

CONSENT AND PAYMENT POLICY

I, _____, (client), consent to receive naturopathic care and recommendations from Katrina Bogdon, ND of Our Healing Roots, LLC. I understand that I will not be receiving diagnostic information from my Naturopathic Doctor (ND).

Dr. Katrina Bogdon is licensed as a naturopathic physician in the state of Washington. She received her four years of post-graduate naturopathic medical education and two years of residency through CMNE approved programs.

I understand that the state of Missouri does not license NDs and that Dr. Katrina Bogdon is **NOT** a Medical Doctor (MD), Osteopathic Doctor (DO), nor Licensed Dietitian (LD). The information and recommendations provided are considered to be alternative care in the state of Missouri. Dr. Katrina Bogdon's recommendations do **NOT** replace the care provided by my licenced medical providers. The information provided is intended to be used in conjunction with my medical care provided by my licensed medical providers.

I also understand that I will not be receiving any medical treatment, prescriptions, nor medical exemption letters from Dr. Katrina Bogdon. Recommendations made by Katrina Bogdon may not be FDA approved and therefore should not be taken as such.

____ (initial) I understand that Dr. Katrina Bogdon does not carry medical malpractice insurance and is not required to by law.

I understand that if Katrina Bogdon, ND determines that I am in urgent need of medical evaluation, she will refer me to my primary care physician, an urgent care or the emergency room. I understand that I must consult with my licensed medical provider to obtain medical evaluation, medical diagnosis, and medical treatment. If I need emergency medical attention, I will call 911 or go to the nearest ER.

I do not expect Dr. Katrina Bogdon to be able to anticipate and explain all risks and complications of her recommendations, and I wish to rely on her to exercise judgment in making recommendations that she feels at the time, based on the facts then known, are in my best interest.

I understand that Our Healing Roots, LLC does not make any guarantees, warranties or claims of any kind, whether expressed or implied, that a particular result will be achieved.

NOTICE OF SAFETY

Notice to Women: If I suspect I am pregnant or plan to become pregnant, I will alert Dr. Katrina Bogdon immediately.

I will alert Dr. Katrina Bogdon if I have any of the following conditions: bleeding disorders or taking anticoagulants, pacemaker, insulin or morphine pumps, or local infections.

If diagnosed with cancer, I understand that Katrina Bogdon, ND does not provide recommendations unless I am under the care and treatment of an oncologist. Dr. Katrina Bogdon is not trained nor qualified to manage the overall care of a person with cancer; she provides integrative recommendations to support overall health and improve quality of life during and after conventional cancer treatment. Dr. Katrina Bogdon's recommendations are not a cure for cancer. The care provided by Our Healing Roots, LLC, is not a substitute for oncology care but may be used integratively alongside prescribed oncology care. If my doctor suspects I have cancer and has recommended further workup, I must complete my diagnostic work up before initiating care at Our Healing Roots. Accordingly, I accept responsibility to adhere to the following:

1. I should engage my own board-certified oncologist (BCO) for overall oncology care;
2. I understand that it is important to make the BCO aware of the care and advice that I am receiving from Dr. Katrina Bogdon;
3. I understand that the recommendations provided by Dr. Katrina Bogdon are not intended to replace any treatments prescribed by my BCO.

PAYMENT AND FEES

Our Healing Roots, LLC, accepts payment via cash, check, credit card, and debit card. Our Healing Roots, LLC is **NOT** contracted with insurance companies and doesn't write letters or provide diagnosis codes for insurance companies. Payment is due at the time that services are provided. Failure to make payment at the time of service will result in a requirement to prepay all future visits with cash only. Future consults will not occur until outstanding balances are paid.

PLEASE NOTE that pricing and policies are subject to change periodically. Our current price list is available on our website, and we are happy to provide you with a copy upon request. If appointments go over time, there may be an additional charge (pro-rated). Appointments will not be pro-rated if they take less time than the maximum amount of time allowed for each appointment type. Services rendered and lab work recommended by Our Healing Roots, LLC are non-refundable.

If Katrina initiates contact with you to ask about your progress with her last recommendations, to let you know labs arrived, or to provide a reminder, there is no cost. If you bring up additional questions outside these topics they will be billable as a quick check in or mentoring/follow up appointment. If you call or send an electronic message with a question that directly relates to scheduling, billing, to report an adverse reaction to something Katrina Bogdon, ND recommended, or to ask for clarity regarding the recommendations made at your most recent visit, there is no additional cost. All other questions and concerns by telephone and electronic message will be billed as a quick check-in or mentoring appointment. Please see the Electronic Communication and Phone Policy for more details.

COLLECTION OF FEES

Any unpaid balance due and owing can be collected on by utilizing the services of a collection agency of Dr. Bogdon's choice and/or filing a lawsuit in the court of appropriate jurisdiction. All unpaid balances will be collected at an interest rate of 9% and Patient is responsible for any court costs, fees, and attorneys fees incurred in collecting said balance. Returned payments for insufficient funds or other reasons are subject to a \$30 charge.

PRIVACY POLICY

For the privacy and safety of your health information, text messages are not received on the business phone.

I understand that the information I share with Our Healing Roots, LLC, will be kept confidential as described in the Notice of Privacy Practices. I understand that the Notice of Privacy practices is available for me to view upon request, in the office, and on this company's website.

APPOINTMENTS/CANCELLATION

Your appointment time is reserved for you. Should you need to reschedule, please call at least 24 hours before your appointment to avoid a late cancellation fee, which can be found on our fee schedule listed on our website.

Signing my name below attests that I have read the foregoing and that I to my understand the information above. I agree to these terms and acknowledge that this document is a binding contract for service.

Signature: _____ Date: _____

Dr. Katrina Bogdon, ND: _____ Date: _____