



Consent for Evaluation, Diagnosis and Treatment

Dr. Don Selvey is a Naturopathic Medical Doctor (NMD), licensed to practice medicine in the state of Arizona. He maintains a current license and certificate to dispense, CLIA and DEA certificates. He is a graduate of the Southwest College of Naturopathic Medicine and Health Sciences and has been trained in conventional medical diagnostic techniques and treatment as well as naturopathic therapies.

I understand that evaluation, diagnosis, and treatment may include, but is not limited to:

- Interview (history taking)
- Physical examination
- Common diagnostic procedures (such as, diagnostic imaging, laboratory evaluation of blood, urine, stool and saliva, Pap Smears)
- Dietary advice and therapeutic nutrition (such as the therapeutic use of foods, diet plans, nutritional supplements, intravenous and intramuscular injections)
- Botanical medicines and supplements such as the prescribing of various therapeutic substances including plant, mineral and animal materials.
- Over-the-counter medications
- Prescription medications to be filled at a pharmacy or by a compounding pharmacy. As a patient, you have the right and ability to select which pharmacy is used to fill medication orders.

I understand and am informed that in the practice of Naturopathic Medicine there are risks and benefits with evaluation, diagnosis and treatment including, but not limited to the following:

- **Potential risks:** pain, discomfort, minor bruising from injections; allergic reaction to supplements, prescription medications; an aggravation of pre-existing symptoms.
- **Potential benefits:** restoration of the body's maximal functioning capacity, relief from pain and symptoms of disease, assistance in injury and disease recovery and prevention of disease or its progression.
- **Notice to pregnant women:** all female patients must alert the provider if they know or suspect that they are pregnant, since some of the therapies could present a risk to the pregnancy.

There are no guarantees of diagnosis, treatment or outcome. Fees will not be refunded under any circumstances.

Copper Valley Medical, LLC and Dr. Don Selvey, NMD, PLLC do not bill health insurance for services, although most insurance will cover necessary labs and imaging. We are not registered Medicare or AHCCCS providers. We prepare a superbill for every patient; a copy will be provided upon request. You may submit this to your insurance carrier for reimbursement if you desire.

Payment for services is expected at the conclusion of the appointment by cash, check, debit, or credit card, including HSA cards, unless other arrangements have been made, which include:

- Payment may be deferred pending outcome of personal injury case, which will necessitate a lien filing. Please notify your attorney or adjustor of the lien.
 - If you fail to notify your attorney or insurance adjustor, they may settle the case without providing payment to this office. In that event, you agree to pay all fees.
- Payment for specialized lab testing or compounded medications must be paid in advance.
- Payment made by credit or debit will also incur a processing fee established by the processing company.

If you prepay for services, and fail to show for your appointment without notice, all future appointments may be cancelled without refund of fees.



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Patients who fail to appear for an appointment, and do not cancel at least one working day prior to the appointment, will be billed for appointment time and will not be rescheduled until the fee for the unpaid appointment has been satisfied. This is necessary because patients are being turned away to accommodate appointment times.

Any prescription for a controlled substance must be transmitted electronically. This requires us to establish and maintain an expensive DEA-approved system. Since very few of our patients require these prescriptions, and in order to avoid transferring the cost to all patients, there will be a fee of \$40.00 added to the total bill, if you are prescribed a controlled substance.

All records are maintained in compliance with the U.S. HIPAA law. A copy of our policy is available upon request.

My signature on this agreement will constitute a full and final release of any legal responsibility resulting from any medical treatments.

Consent: I, _____, have read and understand this acknowledgement and consent to undergoing naturopathic medical treatment by Dr. Selvey. This consent may be revoked at any time.

Signature of Patient

Date