

# ***Oregon Naturopathic Clinic***

***Kimberly Foster ND***

*1132 5<sup>th</sup> St. Springfield, Oregon 97477*

*541-221-1827*

[www.oregonnaturopathicclinic.com](http://www.oregonnaturopathicclinic.com)

## **Patient Agreements, Policies, and Recommendations: Effective 3-4-26**

Patients, please initial each numbered statement if you agree:

1. \_\_\_\_ I understand that Dr. Kim recommends that all patients be aware of their insurance coverage to minimize the chance of surprise bills.
2. \_\_\_\_ I understand that Dr. Kim does NOT recommend that patients purchase their supplements through un-authorized distributors and is not responsible for the safety, purity or authenticity of supplements purchased outside of our office.
3. \_\_\_\_ I understand that if patients want Dr. Kim to evaluate a supplement or medication that they bring the bottle to the office so that she can look at the "Supplement Facts" panel / medication label.
4. \_\_\_\_ I understand that if patients want Dr. Kim to evaluate a test result (such as labs or imaging) that they need to bring a hard copy to their appointments or send via EHR message or fax in advance of the appointment. I understand that Dr. Kim cannot make copies from Smart phone images.
5. \_\_\_\_ I understand that Oregon Naturopathic Clinic has a prescription medication policy, and that patients are expected to be aware of this policy when requesting prescription refills.
6. \_\_\_\_ I understand that Dr. Kim at Oregon Naturopathic Clinic focuses on holistic care for chronic health conditions but does not currently provide primary care. Dr. Kim recommends that all of her patients have a primary care provider for certain essential services that are not offered by our clinic. For some patients who have complex needs, Dr. Kim requires that they have a PCP at all times or be in diligent search of one if they are to continue to get care from Oregon Naturopathic Clinic.
7. \_\_\_\_ I understand that Dr. Kim has limits on outside of visit medical services. Outside of visits Dr. Kim will typically only respond to adverse reactions to treatments received from our clinic that require urgent attention. If you have a new condition arise, please either schedule an appointment at our clinic or contact your PCP or go to urgent care.
8. \_\_\_\_ I understand that Dr. Kim has limits on electronic communications outside of office visits and that these are described in our Electronic Communication Policy. These limits include, but are not limited to, 3 messages with a length of just a few sentences each in between each appointment. Dr. Kim's responses at times may be short and to the point, which we hope

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doesn't come off as uncaring. If you are needing more time and detailed answers, we ask that you schedule an office visit.

9. \_\_\_ I understand that if Dr. Kim agrees to write letters (such as HSA letters of medical necessity for supplements) or fill out forms (such as FMLA) for patients it must be done during an appointment.

10. \_\_\_ I understand that the office of Oregon Naturopathic Clinic has chosen not do prior authorizations except when it would put patients at risk of serious imminent harm. Please see detailed policy if you have additional questions.

11. \_\_\_ I understand Dr. Kim does not provide formal referrals to specialists (where providing reason for referral and inclusion of medical records is necessary) unless she deems it medically necessary during an appointment and patient's PCP is not able to provide.

12. \_\_\_ I understand that some limitations in services (particularly items #6-11 above) are part of Oregon Naturopathic Clinic's attempt to continue to prioritize care for patients while facing a lack of pay parity from insurance companies for Naturopathic Physicians in the state of Oregon (for example Naturopathic Physicians are paid significantly less by insurance companies than Nurse Practitioners and Physician Associates for the same level of service / CPT code). I also understand that some limitations in services are because Dr. Kim feels like she provides the best care to patients during in-person visits. I also understand that Oregon Naturopathic Clinic may have increased capacity to expand some service offerings if a pay parity bill passes in this state. We appreciate our patient's cooperation and understanding in this regard.

13. I agree to Dr. Kim using an artificial intelligence scribe during my visits (so that Dr. Kim can spend more uninterrupted time with you during your visit and more thoroughly capture your history). Please see detailed policy if you have additional questions.

\_\_\_ Yes \_\_\_ No \_\_\_ I need more information.

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Patient Signature

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Date

\*Please note not all patient policies are mentioned on this form.