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# COEUR D'ALENE HEALING ARTS

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## **Financial Agreement and Declaration of Informed Consent**

It is our policy that all pharmacy items are payable upon receipt. Outstanding balances over 60 days will be charged 1.5% interest. There is a charge of full consultation price for an appointment that is missed with no prior notice or cancellation, and half price if you cancel in less than 24 hours before the appointment.

Section 54-1804 (1) (j), IDAHO CODE, requires each person receiving health care service from a provider not licensed to practice medicine in Idaho, to sign a declaration of informed consent. The enclosed packet discloses the required information and acknowledges your consent to receive and pay for the services rendered by Coeur d'Alene Healing Arts.

Although most of the states surrounding Idaho provide licensure for naturopathic physicians, I understand that Idaho does not yet require a license for naturopathic health care. I therefore exercise my rights under the U.S. Constitution and the State of Idaho to seek out health care of my choosing. My sole purpose and intent in seeking services is to obtain help for my personal health. I am aware of the doctor's professional training, have read and accepted the Office Policy, Financial Agreement, and been informed to my satisfaction. I understand that Coeur d'Alene Healing Arts does not bill insurance carriers, however they will provide me upon request with superbills to obtain reimbursement from my insurance provider. I also acknowledge this as a notice of information practices. As a patient I have the right to see, copy and supplement my medical records. Medical records obtained in this office may only be used for copy and supplement my medical records. Medical records obtained in this office may only be used for health care related functions and Coeur d'Alene Healing Arts will not share or release records without patient authorization. My signature is entirely voluntary and based upon informed choice. I hereby choose to consult a naturopathic physician at Coeur d'Alene Healing Arts.

**A credit card # is required on file for telephone and video consultations.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_