



Lavallee Wellness Intake Forms

Consent to Treatment, Contract, Assignment of Benefits, & HIPAA

CONSENT TO TREATMENT

You hereby voluntarily consent to care from Lavallee Wellness, LLC encompassing nutritional and wellness counseling (the “Services”). You acknowledge that you have been provided with Lavallee Wellness, LLC’s policies and procedures relating to the Services and that you have reviewed, understand, and agree to such policies and procedures. You also acknowledge that no guarantees have been made with respect to the outcome of the Services or of any treatments or procedures. You understand that this consent will be valid and remain in effect as long as you seek the care of the staff and/or personnel at Lavallee Wellness, LLC.

SESSIONS & SERVICES

Your sessions with Lavallee Wellness LLC are designed to provide customized support toward your personal nutrition-related goals. Email/phone check-ins are meant to supplement, not replace, counseling sessions. If emails/calls warrant a response taking more than 5-10 minutes, your nutritionist may recommend you book a full session for adequate support. Lavallee Wellness LLC will support your efforts to live a balanced, well life. However, you alone are in charge of improving your well-being and change will require action and behavior modification on your part.

CANCELLATIONS

Please do your best to attend all appointments at their scheduled time. If you must reschedule an appointment, notice is required 48 hours in advance of your original appointment time. If you are more than 15 minutes late or absent without advance notice, you will forfeit that session time and remain responsible for a \$50 cancellation fee.

FEES & PAYMENT

By signing this contract, you agree to the designated fees of the service(s) and any requested services thereafter. You will be responsible for any payment processing fees such as canceled checks. Payment is due in full at the time of service.

LIABILITY

You are solely responsible for the actions you take and solely responsible for contacting your physician before initiating any new diet and/or fitness regimen. You understand that services rendered are not a substitute or supplement for routine medical care and do not claim to diagnose, treat, or alleviate disease. You understand that all activities addressing lifestyle bears



some risk, which you agree to accept in its entirety. You agree to hold harmless and indemnify Lavallee Wellness LLC, its officers, agents, and vendors from any liability and expense whatsoever resulting from your participation. You accept the associated risk of any decision, action, or outcome based on your participation in your sessions with Lavallee Wellness, LLC. You understand that there is no guaranteed outcome from program participation and results will vary.

PRIVACY & INFORMATION

You give Lavallee Wellness, LLC the right to use the email address and/or phone provided to send communications, which may or may not include personal or sensitive information. Lavallee Wellness, LLC uses Gmail to communicate information about you, including medical and other potentially sensitive or confidential information. You hereby consent to Lavallee Wellness, LLC's use of Gmail for the aforementioned purpose and acknowledge and accept the risks posed by utilizing an internet platform for such. For more information on Google's security measures, please visit https://workspace.google.com/security/?secure-by-design_activeEl=data-centers.

FINANCIAL RESPONSIBILITY

I understand that I am financially responsible for my health insurance deductible, coinsurance or non-covered services. Co-payments are due at time of service. If my plan requires a referral, I must obtain it prior to my visit. In the event that my health plan determines a service to be "not payable," I will be responsible for the complete charge and agree to pay the costs of all services provided. If I am uninsured, I agree to pay for the services rendered to me by Lavallee Wellness, LLC at time of service.

ASSIGNMENT OF BENEFITS & RELEASE OF INFORMATION

I hereby authorize and direct payment of my medical benefits to Lavallee Wellness, LLC on my behalf for any services furnished to me by Lavallee Wellness, LLC and its agents. I, the undersigned, consent to the use of my Protected Health Information for treatment and payment for treatment. I allow Lavallee Wellness LLC to bill my insurance and assign directly to Lavallee Wellness LLC all medical benefit, if any, otherwise payable to me for services and supplies rendered. I understand that Lavallee Wellness will share patient protected health information according to the federal and state law for treatment and payment, as well as in accordance with its Notice of Privacy Practices. I hereby authorize Lavallee Wellness to release all information necessary to secure payment of benefits to my insurance company. I authorize the use of this signature on all insurance submissions



HIPAA NOTICE OF PRIVACY PRACTICES

This Notice describes how protected health information (“PHI”) about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact: Danielle Lavalley, MS, RD, LDN, CLC at LavalleyWellness@gmail.com or by phone at 617-871-9640.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

Lavalley Wellness, LLC is committed to protecting your PHI. This Notice applies to all records of your care generated, whether made by Lavalley Wellness, LLC personnel or otherwise. This Notice will tell you about the ways we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. The law requires us to:

- Make sure that your PHI is kept private
- Notify you about how we protect your PHI
- Explain how, when and why we use and disclose your PHI
- Follow the terms of the Notice that is currently in effect

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all PHI that we maintain by: posting the revised Notice in our office, making copies of the revised Notice available upon request, or posting the revised Notice on our Website located at [URL].

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose PHI without your written authorization.

- **For Treatment.** We may use PHI about you to provide, coordinate or manage your medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. Staff may also share PHI about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose PHI about you to people outside who may be involved in your medical care, such as clergy or others we use to provide services that are part of your care. We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at Lavalley Wellness. We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.
- **For Payment for Services.** We may use and disclose PHI about you so that the treatment and services you receive at the may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about nutrition services you received at so your health plan will pay us or reimburse you for the service. We may also tell your health plan about the nutrition services



you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- For Health Care Operations. We may use and disclose PHI about you for health care operations, such as our quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities. These uses and disclosures are necessary to run the facility, reduce healthcare costs, and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of the dietitian who is providing your services. We may also combine PHI about many patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the PHI we have with PHI from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific patients are. We may also contact you as part of a fundraising effort. Subject to applicable state law, in some limited situations the law allows or requires us to use or disclose your health information for purposes beyond treatment, payment, and operations. However, some of the disclosures set forth below may never occur at our facilities.
- For Emergency Treatment. We may disclose your PHI if you require emergency treatment or are unable to communicate with us.
- Family and Friends. We may disclose your PHI to a family member, friend or any other person who you identify as being involved with your care or payment for care, unless you object.
- As Required By Law. We will disclose PHI about you when required to do so by federal, state or local law. For example, the law may require us to report instances of abuse, neglect or domestic violence; to report certain injuries such as gunshot wounds; or to disclose PHI to assist law enforcement in locating a suspect, fugitive, material witness or missing person. We will inform you or your representative if we disclose your PHI because we believe you are a victim of abuse, neglect or domestic violence, unless we determine that informing you or your representative would place you at risk. In addition, we must provide PHI to comply with an order in a legal or administrative proceeding. Finally, we may be required to provide PHI in response to a subpoena discovery request or other lawful process, but only if efforts have been made, by us or the requesting party, to contact you about the request or to obtain an order to protect the requested PHI.
- Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information



- **Health Risks.** We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.
- **Judicial and Administrative Proceedings.** If you are involved in a lawsuit or dispute, we may disclose your information in response to a court or administrative order. We may also disclose health 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, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.
- **Business Associates.** We may disclose information to business associates who perform services on our behalf (such as billing companies); however, we require them to appropriately safeguard your information.
- **Public Health.** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Law Enforcement.** We may release PHI as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. We may also disclose PHI in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.
- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Special Government Functions.** If you are a member of the armed forces, we may release PHI about you if it relates to military and veterans activities. We may also release your PHI for national security and intelligence purposes, protective services for the President, and medical suitability or determinations of the Department of State.



- Coroners, Medical Examiners, and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.
- Correctional Institutions and Other Law Enforcement Custodial Situations. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety.
- Worker's Compensation. We may disclose information as necessary to comply with laws relating to worker's compensation or similar programs established by law.
- Food and Drug Administration. We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, relative, friend or other person identified by you, PHI directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition or death.
- We may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary for the emergency circumstances.

If you would like to object to use and disclosure of PHI in these circumstances, please call or write to our contact person listed on page 1 of this Notice.

DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

- Not Otherwise Permitted. In any situation not described above, we may not disclose your PHI without your written authorization. You may revoke such an authorization in writing at any time. Upon our receipt of your written revocation, we will stop using or disclosing your PHI in the specified manner, except to the extent that we have already taken action in reliance on such authorization.
- Marketing and Sale of PHI. We must receive your written authorization for any disclosures of your PHI for marketing purposes or for any disclosure which is a sale of your PHI.



YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding PHI we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to Lavallee Wellness LLC. 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, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.
- **Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend or supplement the information. To request an amendment, your request must be made in writing and submitted to Lavallee Wellness LLC. In addition, you must provide a reason that supports your request. We will act on your request for an amendment no later than 60 days after receiving the 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 and will provide a written denial to you. 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 PHI kept by Lavallee Wellness, LLC;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - We believe 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 PHI about you. To request this list or accounting of disclosures, you must submit your request in writing to Lavallee Wellness, LLC. You may ask for disclosures made up to six years before your request (not including disclosures made before April 14, 2003). 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 are required to provide a listing of all disclosures except the following:
 - For your treatment, for billing and collection of payment for your treatment, for health care operations, made to or request by you, or that you authorized, occurring as a byproduct of permitted use and disclosures, for national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates, as part of a limited data set of information that does not contain information identifying you
- **Right to Notice of Breach.** You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI.



- Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described above. To request restrictions, you must make your request in writing to Lavallee Wellness, LLC.
- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Lavallee Wellness, LLC. We will accommodate all reasonable requests.
- Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice at any time by contacting Lavallee Wellness, LLC.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with Lavallee Wellness, LLC or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

You hereby agree that this intake form may be electronically signed, and any electronic signature appearing on this intake form is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.

You, _____, affirm that you have read and agree to the above information.
(name)

(Signature) (Date)

(Parent or Guardian Name, if applicable)