



Holistic Child Psychiatry, LLC
Phyllis J. Heffner, M.D.
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Treatment Informed Consent and Communications Policy

I, _____ (patient or legal guardian) hereby request and consent to receive care from Dr. Phyllis Heffner. I understand that my child's or my first visit must be an in person with Dr. Heffner.

It is my understanding that Dr. Heffner may use "alternative" (such as, complementary, integrative, holistic, non-traditional, biomedical) care methods including nutritional supplementation, herbal and homeopathic supplements, compounded medications including vitamin injections, homeopathic patches, compounded hormones, biofeedback, nutritional and lifestyle modifications, stress reduction strategies, essential oils, Hyperbaric Oxygen Therapy, Far Infrared Sauna, etc., as well as alternative diagnostic testing methods to evaluate for food sensitivities, intestinal pathogens, metabolic imbalances, heavy metal exposure, etc. Group educational and therapeutic sessions as well as individual and parental counseling may be recommended. I am seeking Dr. Heffner's specific knowledge in these areas for mine or my child's health.

I understand that Dr. Heffner may utilize interventions (treatment and/or testing) that may not be always be considered customary or standard "Evidence Based Medicine" (EBM) by some in the conventional medical community. Evidenced Based Medicine relies heavily on peer-reviewed research and clinical trials. This doesn't mean therapies and testing that are not viewed as EBM are not effective or dangerous, but provides other options for health improvement.

I understand that these "alternative" methods under some circumstances could aggravate pre-existing conditions, and produce a range of side effects, such as allergic or hypersensitivity reactions to botanical remedies, nutritional supplements (which can come from plant, animal, mineral and other sources), and medical foods. Under rare conditions, severe illness could result. I willfully choose to explore this expanded approach for myself or my child to uncover and address therapeutically in order to help overcome my (or my child's) health issues.

I understand that botanical and homeopathic remedies, nutritional supplements, and medical foods that may be suggested, are often considered safe when taken as instructed in the practice of "alternative" medicine. I am aware that it is extremely important that I follow the suggested dosing when taking botanical remedies, nutritional supplements, hormones, and medical foods, etc. because some items may be toxic

when taken in large doses. I understand that all these substances need to be prepared and consumed according to the instructions provided in person, verbally and in writing. Some preparations may have an unpleasant smell or taste. Dr. Heffner can only provide prescriptions for individuals she has seen in person.

Pregnancy and Surgery

Some products may be inappropriate prior to becoming pregnant or during pregnancy or prior to surgery, and I will immediately notify the doctor if I become aware that I am pregnant, planning to become pregnant or am planning a surgical procedure.

Because of the possibility of adverse drug-herb interactions, I agree to inform the doctor of all drugs - prescription and recreational – and herbs I am currently taking.

I agree to maintain my own primary care physician, or my child's pediatrician (primary care doctor) with the understanding that Dr. Heffner does not provide primary health care or **after hour's** care. Upon written request, Dr. Heffner will consult with your primary care provider to coordinate care or answer questions.

Health Treatment Plans will be based on many factors, including lab test results. However, lab tests results alone do not determine a specific diagnosis. I understand and Dr. Heffner utilize her interpretation skills and medical experience to determine the best course of treatment and suggestions for health improvement for myself and/or my child.

I understand it is recommended and encouraged that I do my own research, ask for second opinions from other health professionals and to share the information with mine or my child's personal primary care doctor before implementing any diet, nutritional supplements or lifestyle change suggestions made by Dr. Heffner.

Telehealth Communications

It is my understanding that consulting online or via any other mobile communication devices may not be 100% confidential. If I choose to communicate electronically, for my convenience, I understand that Dr. Heffner will take reasonable and required steps to protect my confidentiality and that I must also be prepared to protect, to the best of my ability, my personal health information with my communications as well. Telehealth consultations will be considered the same as an office visit. For example, use of a public computer is not private, speaking in a crowded place you can easily be overheard, social media is not a place for health care communications and do not use your employers email for communications, as it is your employer's business property and can be read by your employer. You can always be seen in the office if you do not feel comfortable communicating electronically.

We are required to follow Federal and Maryland laws pertaining to the practice of telehealth. You agree to discuss how and where you plan to communicate with Dr. Heffner prior to out of the office communications for compliance with these laws.

I understand that treatment, use of supplements, herbs and dietary changes and health care advice offered by Dr. Heffner is not guaranteed to improve or cure you or your child's condition.

I consent to the care and treatment by Dr. Heffner for myself, my child or other individual as indicated below.

Print _____ Date _____

Signature _____

_____ Relationship to patient

If a representative is signing on behalf of the individual, please indicate the nature of your relationship to said individual. If the individual is a minor, all parents or legal guardians must sign. Please note that these signatures constitute consent for consultation, education, and/or treatment.