

## **Cherubino Health Center -- Policies and Procedures**

***Each patient, (or patient's guardian when the patient is a minor), must read, and agree to the provisions of this document prior to receiving investigative and/or alternative treatment at Cherubino Health Center.***

### **Treatment**

The treatment offered at Cherubino Health Center is rendered with the intent of correcting what practitioners at the center see as the underlying causes of physiological imbalance, dysfunction and disease. We therefore attempt to treat causes not symptoms.

### **Investigative procedures and techniques**

Many of the alternative procedures, recommendations, treatments and therapies utilized at Cherubino Health Center are classified, by the traditional medical system, as "investigational procedures".

*This pertains to all treatments offered at the center with the exception of chiropractic adjustments and chiropractic/medical physical therapies. Therapies used in conjunction with chiropractic treatment are utilized for their biologic and therapeutic effect while those therapies used during a course of alternative treatment are not.*

### **Alternative Health Care**

With the exception of chiropractic treatments and supportive physical therapy, Cherubino Health Center offers what in today's society is commonly known as alternative health care. We believe that a more appropriate term would be "Natural" Health Care. As such, it is entirely possible that other health-care providers, in particular traditional non-alternative, allopathic, health care providers may view the type of treatment and advice that we offer at this center as inappropriate, unrelated or even useless.

Most people in this society are somewhat familiar with the use of drugs and surgery as the primary way of "treating" disease. A profound lack of education and training has resulted in ignorance and therefore prejudice and misunderstanding among medical personnel, which may include, but is not limited to, medical doctors, doctors of chiropractic, doctors of osteopathy, other medical personnel and members of the general public.

### **Guarantee of Results**

In response to treatment, no specific or implied guarantees are given, for the relief or elimination of any symptoms, specific disease(s) or conditions. Nor is any specific outcome guaranteed.

### **Symptoms**

The improvement of one's health is a process. Symptoms may or may not change during or after a course of treatment. Response to treatment is individual and patients typically experience periods of increases and decreases of various symptoms. They may also experience an increase in symptoms at times during their course of treatment. It is also possible for patients to experience no apparent change in their symptoms for extended periods of time during or following a course of treatment at this center.

### **Measurement of Progress**

Since symptoms are often times poor indicators as to the amount of progress that has occurred in a particular course of treatment, measurement of response to treatment is determined at this center by other means. Each practitioner has at his or her disposal a variety of indicators that are unique to the treatments and therapies that they are using. A number of other testing methods may also be recommended at the practitioner's discretion.

### **Payment for Services and Refunds**

Charges for investigational and/or alternative treatments are not submitted to, or expected to be covered by, a patient's insurance plan. Payment for services rendered is due at the time the services are performed. No refunds of payments will be given once a service has been performed. In some cases, prepayment arrangements may be made. A refund for the unused portion of prepaid services will be honored for up to 45 days from the date of purchase. Any portion of an advance payment discount credit that has been redeemed for products or services will be deducted from the amount refunded. No refunds will be given past 45 days from the original date of purchase. Treatment/services must be redeemed within a period of three years following the original date of purchase.

### **Advice from Practitioners**

In most cases, practitioners will offer feedback from time to time during a course of treatment. This may include opinions as to the effectiveness of a particular treatment or the course of treatment in general as well as their opinion as to specific outcomes. This feedback is based on the observations and experience of the individual practitioner. It is their personal opinion and cannot be construed as a specific or implied guarantee of any kind.

### **Treatment Recommendations**

As the need arises a practitioner may recommend that a patient under his or her care seek treatments, therapies and/or modalities that they, the practitioner, do not perform. Recommendations are made for specific types of treatment, not as a referral to a specific practitioner. While other practitioners at the Cherubino Health Center may perform some of these services, each patient is

responsible for the choice of a practitioner, whether they are located at the center or elsewhere.

In order to help you in the decision-making process, information is available that pertains to each of our practitioners. It is available at the center and online and may be requested via e-mail or by phone.

**Intent**

It is the intent of each practitioner and staff member at Cherubino Health Center to offer the highest quality of alternative health care, with honesty and integrity, in an attempt to meet the specific needs of each patient to the best of that practitioner's ability. We consider it our mission to educate, share, treat and motivate each patient under our care.

**Patient Responsibility**

Our type of alternative health care is anything but passive. It requires a degree of trust in the competency and integrity of our practitioners. Therefore, each patient is encouraged to actively participate in his or her healing process. This may include, but is not limited to, maintaining the recommended treatment schedule, following at-home nutritional and exercise advice, educating themselves with resources that may be available through the center or from outside sources. This also includes following through with recommendations to receive other types of treatment and therapy not offered at Cherubino Health Center.

**Informed Consent**

The procedures used at this center may involve hands-on techniques and/or the use of various noninvasive instrumentation for evaluation and treatment, or may include techniques that do not require direct contact with the practitioner including certain types of energy work, cognitive techniques and distance healing.

These include, but are not limited to, low pulse electrical instruments, heat, cold, massage and exercise therapies. While rare, reactions such as muscle soreness, skin irritations, allergic reactions, muscle spasm, inflammatory reactions and other such reactions may occur. Every reasonable effort is made to anticipate the likelihood of these reactions in an effort to avoid them.

**Request for Treatment**

I have read, or have had read to me, the two pages of above information and the Notice of Privacy Practices (contained on a separate page). I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named policies and procedures.

I understand and am informed that, as in the practice of allopathic medicine, in the practice of natural medicine there are some risks to treatment, as mentioned above. I do not expect my practitioner to be able to anticipate and explain all risks and complications, and I wish to rely upon him or her to exercise judgment during the course of each procedure.

Furthermore, I agree to abide by the decision of Cherubino Health Center and my individual practitioner as to whether a particular service qualifies or does not qualify as a billable insurance procedure. I also understand that it is my sole responsibility to stay informed as to which of the treatments/services that I am receiving falls into an insurance or noninsurance category.

I also request and consent to the performance of investigational and/or alternative treatments and procedures on me (or on the patient named below, for whom I am legally responsible) by the practitioners and staff of Cherubino Health Center. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

**Patient Name** \_\_\_\_\_

**Patient Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

**Date** \_\_\_\_\_