



Doctor-Patient Partnership Agreement

We are delighted that you chose to partner with Blum Center for Health to guide you in your wellness plan. In order to successfully realize your goals, it is essential that we collaborate with the shared intention of achieving optimal health. Please read below, sign, and return back to start the journey together!

As your health partner, we agree to:

- Keep your information confidential and secure by adhering to HIPAA standards and policies.
- Respect your time by being on schedule as much as possible, barring any unavoidable circumstances. In that instance, you will still have your full time with your practitioner.
- Provide you with a safe and positive setting to share your goals, intentions, and any concerns.
- Provide you with a clear, concise, and comprehensive treatment plan including education, protocols, testing, referrals, recommendations, etc.
- Do our best to ensure that any blood panel ordered with your in-network lab is covered by your insurance. However, depending on the nuances of your plan, this is not guaranteed. Prior to your blood draw, we highly recommend checking with your insurance company for specific coverage.

As our patient, you agree to:

- Complete the Pre-Visit Forms in your patient portal, and provide any recent/relevant records, prior to your appointment.
- Arrive 15 minutes ahead of your appointment time to allow ample time for check-in.
- Be open to exploring non-conventional testing and protocols to uncover the root of your issues.
- Check with your insurance company for specific coverage of ALL testing ordered by our office before having the testing done. All lab results will be reviewed with your practitioner at the follow-up visit.
- Share any concerns regarding your treatment, care, or any suggestions you may have that would improve your experience with us.
- Respect the practitioner’s time by adhering to our **Change/Cancellation Policy**:
 - **Initial Appointments:** 50% of practitioner’s rate charged at time of booking
 - **Cancellation**
 - With more than 10 business days’ notice: Full refund
 - With less than 10 business days’ notice: No refund
 - **Re-Schedule**
 - With 5-10 business days’ notice: Deposit will be applied to new appointment
 - With less than 5 business days’ notice: Deposit will be forfeited
 - **Late Cancellations / No-Shows:** No refund
 - **Follow-up Appointments:**
 - **Cancellation**
 - With less than 5 business days’ notice: 50% of practitioner’s rate

Please provide your credit card information to confirm your appointment with a 50% deposit. Subject to penalties stated above.

Blum Center reserves the right to change, modify, re-schedule any appointment at any time.

We accept all major credit cards. You have the option of using another form of payment at the time service is rendered.

Name on Card: _____ Zip Code: _____
Credit Card #: _____ Exp: _____ CVV Code: _____

By signing below, you accept the terms of our cancellation/rescheduling policy:

Patient Name/Signature: _____

Parent/Guardian Signature (under 17 years of age): _____

In Good Health,
Susan S. Blum, MD, MPH, Medical Director

I have read and accept the terms of this agreement:

Name: _____ Date: _____