



Welcome to Nutriplexity!

Please fill out the following information and return the completed forms prior to your appointment.

Name:		Date:
Address:		Ancestry:
City:	State:	Zipcode:
Home Phone	Work Phone:	Cell Phone:
Email:		Sex:
Please mark your preference for communication: _____ email. _____ phone.		
Age:	Birthday:	Payment preference:
Occupation:	Current health rating:	
Do you have an HSA account?		
Do you have an acting physician to order bloodwork billed through insurance?		
Insurance provider:		
Major complaints:		
Other complaints:		

I clearly understand and agree that all services rendered to me are charged directly to me and that I am responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable. I authorize Emily Brown Reeves to release my personal medical information to me.

Client Signature: _____ Date: _____

*Electronic signatures are legally binding.

To help us better understand your situation please send relevant medical records to info@nutriplexity.com (HIPPA compliant) or fax to (206) 316-2289. Alternately records can be mailed to 2020 Shamrock Dr. NW Bremerton, WA 98312. Summarize your most recent health indicators below if known.

Height:	Weight:	Blood Pressure:
HA1C:	TSH:	FT3:
What medications are you currently taking? **Please attach a list if necessary		
What supplements or OTC drugs are you currently taking? **Please attach a list if necessary		
Do you have any metal implants or fillings?		
Do you have any diagnosed medical conditions, surgeries, or hospitalizations?		
What are your major sources of stress?		
Do you have any food allergies or sensitivities?		
Do you have a family history of disease? If so please describe.		

THIS FORM IS REQUIRED BY LAW AND
SERVES TO PROTECT YOUR RIGHT TO PRIVACY.

Nutriplexity LLC. protects the privacy of your personal and health information. Personal and health information includes both medical information and individually identifiable information, such as your name, address, or telephone number. Nutriplexity will not disclose this information without your authorization, except as permitted by law.

Our **Notice of Privacy Practices** provides information about how your protected health information may be used or disclosed. You have the right to request that we restrict how protected health information about you is used or disclosed. Please review the Notice of Privacy Practices before signing this consent. By signing this form, you consent to our use and disclosure of your protected health information as indicated in the Notice of Privacy Practices.

Please note that your personal information is **not** shared with third parties such as financial, credit, or marketing companies. Use is restricted to procedures that are relevant to your care. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Print name: _____

Signature: _____

Date: _____

*Electronic signatures are legally binding.

Nutriplexity Policies and Procedures

A new client can choose between a welcome or intake appointment. A welcome appointment is recommended if you don't have any testing within the past year or you want to learn more about how Nutriplexity can help you. An intake appointment with Nutriplexity will be an hour and a half Zoom call with you where we gather details about your health history that allow us to make informed decisions about testing and nutritional intervention. You should choose this option if you have recent lab results and/or a diagnosed health condition.

Fee schedule:

Welcome appointment (30 min): \$75

Intake appointment (1.5 hr): \$225

Follow Up (1 hr): \$150

Dutch Testing analysis: \$100/hr

Germline VCF file analysis with Varsome Clinical: \$200-300 (Software Analysis Fee)

Germline FASTQ analysis with Varsome Clinical: \$250-\$400 (Software Analysis Fee)

Missed and Late Appointments

Clients should be prepared before their scheduled appointment time. For virtual appointments Zoom should be set up and both audio and video tested. For in-person appointments, please arrive 5-10 minutes before your scheduled appointment time. A grace period of 15 minutes is allowed for unforeseen circumstances. If a client is more than 15 minutes late to either an in-person or virtual appointment, then the client can be seen as a walk-in (\$50 extra charge) or rescheduled for a later date (\$50 extra charge).

Cancellations:

If you are unable to make your appointment, notify us 24 hours before to receive a free cancellation. Appointment cancellation must be given 24 hours in advance to avoid a \$50 fee.

Late Payments

Payments are due 2 weeks (14 days) after the original invoice is sent. Payment accepted includes cash, check, or credit card. After the 2 week grace period, a payment of 25% of the original balance of the invoice will be added to the invoice balance for each week the payment is late. For example, if an invoice for \$100 is not paid by 14 days after it was originally sent, on day 15 (the start of week 3) an additional \$25 will be due, making the new invoice total \$125. If it is still not paid after 22 days, at the start of week 4, another \$25 will be added to the balance, bringing the total to \$150. The same pattern will continue for 2 more weeks. Once the balance has doubled from the original amount, the balance increases will cease.

Lab Tests:

After you ship your specimen back to the lab it takes 2-4 weeks before the results come back. Once Nutriplexity has had a chance to analyze the results we will contact you for a follow-up appointment.

Important:

Dr. Emily Brown Reeves is not a medical doctor and cannot service medical emergencies. If you have a medical emergency please dial 911 and contact your primary care physician.

NOTICE OF PRIVACY PRACTICES

Nutriplexity, LLC
2020 Shamrock Dr. NW
Bremerton, WA 98312
979-703-9608

Dr. Emily E. Brown Reeves, PhD. CNS.

Effective date: August 1, 2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS INFORMATION IS PROVIDED IN ORDER TO COMPLY WITH THE NUMEROUS STATE, FEDERAL, AND LOCAL LAWS THAT GOVERN MEDICAL INFORMATION PRIVACY.

NUTRIPLEXITY's pledge to you:

We understand that medical information is personal and confidential, and we are committed to protecting your privacy. We create a record of the care and services you receive at Nutriplexity. We use these records to provide or enable other health care providers to provide quality medical care, and to enable us to meet our professional and legal obligations to operate this practice properly. Your other care providers and doctors may have different policies or notices regarding the use and disclosure of your medical information created in that office or Nutriplexity. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. This notice applies to all of the records of your care generated by Nutriplexity, whether made by our personnel or your personal doctor.

We are required by law to:

- make sure that identifying medical is kept private;
- give notice of Nutriplexity's legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

The following categories describe different ways that Nutriplexity uses and discloses medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

HOW WE MAY USE MEDICAL INFORMATION ABOUT YOU

For Treatment. We may use medical information about you to provide you with nutrition treatment or services. We may disclose medical information about you to doctors, nutritionists, technicians, or other Nutriplexity personnel who are involved in taking care of you at Nutriplexity. Different departments of Nutriplexity also may share medical information about you in order to coordinate the different things you need, such as supplements, lab work and testing.

For Health Care Operations. We may use and disclose medical information about you for operation of Nutriplexity. These uses and disclosures are necessary to run Nutriplexity and make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of staff in caring for you. We may also combine medical information about many clients to decide what additional services Nutriplexity should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nutritionists, technicians, and other Nutriplexity personnel for review and learning purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We will remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment at Nutriplexity.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under limited circumstances, we may use and disclose medical information about you for research purposes. Note: Under no circumstances will your name be associated with your medical data. For example, a research project may involve comparing the health and recovery of all clients who received one supplement program to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with clients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information

about you to people preparing to conduct a research project, for example, to help them look for clients with specific medical needs, so long as the medical information they review does not leave Nutriplexity.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

SPECIAL SITUATIONS

Unencrypted emails and texting. We will send unencrypted emails due to preference or for the convenience of our clients. Our health care providers will communicate with clients by alternative means or at alternative locations, if reasonable and initiated by the client.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the address below. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Nutriplexity. To request an amendment, your request must be made in writing and submitted to the address below. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the

amendment; is not part of the medical information kept by or for Nutriplexity; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the address below. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12- month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in Nutriplexity. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Nutriplexity or with the Secretary of the Department of Health and Human Services. To file a complaint with Nutriplexity, call 800- 616-7708. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.