



## ***E-CONSULTS***

We want to thank you for your interest in our services and congratulate you on taking the first step in becoming responsible for your health. The most vital ingredients needed to achieve optimum health are your commitment, patience, and dedication. They are necessary to be successful at anything you do. Dr. Valcarcel offers second opinion and long distance phone consultations for patients who have not achieved a resolution of their health problems. Many patients are simply sick and tired of being sick and tired!

We have seen, first hand, the frustration of many patients who simply can't get well or may we say ... have not been properly diagnosed or provided the best treatment to help them get over their sickness.

Many people are **STUCK!** They have (a) condition(s) that baffles even the most educated medical physician. Finally after exhausting the "best of what conventional medicine has to offer" patients are either told that they have to accept their lot in life, their problem is in their head or continue to flood their bodies with synthetic drugs ("medications").

Some patients have seen as many as 10 physicians and present with a list of sometimes 12-15 different medications and are at the "**end of the rope.**" The feeling of hopelessness can fill a room. We have seen our fair share of tears flowing from the eyes of patients who want to live again and enjoy life.

Many patients are not able to find a physician who is trained in the science of **Functional Medicine**. The long distance consultation program allows you to discuss your health condition with us. Your condition will be extensively and thoroughly researched and reviewed. Due to the strong network of physicians around the country and world, we are able to draw from an immense database of clinical excellence which in turn will be used to zero in on the underlying issues that may be causing your ill health.

Once your case has been studied and reviewed, we will then discuss the case results with you by phone/Skype/VSee. If in the process of our lengthy assessment, we discover we cannot be of service, we will immediately inform you and discuss possible alternative solutions that may be available for your condition or disease.

You can feel confident to know that you will be heard and listened to. Every step will be explained, in detail. We do not want any surprises or confusion.

If you are currently under a doctor's care, our program is designed to work in conjunction with any existing protocol your physician may already have you using. We support an open-minded environment with your health care professional(s) and maintain a Total Care approach, which improves your overall health and/or long-term survival rate.

I look forward to helping you get well!

**Dr. James Valcarcel**

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## **FIVE STEPS TO BE ACCEPTED FOR *E-CONSULTS***

### **STEP ONE**

The first step in helping you get well involves completing a **comprehensive medical questionnaire**. This questionnaire is not like most medical forms. It is designed to uncover the **major and minor causes** of your ill health. This questionnaire becomes a roadmap to discovering the reason(s) why you are sick and why you have not been able to get better.

### **STEP TWO**

Copies of medical records, blood tests, diagnostic testing etc. will be needed. Many medical offices now charge a nominal fee for your medical records, and often can be obtained digitally.

### **STEP THREE**

After all of your personal information is reviewed and researched, you will be contacted to schedule our **first phone consultation**. During your consultation, we will review your report(s), and discuss any further specialized diagnostic testing that may need to be ordered. During this time, you will also have the opportunity to discuss your health care concerns and ask any questions you may have. Generally, the initial consultation time can range from **45 to 60 minutes** or more if necessary.

### **STEP FOUR**

If medical diagnostic testing is required, we will discuss the exact procedure to have these specialized tests performed. Most tests can be performed in the convenience of your home and sent directly to your residence. Any test requiring a local physician will be discussed with you and special arrangements will be made.

### **STEP FIVE**

After embarking on your individualized program, follow-up visits and/or consultations will be required, which may involve repeat or additional testing, as well as modifications to your treatment program. In between your visits, we suggest you keep an honest, personal journal of your progress. Items you may include, aside from how you are feeling, are what you've eaten for the day including beverages, your consistency with your personalized treatment program, questions that you may want to ask (highlight those so you remember to ask), and anything regarding your life. It is a tool to be utilized for your health benefit. You may e-mail us at [office@aihcenter.net](mailto:office@aihcenter.net) with any of your questions. Please allow 24-48 hours for a response. If you have an urgent question, you may call the office at 386.310.8096. In the event of an emergency call 911 or go to the nearest Emergency Room or urgent care facility.

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## **GENERAL INFORMATION**

We are committed to providing personalized, quality alternative health care that brings results. We are also dedicated to teaching the individual about his or her own physical, emotional and spiritual health in order to prevent or offset the effects of disease. We strive to create an open-minded environment where all health care professionals can work together to meet the patient's needs.

## **CHARGES AND PAYMENT**

Payment is due immediately after the consultation or follow-up and method of payment is rendered VIA credit/debit card.

## **FEES FOR SERVICES**

Initial consultations are billed at \$200.00 for up to 60 minutes. The fee for your consultation includes the research time, review of all medical records, review of your comprehensive medical questionnaire, and previous diagnostic studies/ analysis, . Follow ups/lab analyses are \$110.00 for up to 30 minutes, after which the fee of \$150.00 per up to 45 minutes is billed, and from 45-60 minutes the fee of \$200 is billed.

## MUTUAL UNDERSTANDING AND INFORMED CONSENT

*For the remainder of this document:*

*Let "you" or "patient" refer to the person signed and initialed on the following pages.*

*Let "doctor," "your doctor," and any other use of the word doctor includes Dr. Valcarcel.*

*Let "internet" or "phone" refer to but not be limited to: e-mail, Skype, video-conferencing, VSee, telephone, facetime, VOIP, etc.*

**Teamwork:** Treatment with other physicians or healthcare providers may not necessarily need to be discontinued. Please let your doctor know if you are being treated by another healthcare provider. If you wish to discontinue any medications previously prescribed you must discuss this with the prescribing physician. Understand this relationship will be considered a "therapeutic partnership" and it is your responsibility to disclose changes in your condition, symptoms, contact information or treatments between visits. Health-related questions are encouraged and the treatment protocol may encourage you to make dietary or lifestyle changes to achieve results.

**Confidentiality:** All information divulged from consultations or medical history/diagnostic studies is strictly confidential. Exceptions to this include: 1) if there is an intention by you to harm yourself or others; 2) if you request the information be released; 3) law enforcement compels us to release these records. The doctors at Aligned Integrative Healthcare are more than happy to work with your existing doctors and communication between healthcare providers does not require consent by the patient.

**Risks/Benefits:** Any procedure or treatment has risks and benefits. Your doctor will inform you of possible side effects. Despite that your protocol is completely individualized, there is no guarantee regarding the outcome of your condition or rate of clinical success.

**Limitations:** Phone consultations and other forms of "virtual consultations" take the same amount of time as regular office visits and are billed as such. However, because physical exams are not possible it is necessary to give your doctor as much detail as possible regarding any physical ailment. A physical exam by a local physician may be required depending on the condition. As such, a full evaluation may not be possible, but with enough information treatment can proceed with safety and effectiveness, based on your doctor's discretion.

**Consent to digital exchange of health information:** Consultations and exchange of information will occur via telephone and/or digitally by internet/e-mail. The patient consents to this means of information transferring and recognizes any risks/vulnerabilities associated with it. The patient is responsible for maintaining security on their computer or internet capable device and all online accounts associated with them which health information is communicated to/from. The patient agrees to use telephone and/or internet methods to communicate. Keeping internet ready devices used for health information communication secure is the responsibility of the patient. If you are not willing to accept these responsibilities your doctor will not accept you as a patient.

**Voluntariness:** The patient and doctor both enter this relationship on a voluntary basis. Both/either doctor or patient can terminate the relationship at any time without consequence.

**Responsibilities:** Patients are expected to follow instructions and guidance outlined by their doctor and to maintain an honest, open line of communication.

**Modifications:** If any changes to this agreement need to be made the document will be updated and sent to the patient for agreement.

I understand and agree to the information on the previous pages.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date

***HIPAA/PRIVACY***

The patient understands and agrees to allow Aligned Integrative Healthcare and Dr. Valcarcel to use their Patient Health Information for the sole purpose of treatment, payment, healthcare operations and coordination of care. If you have any questions as to how your Patient Health Information is going to be used and your rights concerning these records do not hesitate to ask. If there is anyone you do not want to receive your medical records please disclose that information.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date

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## Payment Information

I, \_\_\_\_\_ hereby release my payment information to Aligned Integrative Healthcare for service provided. I understand that after services are provided payment is rendered. A copy of my transaction receipt will be mailed, emailed or faxed.

Credit Card Type: Please circle

Visa

Mastercard

I would prefer to have my receipt: Please circle

Mailed

Emailed

Faxed

Fax Number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVC Number: \_\_\_\_\_

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

I would like to keep my card on file for future services: Please circle

Yes

No

Signature of Release: \_\_\_\_\_

Yours in Health,  
Joan Valcarcel, RN  
Office Manager  
Aligned Integrative Healthcare