



Ray Psonak D.O.
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Agreement for Virtual Tele-Medicine Conference(s)

Please type or print clearly

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 _____

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

Nature of virtual conference(s): Ray Psonak D.O. has an insurance-free practice combining lifestyle guidance, health coaching, nutrition counseling, and alternative medical labs for testing and review and physician medical conferences. All of my visits are virtual and our "initial contact" is kept short (15 minutes) to allow you to express your goals, allow us to get to know each other, ask questions, and discuss possible ways I may help you. These conferences 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. If you need care on an emergency basis, you agree to seek the services from your local doctor or emergency room.

Nature of Services: Functional medicine services are often referred to as complementary, alternative or integrative medicine. Some of my services may not be widely recognized within the medical profession or may be subject to disagreement among qualified medical experts. Some treatments may be provided based upon a substantial body of clinical literature and/or taught in continuing medical education for functional physicians, but the body of evidence is not considered sufficiently rigorous by mainstream medical institutions to support widespread use of the practice. My treatments include the use of nutritional therapies and may include off-label use of medications (permitted), which are used for a condition other than those approved by the U.S. Food and Drug Administration (FDA). Medications may also be used or prescribed that are only available when compounded by a pharmacy. Also, laboratory tests may be developed by specialty laboratories and not widely used in conventional settings, and laboratory evaluations may be interpreted according to the standards of functional medicine rather than as used for the diagnosis of disease.

Fees: For new patients, a 15 minute "initial contact" fee is \$50. After the "initial contact", the next step in working together is the "medical conference", a 90 minute visit that will be scheduled within 1-2 weeks of the "initial contact". After the "initial contact", you can schedule the 90 minute "medical conference" by paying a fee of \$300. You will also fill out an extensive health questionnaire to be completed and returned 48 hours before the "medical conference". If you change your mind about the "medical conference", I will reimburse you \$150 provided you give a 48 hour cancellation notice. At the "medical conference", I review your medical history, current lifestyle, diet, environmental exposures, etc., in detail, focusing on your concerns, and how this information can provide a key to unlocking solutions to your health issues. Fees for future 30-45 minute monthly "follow-up medical conferences" will cost \$150.00 per session. No refunds will be issued for lab testing services that have been requested by you.

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, MaineCare, 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 writing us at the address provided at the end of this notice.

- 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. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. If you request copies, we will charge \$.50 cents for each page, plus postage if you want the copies mailed to you. The minimum charge for this service will be \$15.00.
- 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.

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

1. Complete and return this agreement to the office by email (consult@psonak.com) or fax (757-315-8052).
2. Pay \$50.00 fee for "initial contact" by clicking: [Pay now](#) or copy and paste the following:
https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=8XXQDZQV3CTA6
3. Schedule an "initial contact" convenient to you by going to www.calendly.com/drpsonak.
4. Within 24 hours of receiving your agreement and your payment, we will call you to confirm your appointment.
5. At the time scheduled for your consult, **Dr Psonak** will call you at the phone number given on this agreement form.

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 "[Authorization For Discussion or Release of Medical Records](#)" form.

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 (48) hours before the scheduled appointment. You will send the notice of cancellation by email to consult@psonak.com, by phone to 207-657-4325, or Fax to 757-315-8052. If you fail to reschedule or cancel forty-eight (48) hours before the appointment time, you understand that no payments will be refunded.

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!

Best Regards,

Ray Psonak D.O.