# *MIDWEST INTEGRATIVE HEALTH LLC*

## MIH – Clinic Policy & Consent

### Effective Date: 8/2025

**Midwest Integrative Health, LLC**

222 S Randolph St.

Macomb, IL 61455

(309) 837-0342

admin@midwest-integrative.com

### Patient Demographics

First Name

Middle Name

Last Name

Gender

Birthday

Address 1

Address 2

City

State

Zip Code

Home Phone

Mobile Phone

Email

Emergency Contact

Contact Relation

Emergency Phone

### 1. Privacy Policy

At Midwest Integrative Health, LLC, your privacy and the confidentiality of your health information are of the utmost importance. We are committed to protecting your personal health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and all applicable federal and state laws.

**Information We Collect:**

- Personal identification details (e.g., name, address, date of birth)
- Medical history, records, and treatment information
- Insurance and payment details

**How We Use Your Information:**

- To provide personalized healthcare and wellness services
- For scheduling, billing, and administrative purposes
- To communicate with you regarding your care
- As required by law for public health and safety

**Confidentiality Notice:**

Your health records will not be disclosed to third parties without your explicit, written consent unless disclosure is required by law or in emergency situations. You may request access to or correction of your medical records by submitting a written request to our office.

**AI Scribe:**

To provide you with the best care and attention, Midwest Integrative Health, LLC uses a HIPAA-compliant tool called AI Scribe, Commure, that transcribes conversations and helps with provider documentation. The use of the AI Scribe helps to provide better care by allowing the provider to focus on the patient and to capture all of the important details without the distraction of note-taking. With the use of the AI Scribe, all visits are audio recorded. The purpose of the audio recording is to assist the provider with thorough documentation.

**Disclosures and access**: access to the recordings will be limited to authorized clinic personnel involved in your care or clinic operations, the AI service provider and its subcontractors, bound by business associate agreements under HIPAA, legal council or authorized representatives for regulatory or legal purposes or institutional review boards, government agencies, or courts when required or permitted by law.

Initial below:

## 2. Patient Practices and Financial Policy

**Appointments, Cancellations and Refunds:**

- Please arrive at least 10–15 minutes before your scheduled appointment.
- Only cancellations made at least 24 hours prior to the scheduled booking date will be cancelled without penalty.
- Cancellations made within 24 hours of the appointment WILL incur a cancellation fee.

*Late Cancellation/No-Show Fees:*

***$50*** *for any sick visit or follow-up appointment*

***$100*** *for any IV infusion, Aesthetic service or new patient appointment*

- Cancellation fees or 'No-show' fees will NOT be refunded.
- Repeated no-shows may result in discharge from care.
- There are NO refunds on services provided or received or for products purchased. There are NO refunds on ANY membership program. Membership cancellations WILL require a 30-day cancellation notice.

**Patient Conduct:**

- Respectful and courteous behavior is expected from all patients at all times.
- Any verbal abuse, disruptive conduct, or threats toward staff or other patients will result in immediate termination of care and possible legal action.

**Financial Responsibility and No-Refund Policy:**

- All services, treatments, memberships, and product purchases are non-refundable.
- Payment is due at the time of service unless prior arrangements have been made.
- You are understand that Midwest Integrative Health, LLC does not accept traditional health insurance, but we can accept certain

HSA's and FSA's. Please double check that our practice is covered under your plan and we would be happy to provide you with an appropriate invoice for your record keeping.

**Memberships:**

- Membership fees (if applicable) are charged according to the terms agreed upon and are also non-refundable.
- Membership billing is on a monthly, quarterly or yearly basis based on the membership purchased.
- Your membership starts on the first day of your membership purchase and the billing cycles run either monthly, quarterly or yearly on your purchase anniversary date.
- Memberships require a 30-day written notice to cancel.
- Membership fees are NOT refundable.
- If you are NOT on a membership program, you will be charged for applicable ala cart fees based on your service type and/or products purchased.

*Ala cart fees may include, but are not limited to:*

*- $150 Initial Consult*

*- $75 Follow-up Visit*

*- $50 per email or phone conversation*

*- $25 per medication refill*

*- Lab fees determined based on the number of tests being ordered.*

*- Other fees would include applicable prescriptions sent to compounding pharmacies*

**Payment is due at the time of service and additional fees may apply for outstanding balances.**

Initial below:

## 3. Cancellation and Refund Policy

**Cancellation of appointments may be subject to a charge.**

- We accept cancellations up to 24 hours prior to the appointment time.
- If the appointment is cancelled with less than 24 hours notice, or if the visit is marked as a 'No Show', then you **WILL** be charged an applicable fee as stated above.
- Patients who have 3 'No Show' appointments will be dismissed from the practice.
- There are NO refunds for late cancellation or 'No Show' fees.

****Please reread the Patient Practices and Financial Policy for further details****

ALL SALES ARE FINAL. We do **NOT** offer refunds for any products, services, or memberships once a purchase or payment has been completed. We encourage all patients to ask any questions prior to every transaction.

By signing my name below, I acknowledge that I have read and agree to the terms of the cancellation and refund policy.

Initial below:

## 4. Indemnification Clause

By signing this form, you agree to indemnify, defend, and hold harmless Midwest Integrative Health, LLC, its owners, practitioners, staff, contractors, and affiliates from any and all claims, liabilities, damages, losses, or expenses (including attorneys' fees) arising from:

- Any breach of clinic policies by you
- Misuse or unauthorized sharing of confidential information
- Your failure to follow clinical instructions or disclosure of relevant medical history
- Your actions or conduct resulting in injury, harm, or damage to staff, patients, or property
- Any third-party claim relating to your participation in services or programs offered by the clinic

**This indemnification remains in effect even after the termination of services or patient relationship.**

Initial below:

## 5. Consent and Acknowledgment

By signing below, I confirm that:

1. I have read, understood, and agree to comply with the policies stated in this form.
2. I understand and accept the privacy practices and my responsibilities as a patient.
3. I acknowledge and accept the no-refund policy for all services, memberships, and product purchases.

I consent to treatment and authorize the use of my personal and health information in accordance with HIPAA and the above terms.

Patient Name:

Parent/Guardian Name (if applicable)
Type N/A if not applicable

Relationship to Patient: