



Boost in Life
The Culture of Health, Light and Inner Peace

Thank you for choosing Boost in Life Health and Wellness: Dr. Josefa Ndinofina, Naturopathic Doctor. It is my intention to provide you with the best natural healthcare solutions available, specific to your individual needs. In consideration of care, please read carefully and initial or sign where appropriate:

Declaration and Informed consent for Naturopathic Consultation

Please Initial

I, _____, understand and declare that:
(Print Your Name)

____ I understand that Dr. Josefa Ndinofina, ND (Naturopathic Doctor) is NOT a Medical Doctor, MD.

____ I understand that Dr. Josefa Ndinofina, Naturopathic Doctor is NOT licensed to practice medicine in the state of Texas, therefore does NOT provide treatment nor diagnosis of any specific condition.

____ I understand that Dr. Josefa Ndinofina, ND is a Naturopathic Doctor and that Naturopathic licensure/regulation is NOT available in the state of Texas. I understand that this means it is up to each individual to understand the background and training of the practitioner as such varies from practitioner to practitioner in Texas.

____ I acknowledge that Dr. Josefa Ndinofina, ND, Naturopathic Doctor is not a primary healthcare provider for my health concerns or diagnoses. Dr. Josefa Ndinofina, ND, requests I maintain a relationship with a licensed primary care provider, medical doctor, nurse practitioner or physician assistant, throughout the duration of my care with Dr. Josefa Ndinofina, ND. Dr. Ndinofina, Naturopathic Doctor, is offering, upon my request, to consult with my primary care and/or specialty physician regarding my care.

____ Any suggestions provided by Dr. Josefa Ndinofina, ND, will be based solely on information provided by you and your physician(s). You will be responsible for discussing any suggestions or options offered by Dr. Josefa Ndinofina, ND, with your primary physician prior to taking or refraining from taking any action. Dr. Ndinofina, ND, will not be liable for any adverse effect due to actions or inactions by you in connection with the suggestions provided by Dr. Josefa Ndinofina, ND.

____ While consulting with Dr. Josefa Ndinofina, ND, I will inform her of or changes to the following (1) prescription drugs, medication, other drugs, and remedies that I am currently taking or using; (2) any and all of my illnesses, conditions, sicknesses, medical or otherwise; and (3) any medical treatment or health care treatment I am currently using. If you are a female patient, you must let her know if you are pregnant or even suspect you are pregnant. Some natural therapies could present a risk to pregnancy. (Just because it is natural does NOT mean that it is risk-free.)

____I understand that Dr. Josefa Ndinofina, Naturopathic Doctor offers natural support and therapies. Such therapies may be different from those offered by other licensed health care providers and I am at liberty to seek care elsewhere at any time. However, should I begin or discontinue other and /or treatments while I am still consulting Dr. Josefa Ndinofina, Naturopathic Doctor, I will inform her of such changes immediately as they may affect my care.

____I understand that a basic complaint orientated physical exam and specific urine, blood, salivary and/or hair laboratory and/or imaging tests and/or reports may be considered in my care. I understand Dr. Josefa Ndinofina, ND, is not licensed to order labs in the state of Texas. I understand that if laboratory studies are recommended, then I have the option of utilizing direct-pay patient ordered lab services or request recommended lab studies from my primary care medical professional. I understand certain laboratory testing, such as hair analysis, urine testing, salivary testing, and/or blood testing are for educational purposes and not informative of diagnosis of a specific condition.

____I understand Dr. Ndinofina, ND, may use non-invasive tests in her office to help with her assessment which are for educational purposes and not informative of diagnosis of a specific condition.

____I understand Dr. Josefa Ndinofina, Naturopathic Doctor DOES attempt to restore balance to the whole body/person by analyzing the negative environmental or lifestyle factors such as food, movement, sleep, mental health etc., that may be an obstacle to healing and optimal health. Additionally, Dr. Josefa Ndinofina, ND, does attempt to support the body's own natural healing process with natural therapies.

To that end, Dr. Josefa Ndinofina, ND utilizes the following modalities:

Diet and Nutrition counseling - looking at food intake and determining if any nutritional deficiencies are contributing to health. Advice can be on diet changes and supplementation.

Homeopathy - is the use of minute doses of plant, animal, or mineral substances to promote the body's self-healing response. It is a very safe and effective method that is tolerated by children and adults of all ages. It can be in the form of liquids or small pellets.

Botanical medicine - the use of plants and herbs for their health promoting qualities. This can be in teas, liquid tinctures, powders, or salves.

____Although adverse reactions to nutritional and natural remedies are rare, they can happen. These may include but are not limited to: allergic reactions to herbs and supplements, positive or negative side effects of natural medications, interactions with prescription medications, inconvenience of lifestyle changes. Potential benefits of such therapies commonly include restored health, better sleep, greater energy, increase in the body's ability to function, pain relief, slowing down the aging process, greater connection between one's own mind and body, enhanced relationships, better shopping, and spending.

____I understand that results vary on an individual basis and that results are not guaranteed. I understand that Dr. Josefa Ndinofina, Naturopathic Doctor cannot and does not guarantee any results or particular outcome.

____I understand that to receive the most optimal care possible, Dr. Josefa Ndinofina, Naturopathic Doctor may consult with other practitioners and specialists regarding my case presentation. All interactions will remain compliant with Dr. Josefa Ndinofina, Naturopathic Doctor, privacy policy, which I have access to.

____I understand Dr. Josefa Ndinofina, Naturopathic Doctor is NOT equipped to provide emergency or after hours care. For any medical emergency I will call 911 immediately and/or report to the nearest emergency room and will follow up appropriately with my licensed health care provider.

____I understand that a health record will be kept of the health consultation provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless it is required by law. I understand that I may look at my consultation record at any time and can request a copy of it by paying the appropriate fee. I understand my record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that information from my consultation record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand any questions I have will be answered by Dr. Josefa Ndinofina, ND to the best of her ability.

____I have understood each statement in this form. All of my questions about the services and issues raised by this form have been answered to my satisfaction and I have understood those answers. I have no further questions at this time.

After reading the above information contained in this agreement, I voluntarily consent to the above terms and conditions of this consultation agreement realizing that Josefa Ndinofina, ND, cannot anticipate and explain all risks and complications of my health, my health conditions, and its related treatments. I understand that Josefa Ndinofina, ND will exercise her educated judgment during any of the above procedures and in recommending dietary supplements, natural medicines, and dietary and lifestyle changes. By signing below, I acknowledge that I have been provided ample opportunity to read, or have been read, this form and had any questions answered. I agree to use this consent form to cover the entire course of recommendations for my present condition(s) and for any future condition(s) for which I seek treatment with Josefa Ndinofina, ND. I also understand that I am free to withdraw my consent and to discontinue participation in these consults at any time.

Date

Signature of Client

Client Name (Please print)

Financial Policy

PAYMENT FOR SERVICES

As the client, you are responsible for the total charges incurred for each visit. Payment by cash or credit card is accepted.

Fees are to be paid at the time of each visit or treatment, including fees for services, cost of supplements and remedies, cost of laboratory tests, and other applicable fees.

Payment plans may be arranged if requested. Credit card authorization and plan agreement forms must be completed for payment installments by client and Dr. Josefa Ndinofina, ND.

Telephone support is to assist in clarifying recommendations made during an office visit. Telephone conversations that cover new material or require extended time beyond very brief Q&A will be considered “phone consults” and will be billed at the same rate as an office visit. This applies to after-hours phone consults regarding acute illness (as such is typically needed in pediatric care).

Email communication is to assist in clarifying recommendations made during an office visit. Email conversations that require extended time beyond very brief Q&A will be billed at the same rate as an office visit. Please see detailed email policy on the following page.

Naturopathic recommendations may include certain herbal, homeopathic, vitamin or mineral supplements. Know that Dr. Josefa Ndinofina, ND, has spent time researching and identifying well-made supplement brands and understand the quality of such products that are available in retail stores are NOT the same as the laboratory-based Dr. Ndinofina, ND recommends as the effectiveness is vastly different in comparison.

CANCELLATION POLICY

Please give at least 24 hours' notice if you need to cancel or reschedule an appointment. Late cancellations will be charged the full amount of the office visit, no exceptions. Missed appointments will also be billed in full. Dr. Josefa Ndinofina, ND, will, of course, make exceptions for an emergency or unforeseeable circumstance.

I have read, understand, and agree to the above financial and cancellation policies.

Client Name (Please print)

Date of Consent mm/dd/yyyy

Signature of Client (or Parent or Legal Guardian)

Email Policy

There is an expanding reliance on electronic communication (e-mail) motivated by the convenience, speed, cost-effectiveness, and environmental advantages of its use. If you choose to communicate with Dr. Josefa Ndinofina, ND, via e-mail, know that e-mail is considered an official means of communication and, if used, your e-mails will be included in your client file.

This policy outlines appropriate use of e-mail communication with Dr. Josefa Ndinofina, ND. Email communication is ideal:

- To schedule a return office visit.
- To clarify instructions or ask a brief question about previous recommendations.
- To ask brief questions as noted above that do not require discussion.

Email communication is not ideal for:

- Scheduling a first office visit.
- Cancelling an office visit with less than 24 hours' notice.
- Communicating urgent or emergent information.
- Time-sensitive issues.
- Asking for an opinion or discussion of a new health issue not yet evaluated via office visit or phone consult.

Dr. Josefa Ndinofina, ND does understand that there are instances outside of the examples above when email communication can be very helpful. Please be aware that email communication beyond very brief Q&A and clarifications as listed above will be considered an “email consult” and will be billed at the same rate as an office visit based on the amount of time spent reviewing and responding to your email.

Other points to be aware of:

- Email communication does not take the place of an office visit. If you think you need to be seen, please book an appointment.
- It is important to keep in mind that although you may send an email at a certain time, it may not arrive immediately at Dr. Josefa Ndinofina, ND, email inbox, and there may be a delay before Dr. Josefa Ndinofina, ND, can check and read the email you sent.
- Email is generally not checked over the weekend or holidays.
- Email IS NOT A CONFIDENTIAL METHOD OF COMMUNICATING OR SENDING MEDICAL INFORMATION.

I would like to use email communication with Dr. Josefa Ndinofina, ND. I have read the above and understand the security limitations with electronic communication. I agree to use email communication in accordance with the above policies.

Client Name (Please print)
mm/dd/yyyy

Date of Consent

Signature of Client (or Parent or Legal Guardian)



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