

*Terry Van Oort, MD*  
**BALANCED INTEGRATIVE HEALTH**  
302 SW Walnut St, Ankeny, IA 50023  
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### **Authorizations and Acknowledgements**

**Treatment and Authorization:** I authorize medical and health care treatment of \_\_\_\_\_myself  
\_\_\_\_\_my minor child \_\_\_\_\_by Terry Van Oort, MD.

**Medical Records Release Authorization:** I authorize Dr. Terry Van Oort to release my medical information to any physician or healthcare practitioner to whom I'm being referred for care and to any payor of my care, including my insurance company or managed care program, upon their specific request.

I also authorize any physician or health care provider I have seen to release my medical records to Dr. Terry Van Oort. Such authorization is effective for a period of one year and extends to records regarding my minor child, if applicable.

**Privacy Statement:** While Dr. Terry Van Oort is not required to follow the privacy requirements under the Health Insurance Portability and Accountability Act (HIPAA), he does respect your privacy and will only release information required to further your treatment, assist you in obtaining payment, or manage his own internal operations. Additionally, he will release information as specifically authorized by you.

**Notice of Possible Non-Coverage of Services:** I understand that because of the nature of Dr. Terry Van Oort's services, insurance reimbursement may not be available. My insurance company may not pay for office visits where the focus of the consultation is on wellness, herbal medicine, or other CAM services. Some of the lab tests that are ordered, particularly those that are used in support of wellness consultations, are kits sent to labs using innovative approaches to diagnostics and also may not be reimbursed by insurance companies.

**Financial/Insurance Responsibility:** I understand that Dr. Terry Van Oort does not participate in any insurance plans. I understand and agree that Dr. Terry Van Oort does not take assignment, which means that payment will be required at each visit. I understand that I will receive a superbill showing the cost and nature of services and it will be my responsibility to submit these claims to my insurer.

I understand and agree that I am responsible for all charges incurred for all treatment rendered, including procedures and laboratory tests, even if my insurance company determines that any services are non-covered or excluded, or, in their opinion, are unreasonable or not medically necessary. I also agree to be responsible for costs and expenses, including court costs, attorney fees and interest, should it be necessary for Dr. Terry Van Oort to take action to secure payment of an outstanding balance owed.

**Claims Management:** I understand that it is my responsibility to know my plan benefits. Dr. Terry Van Oort may offer some assistance, but given the uncertainty that pervades insurance decisions, cannot be responsible for any information that turns out to be incorrect. Dr. Terry Van Oort will respond to insurance requests for information, but will not be obligated to take action on my behalf against an insurance carrier for collecting or negotiating my insurance claim. I understand I may be charged if Dr. Terry Van Oort responds to requests for information.

**Notice to Medicare Patients:** I understand that services rendered by Dr. Terry Van Oort are not covered by Medicare. Dr. Van Oort does not participate in Medicare and I may not submit a bill to Medicare for reimbursement for any services provided by Dr. Terry Van Oort.

**No Guarantees:** I am aware that no practice of medicine is an exact science, and acknowledge that there are and can be no guarantees as to the accuracy or outcomes of any diagnoses or treatments I receive.

**Duration/Revocation of Authorizations:** These authorizations may be revoked by me in writing at any time. Such revocation will not affect my financial responsibility to pay for services rendered. I also certify that I am here to receive health care and for no other purpose.

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Patient/Guardian Signature

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Patient/Guardian Name Printed

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

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### **Notice and Consent as to the Nature of Services**

I understand the care I receive from Dr. Terry Van Oort may be non-traditional or non-conventional. Such services are commonly referred to as complementary or alternative medicine (ACM or CAM), holistic care, or integrative medicine. This can include a variety of innovative medical treatments as well as acupuncture, nutritional and herbal consultation, and mind-body approaches to care. Many of these services may not be recognized as standard medical practice, generally accepted by the medical community or approved by the Food and Drug Administration or other regulatory agencies. While many of these approaches have long been practiced, they may still be considered investigational or experimental. I am seeking care from Dr. Terry Van Oort in order to benefit from his special training in integrative medicine and receive advice and treatment about such care.

*Nutritional and Herbal Guidance:* Consultations may include discussion of diet, dietary supplements and herbal or botanical products. While herbs and botanical products are generally available over-the-counter and considered safe based upon their long history of use, many of them have not been widely tested. There is some risk that these products could prove harmful, particularly if I am allergic to them, which in rare circumstances could lead to serious consequences. I understand that interactions between herbs, and between herbs and drugs, are not yet well known. While unlikely, I could have an adverse reaction or experience a reduction or increased effect of other medications. I will let Dr. Terry Van Oort and other physicians know what herbs I am taking. I agree to notify Dr. Terry Van Oort if I experience any interactions or adverse experiences or reactions.

Recommendations for treatment could include fasting and other forms of detoxification. While this is generally safe, some people may experience a healing crisis, which may be a short period in which symptoms increase or flu-like symptoms occur with mild fever, chills, dizziness or loss of appetite. Such an experience, while unpleasant, can signal the body is effectively detoxifying or undergoing a healing effort.

*Mind, Body Medicine:* Mind, body medicine is an emerging medical field intended to improve patient well-being by improving lifestyle, capacity to function in a meaningful and effective way, and reversing the impacts of stress. Because stress and emotional states may play an important role in my medical conditions, Dr. Terry Van Oort may assist me in recognizing more successful approaches to lifestyle and mind, body approaches such as meditation, massage or other stress management techniques.

**No Guarantees:** I am aware that no practice of medicine is an exact science and acknowledge there are no guarantees as to the accuracy or outcomes of any diagnosis or treatments I receive.

**Duration/Revocation of Authorizations:** These authorizations may be revoked by me in writing at any time. Such revocation will not affect my financial responsibility to pay for services rendered.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Patient/Guardian Name Printed

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



I am also being treated for \_\_\_\_\_ by: \_\_\_\_\_

Phone: \_\_\_\_\_

I am also being treated for \_\_\_\_\_ by: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_

Patient/Guardian Signature

\_\_\_\_\_

Patient/Guardian Name Printed

