

Agreement for Telehealth Consult

Please type or print clearly

I am pleased that you have inquired about our Telehealth Functional Medicine Consult services. Please take a few moments to read through the following information and sign the agreement on the next page:

Patient's full legal name: _____ Today's date: ___/___/___

Address: _____ Birth date ___/___/___

_____ ZIP _____ Sex: Male Female

Contact phone number for consult: (____) _____ is this a cell phone? Yes No

E-Mail (print clearly) _____

Parents name(s) if child _____

Nature of Telehealth Consult(s): Ray Psonak D.O. has an insurance-free practice combining lifestyle guidance, health coaching, nutrition counseling, and testing with alternative medical labs. Lab reports are generally very comprehensive, however if you still have questions after reviewing your report, medical consults are available. Dr Psonak's contacts are via Telehealth and the initial contact is kept short (15-30 minutes) to review questions you may have on your test(s) and discuss possible ways I may help you. These consults are NOT intended to replace a relationship you have with your local physician. You may share, if you wish, the information you have gained from the consult with your health care provider. If you need care on an emergency basis, you agree to seek the services from your local doctor or emergency room.

At the Telehealth consult, I may review such topics as your medical history, current lifestyle, diet, environmental exposures, etc., in detail, focusing on your concerns, expectations, and how this information can provide a key to unlocking solutions to your health issues.

Fees:

30-35 minutes \$120

60 minutes \$220

Fees for future 30-35 minute monthly follow-up medical consults will cost \$120 per session.

Scheduling Procedure: To schedule your initial contact, please proceed with the following steps:

1. Return the completed [agreement](#) and [medical history form](#) by FAX to 757-315-8052, **or** email to consult@healthalways.com, **or** text a picture with your smart phone to 207-657-4325.
2. Pay the fee by going to <https://healthalways.com/store/telehealth-consult-with-doctor/>, or call the office with your credit card.
3. Schedule an initial contact convenient to you by going to <https://calendly.com/drpsonak> . We will contact you to confirm your appointment.
4. At the time scheduled for your consult, Dr Psonak **will call you (USA Only)** at the phone number given on this agreement form.

NOTE: If you do not receive a confirmation email from me, your appointment is not scheduled.

3rd Party release: If you wish to have Dr. Psonak discuss your medical information with a family member or other third party, you will need to fill out and return the [Health Information Release Authorization](#).

Cancellation Policy: To reschedule or cancel your appointment for an initial contact or subsequent medical consultation, you agree to notify the office at least forty-eight (24) hours before the scheduled appointment. You will send the notice of cancellation by email to consult@healthalways.com. Upon cancellation of your appointment, you will be reimbursed the fee you paid minus a 5% cancellation fee.

If you fail to reschedule or cancel forty-eight (24) hours before the appointment time, you understand that no payments will be refunded.

Insurance: As a Functional Medicine specialist, Dr. Psonak is not a Medicare or Medicaid provider, and does not participate in any insurance plans or accept assignment from any other payer. All fees are due upon scheduling services. By signing this form you agree to not submit any charges or payments to your private insurance company, Medicare, Medicaid, or any other insurance or third party entity.

Why I do not accept Insurance: When medical practices bill health insurance companies directly, the doctors are required to become participating providers. The doctors must sign a contract that allows the insurance company to determine which services they will and will not provide and how much they can charge for those services. In general, insurance companies are not focused on preventive or wellness services. They are heavily invested in the conventional model of health care that too often relies on drugs, procedures, and surgeries. Most doctors and clinics cope with the requirements of being participating providers by keeping their office visits very brief, so that they can see many patients within a given time frame. Ironically, some of my patients complain about their extremely brief and unsatisfactory office visits at other medical practices, while at the same time expressing frustration that I do not accept insurance. Unfortunately, I have found that I cannot be a participating provider in the insurance networks and provide the time intensive and well researched care that I do. As a physician who practices functional medicine, I am firmly committed to prevention, wellness, and natural solutions to health problems. I have always felt a calling to provide as many people as possible with the highest quality natural health care. Just as my services are unique, my financial policies set my practice apart from mainstream medicine.

Privacy Policy HIPAA: Patients of this practice are entitled to the greatest degree of privacy possible. This office will strive to ensure that patient information is used only for authorized purposes as agreed to by the patient. Your medical information is personal and we are committed to protecting it. The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by sending your request in writing to Dr Psonak, 1377 Poor House Rd, Lewisburg TN 37091.

- Before any records are released, we will review to ensure that the release has been authorized by the patient or is otherwise permitted by law.
- Each patient chart shall include records of all releases of information, including the date, to whom the information was sent, and the material included.
- Parents and Minors: Only the parent or legal guardian of a child has right to access records. Exceptions include: State law pre-emption, court order, potential abuse or neglect.

Your Individual Rights:

- You have a right to look at or get copies of your medical information. We provide copies of your records on a CD. We will use this format unless it is not practical for us to do so. You must make your request in writing. The minimum charge for this service will be \$20.00.
- You have the right to ask us to restrict the uses and disclosures made for the purposes of treatment, payment or healthcare operations, but we are not obligated to agree to these suggested restrictions. If we do agree, however, the restrictions are binding on us. You must ask for a restriction in writing.

If you have any questions about anything in this document, please call or email the office.

I have read, understand, and agree to the content of this Agreement and voluntarily agree to all the terms and conditions stated above.

Patient or Guardian Signature: _____ Date: _____

If person other than patient is signing, please print full name and indicate relationship below.

Print Full Name: _____ Relationship to Patient: _____

I look forward to working with you in your process of healing and good health!

Respectfully,

Ray Psonak D.O.