

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (client), acknowledge that I have read and understood the contents of this agreement.

1. Cross Natural Health, PLLC (“Cross Natural Health”) makes no representations, claims, or guarantees regarding the efficacy of their natural health recommendations. The recommendations are based upon a combination of clinical experience, education, and knowledge of natural health literature.
2. Individualized recommendations are offered and applied as an educational and informative consultation. Any action taken as a result of the consultation is done at the sole discretion of the client. Therefore, it is strongly recommend that in addition to any health consultation that you maintain a relationship with one or more physicians qualified to care for your health condition(s).
3. By signing this informed consent you agree to forever release Cross Natural Health from any and all actions, claims or demands that you, your heirs, next of kin, spouse and legal representatives now have, or may have in the future related to your participation in a natural health consultation. You agree to be responsible for all legal costs and fees that may result from action(s) on your part or on the part of your representative(s) against Cross Natural Health. If a legal case is brought against Cross Natural Health, you agree that Cross Natural Health shall be judged by the standards and principles of complementary, alternative, and holistic medicine and not the standards and principles of consensus conventional medicine.
4. Your signature verifies that you have not been told to discontinue treatments with any medical specialists or other health care providers. Your signature is being given prior to rendering any service, advice, and/or recommendations whatsoever.
5. Cross Natural Health makes available nutritional supplements and other health products. You are in no way obligated to purchase these products from Cross Natural Health or any other specific vendor. You may freely choose to purchase such products from any source.
6. Natural health consultations provided by Cross Natural Health may not be covered by your insurance plans. By signing this form you accept full financial responsibility for all costs associated with the consultation including laboratory tests and treatment procedures provided by others. A charge of \$30 will be added for all bounced checks. Cross Natural Health holds the right to refuse to accept personal checks.
7. It is the responsibility of the client to set up follow up appointments for results of all testing and laboratory procedures. It should not be assumed on the part of the client that if they are not contacted by Cross Natural Health, or if the patient does not schedule or keep a consultation, that test results are normal (or without abnormalities), and may not require further medical treatments or advice. Health recommendations and/or possible referral and additional follow-up may be warranted based upon laboratory testing and evaluations.

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**NEW PATIENT CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION
FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS**

I, _____ understand that as part of my health care, Cross Natural Health, PLLC originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment,
- A means of communication among the many health professionals who contribute to my care,
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer can verify that services billed were actually provided, &
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided a Notice of Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to object to the use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations.

I understand that Cross Natural Health is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations. I further understand that Cross Natural Health reserves the right to change their notice and practices and prior to implementation, in accordance with Section 164.520 of the Code of Federal Regulations. Should Cross Natural Health change their notice, they will send a copy of any revised notice to the address I've provided (whether U.S. mail or, if I agree, email). I wish to have the following restrictions to the use or disclosure of my health information:

I understand that as part of this organization's treatment, payment, or healthcare operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax. I fully understand and accept the terms of this consent.

Name

Signature

Date