

Life Enhancement Clinic, PC
Clinical Nutrition Policies
Revised May 2012

Below you will find information regarding your rights and responsibilities and established policies of the Life Enhancement Clinic's clinical nutrition practice. Please read this carefully and sign at the bottom. The Clinical Nutrition Policies form is to be completed by the patient, or the patient's legally authorized representative/parent:

Clinical Nutrition Appointments

Clinical nutrition appointments can be made by calling 701-323-0266 and speaking with our front office staff. Arrive to your appointment 15 minutes early. We will make every effort to see you on time, or inform you if there is a delay. Likewise a call to our office is appreciated if a late arrival is expected.

Keep in mind that the front office staff cannot discuss your lab results over the phone, go over protocols specific to your condition, or review your supplement regimen. Please schedule an appointment with Dr. Sefcik to discuss the above matters.

If you are a chiropractic patient of ours, please do not discuss clinical nutrition related questions with Dr. Sefcik during chiropractic adjusting hours. A follow-up appointment outside of chiropractic hours is required if you would like to review or update your supplement regimen, obtain a BIA, review lab reports, kinesiology assessment, neurolymphatic assessment, etc.

Cancellation Policy

In the event you must cancel your appointment please allow a 48 hour notice, if possible, due to our current waiting list.

Fees and Financial Agreement

Fees for service are due at the time the service is provided. This includes telephone or Internet consultations. Forms of payment accepted include: cash, check and credit card (we do not accept American Express). *There is a \$25.00 service charge for personal checks returned for any reason.*

Clinical nutrition consultations are a non-billable service. The patient is responsible for any non-covered services which include office consultations, telephone consultations, Internet consultations, in-office laboratory diagnostics, wellness blood profiles, specialty lab tests, kinesiology, lifestyle counseling, etc.

Due to the additional time and costs incurred, there is a charge for extended or complex phone calls, and for extensive letters needed on an immediate basis, reports, or extended calls done on your behalf to other clinicians at your request.

Our current fees are **\$35 per 10 minutes** of physician time. For new consultations or comprehensive reassessments the typical time is 40-60 minutes. For basic follow up appointments the typical time is 10-20 minutes. The time spent is dependent on your individual case. For simple wellness-based cases the time is obviously much shorter than complex, chronic cases that present to our office.

We offer a variety of extensive lab tests at prices that offer you substantial savings. These tests are not considered reimbursable by your insurance provider and we will not bill for any labs to any insurance provider. All lab services provided are the sole responsibility of the patient and payment is due as services are rendered.

Shared Medical Appointments

We currently offer a one hour shared medical appointment each week. This appointment is limited to a small group of only 8-10 patients. The cost for this one hour shared medical appointment is \$60. This is a savings of \$150 over an individual one-hour appointment. The shared medical appointment allows you the opportunity to learn about your individual case, as well as benefit from the advice and experience of other patients dealing with similar conditions. The

shared medical appointment is ideal if you are wanting to review your personal progress on your plan, review your lab reports, or receive answers to the list of questions you may have. As each person in the group asks their questions you may receive answers to health problems from listening to others. When you have updated labs performed you will be given the option of scheduling for an individual appointment or a shared medical appointment to review your findings.

Nutritional Supplements

The Life Enhancement Clinic offers only the highest quality supplements for purchase in our office and from our online store. You are free to use any supplements of your choice but our treatment recommendations will incorporate only those supplements we are familiar with and have achieved optimal clinical results with. Due to the literally thousands of available products it is not possible to know the safety and purity of all the supplements you may be taking. During our active treatment recommendations we suggest you comply with those supplements we know are safe and effective. It is important to understand that many supplements on the market may contain impurities, not meet their label claim, or have additives/fillers that would negatively impact your health. The products we recommend have guaranteed purity, safety, and efficacy.

You may return non-expired (or within 60 days of expiration) and unopened products for refund, should the need arise.

When nutrition prescriptions are provided you will be given the anticipated time frame for treatment with those supplements. You should take the supplements for the recommended duration. If a product is discontinued for a subsequent phase of your care, simply finish up the product remaining and then you no longer have to purchase any refills.

Prescription Medications

Dr. Charles Sefcik, or any staff of the Life Enhancement Clinic, will never advise you to discontinue, alter, modify, or add any prescription medications. This is the sole authority of the prescribing physician. It is your responsibility to visit with your prescribing physician about the healthy lifestyle changes you are incorporating. As you continue to improve your health there may be prescriptions that need to be changed *only under the supervision and discretion of your prescribing physician*. It is your responsibility to inform Dr. Sefcik of any and all prescription and over-the-counter medications you are taking to ensure there are no drug-nutrient interactions, nutrient depletions, or other circumstances that would need to be addressed.

Laboratory Testing

The Life Enhancement Clinic offers and utilizes a broad-array of comprehensive diagnostic testing aimed at identifying disease and dysfunction. The goal of care at the Life Enhancement Clinic is to improve your overall health and optimize the key metabolic functions that are not working in your body. This restoration of balance will allow the body to heal properly. In order to do this, investigating your body's current biochemical state is necessary. The more accurate and complete the initial evaluation, then the more accurate and specific your care plan will be. We seek to optimize your health globally and not simply provide you with a "pill for every ill". Our comprehensive Restore Profile and Integra Profile has uncovered significant imbalances in many people not yet experiencing symptoms. This has saved them from the risk of future disease and harm.

Emergency Contact / Crises

I understand that Dr. Charles Sefcik and associates are not on-call 24 hours a day. We do not give out personal phone numbers of any employed personnel of Life Enhancement Clinic. I understand that I am free to call Dr. Sefcik at his office phone number during off hours and leave a phone message. Due to the high volume of phone calls and messages, I understand that non-emergent concerns will be addressed within 1-3 business days. In cases of emergency when immediate help and counsel is needed I understand the local resources available are: Emergencies – 911. For your primary medical concerns please contact your primary care provider.

Nutrition Process and Your Rights Regarding Treatment

I understand that Dr. Charles Sefcik and I will work together to define my goals for nutrition. Since health care in general, and clinical nutrition in particular, is not an exact science, I understand that the results of counseling can be variable. I understand that the attainment of a positive outcome is dependent upon the effort I am willing to put into this experience.

I understand that I have the right to ask questions about my nutrition counseling. I also have the right to end nutrition counseling at any time and understand that I should notify the Life Enhancement Clinic when I am finished. If I decide that I would like to continue my nutrition counseling with another professional, we at the Life Enhancement Clinic will facilitate that process. I understand that Dr. Sefcik and associates at the Life Enhancement Clinic also reserve the right to refer me to another professional if the level of care provided at the Life Enhancement Clinic is assessed to not be the appropriate level of care. I have been informed that Dr. Charles Sefcik has the right to terminate services offered with a 30 day written notification given to the patient with a listing of referrals for continuity of care.

By signing this document I acknowledge that I have voluntarily chosen to participate in a program of nutrition and supplement planning. In signing this document, I acknowledge that I have informed the Life Enhancement Clinic and its representatives of all possible allergies.

I also understand that all supplements that Dr. Sefcik recommends are suggestions and I should not take them without reading all labels and warning information. Furthermore, I will do my own research before taking these products.

By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the facility, Dr. Charles Sefcik, or any staff members of the Life Enhancement Clinic. I understand that questions about nutrition, toxicity protocols, and supplementation procedures and recommendations are encouraged and welcomed. I also understand that this Clinical Nutrition Policies is subject to change at the discretion of the Life Enhancement Clinic.

I authorize the Life Enhancement Clinic and Dr. Charles Sefcik to use my name, photograph, personal story and/or likeness in advertising or promotional materials and waive all claims for remuneration for such use.

BEFORE TREATMENT CAN BE PROVIDED, please sign below showing that you have read and understand the above information. A copy of this consent can be requested for your records. Your consent can be revoked with written notice at any time for future treatment.

I consent to treatment for myself or for the patient for whom I am the parent or legally authorized representative.

Signature of Patient: _____ Date: _____

Signature of Legally Authorized Representative: _____

Relationship of Legally Authorized Representative to Patient: _____

Date: _____

Life Enhancement Clinic Representative: _____ Date: _____