

New Life Center for Health & Wellness

Permission to Share Information, Notice of Privacy Practices, Permission to Treat

I, _____ hereby grant Kim Desch, NP or Dr. Aboo Nasar permission to discuss my treatment plan and/or share my Plan of Care with my referring physician for the purpose of continuity of care such that it may assist in determining the best course of my treatment. I understand that this information, once shared, may become a part of my referring physician's medical record and will therefore be under that physician's privacy statement limitations and policies. Since New Life does not accept insurance, they will not release medical information directly to my insurance company unless legally requested to do so by me or my legal representative or as required to comply with California State Law (HIPAA). In addition, I am providing the New Life Center for Health permission to treat me using non-traditional, naturopathic and non-toxic means. During the course of treatment I may receive a diagnosis requiring or primarily treated via additional or conventional medical management (ie. Pharmaceuticals). New Life will inform me of both conventional and non-traditional options for disease management and, if chosen by me, will provide primarily but not exclusively a non-traditional or non-pharmaceutical treatment approach. If necessary, referral for a more traditional medical treatment may be provided. I understand that at all times the use of complimentary, functional, non-toxic, naturopathic, nutritional, nutraceutical and natural medical therapies utilized are of my own choosing and not a substitute for any other medical care.

Signature: _____ Date: _____

