

Mountain-River Naturopathic Clinic

Naturopathic Doctor Disclosure Statement & Consent to Treatment

Naturopathic Doctors: Kimberly Nearpass-Pollack, ND & Justin Pollack, ND

Business address & phone number: 507C E Main St, Frisco, CO 80443; 970.668.1300

The nature of the services the Naturopathic Doctor will be providing: Natural Health Care Services as defined in the Colorado Naturopathic Doctors Practice Act

Justin Pollack, ND was trained in naturopathic medicine at Bastyr University in Seattle, Washington. Kim Nearpass, ND was trained at the National University of Naturopathic Medicine (NUMN) in Portland, Oregon. Our doctors received their degrees after four years of graduate-level clinical and academic training, as well as the completion of rigorous basic sciences and clinical science board exams through the North American Board of Naturopathic Examiners (NABNE). All three doctors are active members of the Colorado Association of Naturopathic Doctors (CoAND). No license or registration issued to Dr. Pollack or Dr. Nearpass has ever been revoked or suspended.

Naturopathic Doctors may be registered in other states. The Naturopathic Doctors listed above are registered or licensed in the following state(s):

- Kim Nearpass, ND Colorado #25
- Justin Pollack, ND Colorado #50

The Division of Regulatory Agencies (DORA) is the regulatory board for naturopathic doctors in Colorado. Complaints regarding any Naturopathic Doctor must be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, contact the Division at (303) 894- 7414 or find more information on how to file a complaint at: www.colorado.gov/pacific/dora/DPO_File_Complaint Naturopathic Doctors are registered by the state to practice naturopathic medicine under the “Naturopathic Doctor Act.” They are not permitted to perform the following acts:

- Prescribe, dispense, or administer any prescription medications or devices except:
Epinephrine for anaphylaxis, vitamins B6 and B12, barrier contraceptives (not including intrauterine devices), oxygen for emergency use, and vaccines in accordance with ACIP guidelines for patients who are at least eighteen years of age.
- Perform surgical procedures, including surgical procedures using a laser device.
- Use general or spinal anesthetics, other than topical and local anesthetics, including anesthetics with epinephrine.
- Administer ionizing radioactive substances for therapeutic purposes.
- Treat a child who is less than two years old, unless:

(1) This form is fully completed and signed; (2) The most recent immunization schedule recommended by the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention in the federal Department of Health and Human Services is provided to the parent or legal guardian with this form; (3) The Naturopathic Doctor develops and executes a written collaborative agreement with a licensed physician who is a pediatrician or family physician; and (4) The Naturopathic Doctor provides a release of information to the parent or guardian requesting permission to exchange information and enter into a collaborative relationship with the child’s licensed pediatric health care provider, if the child has one.

- Treat a child who is two years of age or older, but less than eight years of age, unless:

(1) This form is fully completed and signed; (2) The most recent immunizations schedule recommended by the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention in the federal Department of Health and Human Services is provided to the parent or guardian with this form; and (3) The Naturopathic Doctor provides a release of information to the parent or guardian requesting permission to exchange information and enter into a collaborative relationship with the child’s licensed pediatric health care provider, if the child has one.

- Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine.
 - Practice obstetrics.
 - Perform chiropractic services (spinal adjustments, manipulation, or mobilization). Naturopathic physical medicine, as described in § 12-37.3-102(12)(b), C.R.S., is permitted.
 - Recommend the discontinuation of, or counsel against, a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner.
- The privacy of your medical information is important to us. We comply with the United States HIPAA Patient Privacy Guidelines. Detailed information regarding these guidelines is available upon request.

As a patient of the Mountain-River Naturopathic Clinic, you are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known. You may seek a second opinion from another health care professional or may terminate therapy at any time.

Disclosure Statement

1. We are Naturopathic Doctors registered under Title 12, Article 37.3, of the Colorado Revised Statutes.
2. We are not medical doctors or physicians licensed under Title 12, Article 36, of the Colorado Revised Statutes.
3. We recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child aged less than eight, with a licensed pediatric health care provider. If the patient is less than two and does not have a relationship with a licensed pediatric health care provider, we refer the patient to Dr. Ebert-Santos at Ebert Family Clinic.
4. If the patient is a child aged less than eight, we have provided the immunization schedule that accompanies this form and I recommend that that the child’s parent or guardian follow the immunizations schedule that accompanies this form.
5. If the patient has a relationship with a licensed physician or health care, we will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider. To permit this, the patient (or patient’s parent/guardian if patient is a minor) will need to sign a separate release allowing me to exchange information with the licensed physician or pediatric health care provider

Fee schedule:

Fees vary by service provided and are listed on the posted ‘Fee Schedule’ on our website. In general, regular office visits are \$250/hour. Expect to spend 60-120 minutes on the initial visit and 30-60 minutes on follow-up visits.

All patients are asked to pay in full at the time of visit. Naturopathic Doctors are not contracted with any insurance companies in Colorado, however superbills are available upon request to submit to insurance companies for reimbursement purposes. We do accept Health Savings or Flex Spending Accounts. Mountain River Naturopathic Clinic participates in the 'Community Card System' and offers sliding-scale discounts (10-50% off) for uninsured, low-income individuals and families.

Please initial to indicate understanding of the following correspondence & financial policies:

_____ E-mail correspondence is intended for *follow up, clarification or brief questions of established patients* that can await response 7 days. Please note email is not a thorough or HIPAA-compliant way to conduct your healthcare. If you have a detailed question, are experiencing a change in your symptoms, or require advice on a new or existing health issue, please call the office at 970.668.1300 to schedule an appointment.

_____ The doctors are happy to respond to phone calls and messages in order to clarify information from previous consultations. Consultation phone calls exceeding 5 minutes will be charged at regular office visit rates.

_____ **Mountain River Naturopathic Clinic charges a \$70 fee for no-shows and for appointments cancelled within 24 hours of appointment date for non-emergency reasons.**

The undersigned, in consideration of services to be rendered to the patient, agrees to pay the provider of service, in accordance with their regular rates and terms, for the services rendered. All payment is due at time of service. The undersigned further agrees to pay reasonable attorney fees and expenses incurred in collecting all sums not paid when due, whether or not litigation is actually commenced, as well as all attorney fees and costs on appeal. All insurance benefits available for professional and clinic services rendered, will be returned to the patient to offset the costs incurred by the patient.

Acknowledgement and Consent for Treatment (to be completed by the adult patient, or parent/guardian if patient is a minor)

I, _____ acknowledge receipt of the above disclosure statement and give my informed consent for treatment for myself or my child, by the above named Naturopathic Doctors.

Check one: I prefer to receive follow up communication from the doctors via ☐ Phone or ☐ email

The patient **does / does not** (circle one) have a relationship with a licensed primary care physician (PCP) or pediatric health care provider.

Patient Name _____ Date _____

Signature _____

Signature of parent/guardian if patient is a minor _____

If signing for a patient under the age of 8, please acknowledge review of ACIP vaccine schedule as provided by Dr. Nearpass or Dr. Pollack