

# Insights For Life LLC.

Martha Reed PhD, Metaphysician, Holistic Life Counselor, Coach, Hypnotherapist

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Glendale, AZ 85308  
(623) 249-5888

**CONFIDENTIAL PATIENT INFORMATION**  
**PLEASE FILL IN ALL PORTIONS OF THIS FORM**  
**PLEASE ASK IF YOU NEED HELP**

Name of Patient \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Temporary Address \_\_\_\_\_ What dates? \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

## **e-mail**

Work Phone \_\_\_\_\_  
Employed by \_\_\_\_\_ Occupation \_\_\_\_\_  
Name of spouse (or parent if minor) \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Employed by \_\_\_\_\_ Occupation \_\_\_\_\_  
Name of relative not living with you \_\_\_\_\_  
Whom may we contact in case of emergency? \_\_\_\_\_  
Phone \_\_\_\_\_

How did you hear about us Newspaper \_\_\_\_\_ Event (which) \_\_\_\_\_  
Location/Sign \_\_\_\_\_ Internet \_\_\_\_\_ Other (list) \_\_\_\_\_

Referred by \_\_\_\_\_

## **CENTER POLICY REQUIRES PAYMENT AT TIME OF SERVICES**

I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible. Refunds will not be given on packages purchased if they are not fulfilled, and no refunds will be given for treatments deemed "unsuccessful".

I also understand that if I suspend or terminate my care and treatment, any fees for professional service rendered me will be immediately due and payable. Further more, any charges, fees or court costs incurred as a result of collection efforts will be added to my account balance.

Releases may be requested prior to specific procedures being performed (i.e. minor surgery, etc.)

\_\_\_\_\_  
Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

**Insights For Life LLC. Policy for:  
Rescheduled / Cancelled Appointments  
NSF Check Fees**

**PLEASE BE AWARE:**

**Appointments:**

The patient is ALWAYS responsible to call **24 hours prior to the scheduled appointment time** to reschedule or cancel. Failure to do so will result in a \$ 45.00 charge to the patient for the missed appointment.

**NSF Checks:**

NSF checks that are returned to us will automatically mean a charge to the patient account of \$25. The patient will be responsible to replace the amount of the check in addition to the \$25 Non-Sufficient Funds amount.

**Payment for services:**

The patient is ALWAYS responsible for payment of all charges incurred.

**I certify that I have read and understand the above policies. I guarantee payment of all charges incurred made payable to Insights For Life LLC.**

Signed: \_\_\_\_\_

Parent or Guardian (if minor): \_\_\_\_\_

Date: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of Insights For Life LLC. Notice of Privacy Practices.  
(Attached)

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name if signed on behalf of the patient

\_\_\_\_\_  
Relationship (parent, legal guardian,  
personal representative, etc.)

Revisions (if any):  
\_\_\_\_\_

# Consent to Treatment

I authorize Martha Reed PhD, to recommend homeopathic remedies and/or other alternative therapies for my overall health.

This consent is intended to provide an opportunity for you to make an informed decision so that you may give or withhold your consent to treatment that may be considered alternative by physicians trained in the United States.

I understand that:

- The safety and efficacy of alternative therapies has not always been established with controlled studies to the satisfaction of conventional medicine
- Side effects to homeopathic treatment (although uncommon) may include temporary worsening of present symptoms (aggravations) or temporary development of new symptoms (proving symptoms)
- No claim to cure has been made to me
- Martha Reed PhD, will NOT be providing hospital or emergency care for me
- The therapies I receive will complement the care I receive from my primary care physician, and will not replace such care. Martha Reed PhD is not a medical doctor and does not practice medicine.
- Martha Reed PhD has a Doctorate of Philosophy, specializing in Holistic Life Counseling from the University of Sedona. She has attended the American Medical College of Homeopathy. She is a nationally certified Hypnotherapist with the National Guild and a registered member of the Arizona Society for Professional Hypnosis and has advanced clinical training courses from the Southwest Institute of Healing Arts. She is a certified Transformation Life Coach from the Southwest Institute of Healing Arts as well as Advanced Toe Reading. She is an Ordained Minister with the International Metaphysical Minister. She is a Reiki Master. She has attended the Institute of Life Medicine in Tucson Arizona and the School of Spiritual Homeopathy for Color and Sound Remedies. She has a AAS in Business from the Glendale Community College.

She practices under the amendment to the law in Arizona passed in October of 2008:

## **32-2911 Persons and Acts Not Affected By Chapter**

**10. The practice of providing treatment of the spiritual vital force in accordance with Hahnemannian principles through the use of remedies that are diluted beyond the concentration of substances in drinking water and prepared in the manner described in the homeopathic pharmacopoeia of the United States.**

I realize I have sought care from Martha Reed and she has explained fully in detail the services I am choosing to get today. Interactions, reactions and side effects have been fully explained to me regarding the treatments I am receiving.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Client Name (printed)

## NOTICE OF PRIVACY PRACTICES

To our patients: This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information.

### **Use and disclosure of your health information in certain special circumstances**

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials, if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.
9. In cases of suspected child abuse or dependent adult or elder abuse, for which we are required by law to report.
10. If a client is threatening serious bodily harm to another person(s), we must inform the intended victim.
11. If a client intends to harm himself or herself, we must act to protect the life of the client.

## Your rights regarding your health information

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Insights for life LLC 18589 N 59<sup>th</sup> Ave. Suite 108-109, Glendale, AZ 85308. Note: *We must respond to this request within 30 days.*
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Insights for life LLC., 18589 N 59<sup>th</sup> Ave. Suite 108-109, Glendale, AZ 85308. You must provide us with a reason that supports your request for amendment.

Note: *We must respond within 60 days. The Privacy Officer or the patient's physician will usually do this. If the physician believes the information is complete and accurate, the physician can refuse to make any changes.*

5. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact the front desk receptionist.
6. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Office Manager at Insights for life LLC., 18589 N 59<sup>th</sup> Ave. Suite 108-109, Glendale, AZ 85308. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact the Office Manager at Insights For Life LLC.