

COVENANT HEALTH AND WELLNESS CENTER

AUTHORIZATION & ACKNOWLEDGEMENTS

INITIAL ANNUAL REVIEW

TREATMENT AUTHORIZATION: I (print name) _____
authorize medical treatment for myself and or my minor child (print name)
_____ by the staff at Covenant Health and Wellness Center.

NOTICE AS TO NATURE OF SERVICES: I understand that Covenant Health and Wellness Center DO NOT prescribe any pharmaceutical medications. Instead we offer nontraditional, unconventional, holistic, complementary and alternative medicine (CAM).

NOTICE THAT SERVICES ARE NOT PRIMARY CARE: I understand that Covenant Health and Wellness Center may address issues affecting my general health from a holistic approach to care, but is NOT acting as my primary care provider. I understand that it is very important to let my primary care provider know about any treatments I receive at Covenant Health and Wellness Center.

FINANCIAL RESPONSIBILITY: I understand that I am financially responsible for charges incurred for all treatment rendered. I understand that payment is required at or before each visit, unless specific arrangements have been made. I agree to be responsible for any outstanding balance owed to Covenant Health and Wellness Center for services rendered.

NOTICE OF CONFIDENTIALITY: I understand that Covenant Health and Wellness Center will keep my health and wellness information confidential. We uphold all ethical and moral standards according to biblical principles. No information will be released without your written consent unless mandated by law. We are mandated reporters. We must report child abuse, elderly abuse, neglect, suicide or intent to hurt others.

CANCELLATION POLICY: All scheduled appointments require a \$25 dollar reservation fee; we reserve time just for you. The \$25.00 will be applied toward your visit. If you need to reschedule the \$25.00 will be applied toward next visit. We reserve the right to keep the \$25.00 for a no-show or failure to cancel appointment within 48 hours of scheduled appointment time.

I have read and agree to adhere to this policy.

Signature: _____ Date: _____