



KANODIA MD

MEDICINE MADE SIMPLE

5003 Pine Creek Drive
Westerville, Ohio 43081
Phone: 614-524-4527
Fax: 614-524-5829
Admin@KanodiaMD.com

WELCOME!

Dear Patient,

Welcome to Kanodia MD. Thank you for choosing us for your health care needs. In order to allow our staff and physician to focus their energy on your health care needs, please read and complete the following pages of information before you arrive in our office.

***We do recommend that you bring a family member, or friend, who can help support you throughout your health journey.**

Plan to spend 2.5 hours in our office for a new patient appointment with Dr. Kanodia. If scheduling a nutrition appointment on the same day with our Dietitian Lauren Arnett you can plan to be in our office for 3.5-4 hours.

We look forward to working with you and developing a mutually beneficial relationship. If you have any questions, please do not hesitate to call or email us at 614-524-4527, Admin@KanodiaMD.com

Sincerely,

The Kanodia MD Team

Authorization & Acknowledgments

KanodiaMD / Anup Kanodia, MD, MPH

Notice as to Nature of Services:

- KanodiaMD offers an integrative approach to care, which may include services referred to as complementary, alternative or functional medicine. Some of these services may not be widely recognized within the medical profession or may be subject to disagreement among qualified medical experts.
- Treatments may include the use of nutritional therapies and off-label use of medications, which are uses for a different condition than are approved by the U.S. Food and Drug Administration (“FDA”).
- Medications may also be used or prescribed that are only available when compounded by a pharmacy rather than as a standard prescription.
- Laboratory tests may be developed by specialty laboratories and not widely used in conventional settings. Laboratory evaluations may be interpreted according to the standards of functional medicine rather than as used for the diagnosis of disease.

Recommendations:

- Recommendations may include nutrients administered orally or intramuscularly in doses that can substantially exceed conventional (RDA) recommendations. This is based upon the view that nutrients can have therapeutic effects beyond merely meeting dietary needs, a view widely held by integrative physicians but only in limited circumstances by the mainstream medical community.
- Herbs and botanical products are generally available over-the-counter and are considered safe based upon their long history of use, though negative reactions to natural remedies can include rare allergic reactions, headaches, itching, hives, difficulty breathing, and extremely rarely, even shock or death. The interactions between herbs, and between herbs and drugs physicians might prescribe are not yet thoroughly understood. While unlikely, it is possible to have an adverse reaction or experience a reduction or increase in the effect of other medications. These can have serious consequences for some medications, such as for the control of high blood pressure or blood sugar. It is important that all a patients physicians be informed about herbs being taken, particularly prior to surgery or other procedures.

Not Primary Care Services:

- Dr. Kanodia is not a primary care physician, does not have an answering service for Kanodia MD patients, and is not available for emergency treatment. While Dr. Kanodia may provide a comprehensive evaluation that addresses wide-ranging health concerns, such as systemic infection, hormonal imbalances and other functional issues, engaging in such care is not intended to take responsibility for a patient’s general health beyond those health matters expressly undertaken to diagnose and treat.
- Patients should have a primary care physician to ensure diagnosis and treatment of medical conditions.
- It is important that patients inform Dr. Kanodia on an ongoing basis of other treating physicians, including specialists, and of diagnoses and treatments for current conditions.
- Patients should also inform their physicians about treatments performed by Dr. Kanodia in order to ensure care is properly coordinated.

Financial Information/Insurance Notification:

- Patients are financially responsible for payment for all services and payment is required in full at the time of service.
- Dr. Kanodia and Lauren Arnett do not participate in, take assignment, or accept any private insurance at his Kanodia MD practice.
- The office will provide a coded “superbill” but patients are responsible for submitting their own claims.
- Patients are responsible even if their insurance carrier determines that fees are not medically necessary or unreasonable.

- Some laboratory testing may not be covered by insurance and require patient payment. When patients do purchase from him, he receives a small profit equivalent to the usual and customary retail mark-up on such products.
- Patient who owe an uncollected balance to Dr. Kanodia are responsible for costs and expenses, including court costs, attorney fees and interest, and collection agency fees, should it be necessary to take action to secure payment of an outstanding balance.

Dietary Supplement Product Disclaimer:

- Dr. Kanodia may recommend nutraceutical products, such as vitamins, minerals, herbal or botanical supplements. These recommendations may include specific brands offered in his office to ensure access to high quality products or provided in the form of proprietary formulas intended to offer specific health benefits.
- Patients are of course free to decide what products to purchase, and to purchase them from the source of their choosing.
- The attention Dr. Kanodia offers his patients is not affected by their purchasing choices. When patients do purchase from him, he receives a small profit equivalent to the usual and customary retail mark-up on such products.
- Dietary supplements have not been evaluated by the Food and Drug Administration (FDA) and are not sold to diagnose, treat, cure or prevent any disease.
- Recommendations are based upon Dr. Kanodia' assessment that they would be of benefit, but no guarantees are made as to any positive benefit or absence of effects that will be obtained.
- While many physicians are not familiar with supplement products, patients should be sure that treating physicians are aware of herbal and botanical products they are taking, particularly prior to any surgery.

No Guarantees:

- The practice of medicine is not an exact science, and there are substantial individual differences between patients.
- There are and can be no guarantees as to the effects of any products or services or the accuracy of any diagnosis or outcomes of treatments provided.

Pregnancy:

- Female patients should inform Dr. Kanodia if pregnant or nursing, or could become pregnant, as some of the treatments may be contraindicated or not tested for those who are pregnant or nursing.

Cancellation Policy:

In order to stay on time and provide the most comprehensive care for our patients, we request that you arrive 10 minutes early for your appointment to allow time for check in.

****We require that ALL PATIENTS give us a 2 business day notice if you are unable to keep an appointment, so that we may open it up to another patient.**

****If scheduled as a new patient a credit card will be taken at the time of scheduling and if you cancel within 2 business days you will be charged in full.**

(For example, if you cannot come to your Monday 1 pm appointment, you would call us by Thursday 1 pm.)

For Follow Up Appointments:

Less than 2 Business Days/NO Show Policy:

- 1st NO SHOW/Late/Cancellation (less than 2 business days) patient pays half of the office visit. (Payment must be made before patient can be rescheduled)
- 2nd NO SHOW/Late/Cancellation (less than 2 business days) patient pays full office visit. (Payment must be made before patient can be rescheduled)
- 3rd NO SHOW/Late/Cancellation (less than 2 business days) patient is dismissed from the practice.

INFORMED CONSENT REGARDING EMAIL OR THE INTERNET USE OF PROTECTED PERSONAL INFORMATION

Kanodia MD provides clients the opportunity to communicate by email. Reminder: Email does NOT take the place of a consult. Please schedule a consult for any questions requiring more than a yes or no answer. Transmitting confidential health information by email has a number of risks, both general and specific, which should be considered before using email.

1. Risks:
 - a. General email risks are the following: email can be immediately broadcast worldwide and be received by many intended and unintended recipients; recipients can forward email messages to other recipients without the original sender(s) permission or knowledge; users can easily misaddress an email; email is easier to falsify than handwritten or signed documents; backup copies of email may exist even after the sender or the recipient has deleted his/her copy.
 - b. Specific email risks are the following: email containing information pertaining to diagnosis and/or treatment must be included in the protected personal health information; all individuals who have access to the protected personal health information will have access to the email messages; clients who send or receive email from their place of employment risk having their employer read their email.
2. It is the policy of Kanodia MD that all email messages sent or received which concern the healthcare of a client will be a part of that client's protected personal health information and will treat such email messages or internet communications with the same degree of confidentiality as afforded other portions of the protected personal health information. Kanodia MD will use reasonable means to protect the security and confidentiality of email or internet communication. Because of the risks outlined above, we cannot, however, guarantee the security and confidentiality of email or internet communication.
3. Patients must consent to the use of email for exchanging confidential medical information after having been informed of the above risks. Consent to the use of email includes agreement with the following conditions:
 - a. All emails to or from clients concerning consultations and/or test results will be made a part of the protected personal health information. Kanodia MD practitioners and staff members will have access to email messages contained in protected personal health information.
 - b. Kanodia MD may forward email messages within the practice as necessary for client care. Kanodia MD will not, however, forward the email outside the practice without the consent of the clients as required by law.
 - c. Kanodia MD will endeavor to read email promptly but can provide no assurance that the recipient of a particular email will read the email message promptly. Email must not be used in a medical emergency.
 - d. It is the responsibility of the sender to determine whether the intended recipient received the email and when the recipient will respond.
 - e. Because some medical information is so sensitive and unauthorized disclosure can be very damaging, email should not be used for communications concerning diagnosis or treatment of AIDS/HIV infection; other sexually transmissible or communicable diseases, such as syphilis, gonorrhea, herpes, and the like; behavioral health, mental health or developmental disability; or alcohol and drug abuse.
 - f. Kanodia MD cannot guarantee that electronic communications will be private. However, we will take reasonable steps to protect the confidentiality of the email or internet communication; but Kanodia MD is not liable for improper disclosure of confidential information not caused by its employee's gross negligence or wanton misconduct.
 - g. If consent is given for the use of email, it is the responsibility of the client to inform Kanodia MD of any types of information you do not want to be sent by email.
 - h. It is the responsibility of the client to protect their password or other means of access to email sent or received from Kanodia MD to protect confidentiality. Kanodia MD is not liable for breaches of confidentiality caused by the client.

Any further use of email initiated by the client that discusses healthcare information constitutes informed consent to the foregoing. I understand that my consent to the use of email may be withdrawn at any time by email or written communication to Admin@KanodiaMD.com

I have read this form carefully and understand the risks and responsibilities associated with the use of email. I agree

to assume all risks associated with the use of email.

A gentle note regarding emails and phone calls:

- It is not possible for us to respond to lengthy emails and calls in between your scheduled appointments. If you find you have a number of questions and require more support in between appointments the best way to communicate with us is to book a 15-30 min appointment. If, however, you have a brief question that requires a simple yes / no, of course no charge is made.
- All emails and phone questions will be returned within 2 business days. This allows us to continue to work for all our patients and not become overwhelmed with emails. Thank-you.

Patient Information and Acknowledgment:

I authorize and consent to medical treatment by Anup Kanodia, M.D. or by his staff acting under his direction. I understand the above and agree that I have been adequately informed about the nature of these services. Any questions I had have been answered to my satisfaction. I understand that medical treatment is an evolving art, and that no guarantees or assurances of successful treatment or the absence of adverse events are being made. If I ever have any claim with respect to the services and treatment given to me by Anup Kanodia, M.D., that claim shall be judged by the standards and principles of physicians who provide complementary and integrative medicine.

I have read, understood, and accept the notice that Dr. Kanodia is not my primary care physician. Should I choose not to have a primary care physician, I assume the risks of that decision. While Dr. Kanodia will take reasonable precautions to ensure my safety, I am willing to assume the risks of treatments we decide to employ during the course of my care, whether known or unknown.

I understand and agree that I am financially responsible for treatment and to the other policies as set forth in this Authorization & Acknowledgments. I represent that I am seeking diagnosis and treatment in order to further my own health and for no other reason

Date:

Patient/Guardian Signature

Patient Printed Name

Office Use Only

Date: _____

Witness Printed Name

Witness Signature



AGREEMENT TO RESOLVE FUTURE MALPRACTICE CLAIM BY BINDING ARBITRATION

In the event of any dispute or controversy arising out of the diagnosis, treatment, or care of (the "Patient") by Kanodia MD (the "Healthcare Provider"), the dispute or controversy shall be submitted to binding arbitration.

Within fifteen days after a party to this agreement has given written notice to the other of demand for arbitration of said dispute or controversy, the parties to the dispute or controversy shall each appoint an arbitrator and give notice of such appointment to the other. Within a reasonable time after such notices have been given the two arbitrators so selected shall select a neutral arbitrator and give notice of the selection thereof to the parties. The arbitrators shall hold a hearing within a reasonable time from the date of notice of selection of the neutral arbitrator.

Expenses of the arbitration shall be shared equally by the parties to this agreement.

The patient, by signing this agreement, also acknowledges that the patient has been informed that:

- (1) Care, diagnosis, or treatment will be provided whether or not the patient signs the agreement to arbitrate;
- (2) The agreement may not even be submitted to a patient for approval when the patient's condition prevents the patient from making a rational decision whether or not to agree;
- (3) The decision whether or not to sign the agreement is solely a matter for the patient's determination without any influence;
- (4) The agreement waives the patient's right to a trial in court for any future malpractice claim the patient may have against the healthcare provider;
- (5) The patient must be furnished with two copies of this agreement.

PATIENT'S RIGHT TO CANCEL AGREEMENT TO ARBITRATE

The patient, or the patient's spouse or the personal representative of the patient's estate in the event of the patient's death or incapacity, has the right to cancel this agreement to arbitrate by notifying the healthcare provider in writing within thirty days after the patient's signing of the agreement. The patient, or the patient's spouse or representative, as appropriate, may cancel this agreement by merely writing "canceled" on the face of one of the patient's copies of the agreement, signing the patient's name under such word, and mailing, by certified mail, return receipt requested, the copy to the healthcare provider within the thirty-day period.

Filing of a medical claim in a court within the thirty days provided for cancellation of the arbitration agreement by the patient will cancel the agreement without any further action by the patient.

Date:

Date: _____

Signature of Patient

Signature of Healthcare Provider



PRIVACY POLICY ACKNOWLEDGEMENT STATEMENT

I hereby acknowledge that I have been made aware that Kanodia MD, Inc has a Privacy Policy in place in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

As a patient of Kanodia MD I understand and acknowledge the following:

- 1. Kanodia MD, Inc has a privacy policy in effect in their office.
- 2. Kanodia MD, Inc has made this policy available to me for review online, and I may request a copy at my appointment for my own personal file.

Upon your review of the above statements, please sign at the bottom acknowledging that you have been advised of the privacy policy implemented by Kanodia MD, Inc and have read and understand the acknowledgment form.

Patient Name (Print)	Patient Signature	Date

For more information contact Kanodia MD, at (614) 524-4527, ext 101.

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- _____ Individual refused to sign
- _____ Communication barriers prohibited obtaining the acknowledgment
- _____ An emergency situation prevented us from obtaining acknowledgment
- _____ Other _____

_____	_____
Staff Signature	Date



KANODIA MD

MEDICINE MADE SIMPLE

Authorization to Release Information

If you wish to share your medical history with friends and family please sign the Authorization to Release Information and complete the following form.

Name

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance to the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to:

- use the following protected health information, and/or disclose the following protected health or other information to:

Authorized persons to receive information from Kanodia MD (e.g. parents, spouse family members):

Possibility of Re-disclosure: It is possible that the person or organization you have named to receive this information may re-disclose the information and if so, the information may no longer be protected by the federal privacy rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This protected health or other information is being used or disclosed for the following purposes (e.g. discuss medical care:

Terms for Termination/Revocation: You have the right to revoke the authorization at any time. However, your revocation will not affect any use or disclosure that we made in reliance upon your authorization before we learn of your revocation. You may revoke the authorization by writing to Kanodia MD 5003 Pine Creek Drive, Westerville, Ohio 43081.

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

I authorize release of the above-specified information.

Printed Name of Participant or Personal Representative

Signature of Participant or Personal Representative

Date

Date

If the person signing the form is not the individual whose information is being disclosed, please indicate your relationship to that person:

- Parent or legal guardian of a child under the age of 18.
- Personal Representative (please attach documentation, ie. Power of Attorney, Court Order, Health Care Proxy).