diagnoses, treatments, any psychiatric, drug and alcohol abuse or genetic testing information, or HIV or AIDS information.
- I understand I have the right to request a restriction as to how my protected health information is used or disclosed. Anasa Personalized Medicine, LLC is not required to agree to the restrictions that I may request. However, if Anasa Personalized Medicine, LLC agrees to a restriction that I request, the restriction is binding.
- This consent to release and obtain information is valid until revoked. I have the right to revoke this consent, in writing, at any time, except to the extent that Anasa Personalized Medicine, LLC has already taken action in reliance on this Consent.
- Anasa Personalized Medicine, LLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Printed Name of Patient or Legal Representative

Signature of Patient or Legal Representative

Date



HIPAA Privacy Authorization Form

This form is required by the Health Insurance Portability and Accountability Act (HIPAA), Section 45 C.F.R. Parts 160 and 164 Authorization

I, _____, authorize Anasa Personalized Medicine, LLC to disclose my protected health and demographic information to the following:

Name(s): _____

Expiration of access (date, event or "never"): _____

-OR-

I do NOT give anyone (family, caregiver, friends) access to my medical information related to my care.

You have the following rights:

- I have a right to refuse to sign this authorization.
- I have a right to receive a notice about my privacy policies.
- I have a right to request and access my medical information.
- I have a right to limit the uses and disclosure of my medical information.
- This medical information will only be used by the person I authorize to receive this information for my health care and health consultation or other purpose I may authorize.
- I understand that I have a right to withdraw this authorization, in writing, at any time during my care. I acknowledge that a withdrawal is not effective to the extent that any person or entity has already acted in reliance on my authorization.

Printed Name of Patient or Legal Representative

Signature of Patient or Legal Representative

Date



Consent to release medical records

Patient Name: _____ Date of Birth: _____ Address: _____

Phone number: _____ Email address: _____

I am requesting that the following (facility & provider name and address):
Anasa Personalized Medicine, LLC 245 Waterman Street, Suite 308, Providence, Rhode Island 02906
be sent my medical records from: Rhode Island Natural Medicine 35 S. Angell Street, Suite 7, Providence, RI 02906.

This request is for the purposes of continuation of my care.

Record set to be released to the party indicated above: I request the following information be released, which may include alcohol and drug abuse/treatment; psychological and social work counseling; HIV, AIDS or ARC; communicable disease or infections, including sexually transmitted diseases, tuberculosis and hepatitis; genetic information and demographic information, for the purpose of continuation of care, as designated on this form.

Please release the following records: Chart notes, labs and imaging results. *The default record to be shared is the most recent chart note. Additional records will be shared at practitioner or patient's request. Said request shall be emailed to info@rinaturalmedicine.com.*

Revoking (cancelling) authorization: I may revoke (cancel) this authorization at any time in writing to RI Natural Medicine. Revocations (cancellations) will not apply to information that already has been released.

Printed Name of Patient or Legal Representative

Signature of Patient or Legal Representative

Date