



---

## GENERAL POLICY

**Innergy Medical Group** (“IMG”) would like to WELCOME you to your journey to wholeness using a natural approach. This document contains important policy information that pertains specifically to you. Please read over the entire document, initial where indicated, and sign at the bottom. If you have any questions, please feel free to ask a “IMG” representative.

### **Appointments**

Each Client’s Appointment will vary based on the program chosen. Unless a Client is enrolled in a particular program, all Client 1 hour Follow-Up appointment(s) require a \$100 deposit to schedule / 30 minute Follow-Up appointment(s) require a \$60 deposit to schedule and is non-refundable if changes to their appointment time/date are not made 48 hours in advance . We consider an appointment to be an agreement between you and Innergy Medical Group. In addition, appointments more than 15 minutes late will be considered a cancelled appointment, will need to be rescheduled, and a \$60 fee will result.

### **Payment**

All providers at Innergy Medical Group (“IMG”) require payment in full at the time of scheduling service(s). For your convenience we accept Cash, Visa, Discover, American Express, and MasterCard payments. No checks.

### **Insurance**

Innergy Medical Group (“IMG”) is not a recognized provider for any insurance companies nor do we submit claims to insurance companies on your behalf. If you do have Medicare please let us know.

### **Emergencies**

If you have a true medical emergency or serious medical concern you are to call 911 immediately it is your responsibility to seek the appropriate medical care.

## POLICIES, DISCLOSURE & CONSENT

- **Our Cancellation Policy is as follows:** All appointments cancelled or rescheduled with less than 48 hours remaining prior to select Client appointment(s) are subject to a non-refundable \$100 or \$60 cancellation fee at our discretion. In order to enforce this, any deposits made will be used for your cancellation fee. In addition, appointments more than 15 minutes late will be considered a cancelled appointment, will need to be rescheduled, We do this to protect the schedules of each of our practitioners as well as to ensure appointment availability for each of our Clients. In the event of any dispute we promise to make every accommodation to resolve these matters in a way that is favorable to our Clients and our employees / practitioners.
  - **Our No Show Policy is as follows:** All appointment no shows will be charged the full session. Again, we will make every effort to resolve any disputes in a fair matter to all parties. These policies are placed into effect with the intention of protecting our Clients, our providers, our employees and the workplace that facilitate our healing practices.
  - **Children of Divorced Parents Policy is as follows:** When a child of divorced parents is seen in our office(s) or a parent consults with one of our providers via telephone, payment will be expected from whichever parent schedules the child's visit and accompanies the child to the visit. At no time will we bill ex-spouses or parents who are not present during the appointment without their direct consent, unless they have previously authorized payment with our offices in writing or verbally over the phone. If one parent has full custody (or there is another appointed guardian), please be aware that we will require authorization from said parent/guardian to see and/or discuss the child's case with the parent (family) who does not have custody rights during that time. Thank you for understanding our legal duty.
  - **Health Insurance Policy is as follows:** We do not accept insurance at this time. As a result, payment in full is expected at the time of scheduling service. Historically, Medicare/Medicaid and Tricare/Triwest will not reimburse for office visits or certain lab work.
  - **Client Decorum Policy is as follows:** We reserve the right to terminate treatment for any violation of appropriate client decorum. This may include, but is not limited to: Violent, Aggressive, or Threatening behavior towards a member of our healing team or another client, repeated dishonesty, lying, or misleading information being presented as truth, failure to regularly follow the directions and recommendations of our healing team, repeated late cancellation or no shows, failure to pay balance in full in a timely fashion, inappropriate sexual misconduct, spousal abuse, child abuse, arriving to our clinic intoxicated, or inappropriately soliciting team members or staff.
  - **Financial Hardship Policy is as follows:** We will make every effort to ensure continuity of care by creating payment arrangements for every established client who encounters financial hardship, particularly in the case of parents with children. We are here to help where we can.
- I have read, understand, and agree to abide by each of the additional administrative policies detailed in this agreement.

## DISCLAIMER & INFORMED CONSENT

I hereby consent to and authorize Carmen Adams, Registered Herbalist, (AHG) & CHN to provide Professional Herb & Nutrition Services on my behalf and/or behalf of my children. I further understand that the healing therapies/procedures I am endeavoring into are based upon energy movement, detoxification, nutritional optimization and recommendations for physical manipulation of the soft tissues of the body designed to alleviate pain and fatigue syndromes that accompany potential pathology. As with many energy based therapies, the 100% natural therapies utilized by Carmen Adams have the ability to produce profound changes in the musculoskeletal frame, nervous system, and especially within the immune, lymphatic, cardiovascular, respiratory, urinary, reproductive, and digestive systems.

Carmen's recommendations are intended to improve your energy, alleviate pain, and restore your body, psyche, and spirit for long-term healing resolutions. Carmen is happy to work directly with other physicians and therapists that you are currently working with so long as their treatments do not interfere with our recommendations and are in your best interest. Carmen is here to help you in the sincerest meaning of the word.

Following your adherence to the suggestions given, you may experience the Healing Responses that may result from detoxification and restoring balance including but not limited to; fatigue, diarrhea, aches and soreness, low grade fever, anxiety, mood swings, nausea, skin irritations, stuffy nose, congestion, or low blood pressure. A healing response generally lasts around three days, depending on the individual and the severity of their situation. The more severe the toxicity, the more intense the healing response can be. As your body begins to expel toxins, your energy may decrease and may begin to feel ill.

These Healing Responses are very natural and an important part of the healing process, still Carmen invites you to stay in close communication with her and/or our Physicians, Naturopathic Physicians and staff if any doubt or curiosity exists regarding your recommendations.

A Healing Response tells us that the recommendations being utilized have produced changes that your body is now integrating as your health improves toward our mutual goals.

If you ever have any questions or concerns feel free to contact Carmen directly via email at [INFO@INNERGYMEDICALGROUP.COM](mailto:INFO@INNERGYMEDICALGROUP.COM) or telephone at 877-285-1869 and she will get back to you promptly if she is unavailable

### INFORMED CONSENT CONTINUED

As this is a voluntary endeavor, Carmen reminds you that you have the right to discontinue following suggestions at your discretion and would advise you to discontinue following any suggestions that you are uncertain of until such time as you can speak with her, or your Doctor of choice and confirm the safety of continuation.

As a Client of Innergy Medical Group, I agree to:

1. Fully disclose all physical and/or psychological health conditions that may be necessary for Carmen Adams to know in order to assure my safety, honor my emotional history, and allow Carmen to provide me with the best possible self-healing experience.
2. Inform Carmen Adams immediately, via phone or email, of any physical or emotional discomfort or pain too intense to manage or that lasts for more than 2 days (48 hours) that takes place following her recommendations.

I hereby authorize Carmen Adams to perform the following specific procedures as necessary to facilitate my assessment and design suggested recommendation:

- **Holistic use of nutrition:** Therapeutic nutrition and nutritional supplementation.
- **Botanical medicine:** Botanical substances may be suggested to consume as teas, alcohol or glycerine based tinctures, capsules, tablets, creams, plasters, fomentations, or suppositories.
- **Lifestyle counseling and hygiene etc.:** Diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction, hot or cold compresses, enemas and balancing of work and social activities.
- **Vital Signs and Measurements:** Quantifiable data gathered to measure the efficacy of the suggestions given.

I recognize the potential risks and benefits of these procedures as described below:

- **Potential risks:** allergic reactions to suggested herbs and supplements, side effects of natural medications, aggravation of pre-existing symptoms, discomfort, pain, infection, burns, nausea, lightheadedness, inconvenience of lifestyle changes. **Please notify an office representative if you experience any symptoms which may be secondary to the above procedures or if ever in doubt.**
- **Potential benefits:** restoration of energy, health and the body's maximal functional capacity without the use of pharmaceuticals or surgery, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

Notice to all pregnant women: All female clients must alert Carmen Adams if they know or suspect that they are pregnant as some of the recommendations used could present a risk to the pregnancy.

---

**INFORMED CONSENT CONTINUED**

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by this office or Carmen Adams regarding a cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that a record will be kept of the Professional Holistic Wellness Services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself, my legal representative, our offices' leading Physicians or unless it is required by law. I understand that my medical 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 medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that any questions I have will be answered by Carmen Adams to the best of her ability.

I have read, understand, and consent to the terms. I accept full responsibility for my health and participate in all sessions voluntarily. I understand that CARMEN ADAMS will provide an Alternative Care Plan and any/all information obtained to assist in providing detailed personalized information whether in person, by webcam, by mail, by e-mail or by telephone is not intended to diagnose, prescribe, or treat any disease, physical or mental. The Alternative Care Plan is also not intended as a substitute for regular medical care.

I understand that I am advised NOT to discontinue any medications or supplementation prescribed by my physician.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND I HAVE TRUTHFULLY ANSWERED the phone questionnaire conducted over the phone, if applicable, with Carmen Adams. I understand that the extent to which my Health Goals are successful will be determined by the amount of energy, commitment, and dedication I give to support the work I am endeavoring into.

I have read, understand, and consent to the terms of treatment and that I am responsible for my health.

Effective As Standard Office Policy Concerning Informed Consent as of September 1, 2015



---

## Notice of Privacy Practices for Protected Health Information

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. INNERGY MEDICAL GROUP IS NOT REQUIRED TO ABIDE BY HIPPA SINCE WE ARE NOT PRACTICING MEDICINE; HOWEVER, NONE OF YOUR CONFIDENTIAL INFORMATION WILL BE SHARED WITH ANY OTHER INDIVIDUALS OR INSTITUTIONS UNLESS COURT ORDERED.**

In compliance with the federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), We have established privacy policies and procedures relating to the protected health information of her clients. Protected health information is information related to your past, present, or future physical or mental health or condition, or payment for such, in which you personally could be identified. HIPAA requires that providers must maintain the privacy of protected health information, provide a notice of their legal duties and privacy practices, and abide by the terms of the privacy notice currently in effect.

If you have any questions about our privacy practices or any of the information contained in this Notice of Privacy Practices for Protected Health Information ("Notice"), you should contact a representative of this office. A written copy of this Notice will be provided to any person requesting it, whether or not they are a current client. All clients will be given a copy of this Notice at the time of the first service provided to them following the effective date listed above. This Notice will be posted prominently, and copies will be made available in our office.

We reserve the right to make changes to the Notice and have any new provisions become effective for all protected health information. If any material changes are made to the uses or disclosures of protected health information, the individual's rights, our legal duties, or other privacy practices stated in this Notice, this Notice will be revised. The revised Notice will be posted prominently in our office, and we will make the revised Notice available to anyone who requests a copy.

**Your Rights as a Client** with respect to your protected health information, you (or your personal representative, with legal authorization) have certain rights:

1. To obtain a paper copy of this Notice
1. To obtain a paper copy of this Notice of Privacy Practices for Protected Health Information upon request.
2. To revoke your consents or authorizations.
3. To inspect and obtain a copy of the health information that is used to make individual healthcare decisions about you (so called "designated record sets").
4. To appeal decisions we make regarding denial of access to your records.
5. To request amendments to your health record.
6. To dispute decisions we make regarding denial of amendments to your records.
7. To request restrictions on certain uses and disclosures.
8. To request that confidential communications take place by alternative means or to alternative locations.
9. To obtain an accounting of disclosure.
10. To lodge a complaint with us or with the appropriate board if you believe there has been a privacy violation, without fear of retaliation, coercion, or intimidation. However, we would greatly appreciate the first opportunity to resolve any problems before a complaint would need to be filed.