

OpenMind Medicine

Krista Tricarico, ND

Consent for Medical Treatment

Naturopathic medicine is considered a safe and effective method of care; however, any treatment or procedure may have complications. It is your right to be informed of benefits and possible complications, as well as alternatives to the proposed treatment. If this has not been explained to your satisfaction, it is your responsibility to ask for more information. As your provider, I will work with you towards optimal health, but there is no guarantee for a specific cure or result. By signing below, you are requesting and hereby authorize services offered to you by OpenMind Medicine including physical examination, lab tests, and treatment deemed appropriate by Dr. Krista Tricarico.

HIPAA Privacy Policy

The Department of Health and Human Services has established a privacy policy to help insure that personal health information is protected for privacy. Your participation in treatment and all information about you is considered confidential and cannot be disclosed without your written consent except where disclosure is required by law. Some of these exceptions to confidentiality include: (1) when I suspect a child or elder is being abused or neglected; (2) when I believe you present a clear and imminent danger to yourself or a threat to others; (3) when a court subpoenas me to testify or subpoenas your records; or (4) when an insurance company that is helping to pay the fee requires information about your diagnosis and/or treatment. If you have any questions or concerns regarding confidentiality, you can discuss these with me at any time. If you need more information, please feel free to consult a HIPAA Compliance Officer.

I have read and understand the above statements regarding my Consent for Medical Treatment and the HIPAA Privacy Policy.

Patient's Name (Please print)

Signature of Patient (or Guardian)

Date

Communication Consent

Please initial below if you consent to the statement and leave blank if you do not.

_____ OpenMind uses email to correspond with patients as a convenience. However, these emails are not encrypted and could theoretically be intercepted. By initialing this line, you are giving OpenMind permission to correspond with you via email in spite of this potential risk.

_____ Reminder calls are regularly given the day before your appointment. By initialing this line, you are consenting to allow someone from OpenMind Medicine to leave you a phone message regarding your appointment.

OpenMind Medicine
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