

## PRACTICE POLICIES

You will be evaluated by a trained and licensed provider. We wish to take this opportunity to welcome you and to state some basic principles we believe essential in establishing a good relationship between us. Please read through this information, asking questions as needed.

- 1. INITIAL INTERVIEW:** Your first history and physical is considered an evaluation interview and exam. At the time of this appointment, the following decisions will be made with you:
  - a) If Ketamine is an appropriate treatment option
  - b) Frequency of Ketamine infusion sessions
  - c) Goals of therapy (what you hope to gain from this process.)
- 2. APPOINTMENTS:** Each appointment varies in length depending on your chief complaint. Typically, 40 min infusion appointments take just under 2 hours, 4 hour infusions are typically around 5 hours in length. At the end of each appointment you can make arrangement for your next appointment or you may also book all your prescribed appointments at once.
- 3. CANCELLATIONS:** If you find that you need to cancel an appointment, please give as much notice as possible so that we can schedule people that are on our waiting list. You will be personally charged for your appointment if not canceled at least 24 hours in advance other than for emergency reasons.
- 4. PAYMENTS:** We would greatly appreciate payment in full prior to the start of your appointments. If you do not have a charge card. We will accept cash or money order. Please make money order out to Mind & Body Wellness Center.
- 5. INSURANCE:** We currently do not directly participate with insurance plans. Payments for services received through Mind & Body Wellness Center are ultimately your responsibility and must be paid prior to treatment. From our experience no insurance companies are paying for ketamine treatment, due to the FDA "off label" use. If you have heard or know otherwise, please communicate that to us. Thank you.
- 6. CONFIDENTIALITY:** All information regarding the specific nature of your treatment is maintained at Mind & Body Wellness Center and is considered confidential within the office unless specified by you in writing. However, each provider at this office reserves the right to use specialty consultation with other medical providers at the office as deemed necessary. We follow HIPAA and maintain confidentiality.

### PLEASE CHECK AND INITIAL BOXES

- Yes  NO I acknowledge that I have read and understand all of the foregoing statements and that my signature below indicates that I agree to abide by all of the above conditions.
- Yes  NO I have received a copy of the Privacy Practices Form.
- Yes  NO I consent to the exchange of treatment information between Mind & Body Wellness Center and my primary care or mental health provider.

Signed(Patient): \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCIAL FORM

I understand that Mind & Body Wellness Center does not accept insurance. Upon request, I will be given a receipt that I may submit to my insurance for possible reimbursement. As well, I understand that if I cancel within 24 hours or not show up for an appointment, I will be billed the entire amount of the appointment. I have been given the opportunity to ask questions regarding this statement.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## LAYING OF HANDS

During the ketamine IV Therapy session one can feel a sense of out of body or free falling or the opposite a sense of heaviness.

Your journey guide can pick up on this change due to the Ketamine and can help you relieve this feeling. Typically, laying of the hands on an arm, hand, stom-ach (solar plexus) can help center the patient or relieve the heaviness with a reminder to breath through it. You are not alone.

By signing below you consent to the above "laying of hands or touch therapy."

Signed (Patient): \_\_\_\_\_

Date: \_\_\_\_\_

OR

You do not wish to be touched during your session but you acknowledge this consent has been offered to you.

Please initial here: \_\_\_\_\_

## PREGNANCY WAIVER FORM

As a routine part of the preoperative physical exam and testing, all women of childbearing age is asked about their pregnancy status and last menstrual period. Women who deny pregnancy will be asked to sign a pregnancy waiver (see below). If unsure, a urine pregnancy test will be offered to you. This test is painless and only takes a few minutes. As there are risks to anesthesia the benefits of this simple test to potential mother and baby outweigh the minimal risk. All patients, however, for reasons of privacy or otherwise, may refuse to have a urine pregnancy test performed. We ask only that you fully understand the potential risks of anesthetic agents on the developing baby, as well as the material implications of anesthesia. Our goal is to provide the safest, highest quality of care.

I \_\_\_\_\_, certify that the risks of the surgery, radiation, and anesthesia while pregnant have been explained to me, and I am not pregnant. If the chance of pregnancy is in question, I have been offered the oppor-tunity to take a pregnancy test and I decline. I hereby release Mind & Body Wellness Center of any liability if I am indeed pregnant at the time of treatment.

Patient Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_

