

PATIENT GUIDE

Thank you for trusting me to help you improve your health!

Please read the material below and date and sign where indicated. If you have any questions, please contact me at jenn@jenngibbons.com.

Group Visits

Group visits are a great way for you to save money working with a holistic practitioner. It's also great for me since it gives me an opportunity to educate and guide more patients towards improved health, and reduce the cost per person.

As a practitioner of both Chinese and Functional Medicine, I am able to determine ideal diet, supplemental, and botanical recommendations based on your current symptoms, paired with an understanding of your past and current diet and lifestyle choices.

Understandably, I cannot make more specific recommendations without reviewing your medical history and/or completing an examination. If you would like to work with me one-on-one, please visit my website jenngibbons.com, and follow the instructions under Patient Registration.

In order to protect the privacy of all the participants, when you click on the zoom meeting link to enter the meeting, please make sure that only your first name appears. If you prefer to keep your camera off, you may do so.

Informed Consent

NATURE OF SERVICES

My Group Visits services may include: health education, nutritional, botanical, and/or supplemental guidance, and lifestyle and behavior modification tools.

My services do not substitute for primary medical care, and patients are expected to have a relationship with a primary medical doctor separate and apart from me while involved in care.

RISKS, BENEFITS, AND ALTERNATIVES OF TREATMENT

In general, integrative, functional and traditional medicine provide benefits that include relief of presenting symptoms and improved function that may lead to prevention, improvement or elimination of the presenting symptoms, though no particular outcome can be warranted or guaranteed. Like with any health treatment, such treatment is not without risk. Potential risks of treatment include allergic reactions, sensitivities, adverse effects from, or in response to, natural supplements or dietary measures, failure to improve or worsening of the patient's condition and difficult adjustments to making lifestyle modifications. Other side effects and risks may occur. The patient agrees to inform me of all known factors which might affect treatment, including all medications, drugs, drug sensitivities and allergies, history of seizures, fits or fainting, presence of a pacemaker, bleeding disorder, use of anti-coagulants, damaged heart valves or occluded vessels, immune deficiencies or other special risk of infection, as well as any other significant factors. The patient further agrees to inform me of any disorder, or state of mind, that might affect the patient's capacity to make informed health decisions, and should any such impairment exist, patient will provide information regarding a surrogate decision maker.

An explanation of the risks, benefits and alternatives of any specific procedures or treatments, recommended or undertaken, will be provided to the patient at the time of such recommendation. The patient agrees to bring to my attention any lack of understanding of such risks, benefits and alternatives, and inquire for further explanation until patient has a full understanding before giving consent to any procedure or treatment. The patient agrees to immediately inform me of any adverse effect of treatment noted, including any unanticipated pain or other negative sensation, unpleasant cognitive conditions, anxiety, depression or other negative emotions or any unpleasant taste or smell associated with the consumption of supplements or herbs. The patient will immediately notify me in the event of pregnancy, as some treatments may be contraindicated in the event of pregnancy.

The undersigned patient agrees that he/she has read and understood the information contained in this Informed Consent, has inquired as to all aspects that were not understood, and consents to the care and treatment as outlined herein. In consideration of the services to be performed and products obtained, the undersigned patient agrees to be bound by the terms of this Informed Consent.

Billing Policy

PAYMENT POLICY

The cost to attend one of my 60-minute Group Visits is \$50. Payment must be made prior to attending the online meeting.

CANCELLATION/REFUND POLICY

If you are unable to attend your scheduled online session, I will include you on my next Group Visit session, which occurs once every three weeks.

PATIENT ACCEPTANCE:

Printed Name of Patient or Representative

Signature of Patient or Representative

Date Executed