

LAUREN HACKER ND, LLC CONSENTS

A copy of these consent forms are provided to new patients in the patient portal and should be completed and signed before the first visit. All active patients are in agreement with the information provided below.

Transactional Emails & Text Messaging

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments. You can also opt in to receive news and special promotions by email (this will consist of infrequent notices about clinic updates and offerings).

Intake Form — Consents

Accuracy of Information

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or my child's) health. It is my responsibility to inform the doctor's office of any changes in my (or my child's) medical status. I also authorize the healthcare staff to perform the necessary health care services I (or my child) may need or inquire about.

Privacy and Sharing of Information

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission, or if by court order, or if necessary under the mandatory reporting requirements of my provider.

Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the doctors' day that could have been filled by another patient. As such, we require 48-hour notice for any cancellations or changes to your appointment. Patients who provide less than 48-hour notice, or miss their appointment, may be charged a cancellation fee, up to the full cost of the missed appointment. Please remember that failure to appear for your appointment prevents others from receiving care.

Financial Policy

Thank you for choosing Lauren Hacker ND, LLC for your Naturopathic health care. We are committed to giving you the best care possible, and we want you to completely understand our financial policies. The following is a statement of our Financial Policy, in which you are required to read and sign prior to any treatment. Payment is due at time of service unless arrangements have been made in advance. Your financial responsibility to us will be your cash fee. We accept cash, check, and credit cards (Visa, MasterCard, and Discover). Your insurance plan will most likely not cover the services of our Naturopathic Doctors. In the State of Colorado, Naturopathic health care is not yet covered by any insurance plans. However, you may submit your own claim to your insurance company; in rare events some portions of service may be reimbursable to you. Additionally, nutritional supplements prescribed by our doctors may be eligible under your Health Savings Account. Ultimately it is your responsibility to understand what your insurance plan will and will not cover. Because Lauren Hacker ND, LLC's services are not covered by insurance, you are responsible for the complete charge. Payment is due at time of service.

Phone Call, Email, Text, and Patient Portal Messenger System Disclosure

There are times when our doctors are happy to correspond with patients via phone, email, patient portal messaging systems, and text messaging. Please help us continue to provide the best care possible for all our patients by reading and acknowledging the following note: Correspondence in the form of portal message, text message, or email is intended for clarification on your current treatment plan or updating your doctor about your current treatment. If you have a matter that requires clarification, immediate attention, or a new concern that requires a scheduled consultation, please call directly at (720) 477-0089 to request an appointment at your doctor's soonest availability. As always, please address any medical emergencies by calling 911. Text, patient portal, and email messages will be responded to within 2-3 business days as the doctor's schedule allows. As the doctor is also very active in the community, it rarely happens that an email or text message gets buried or sent to spam unintentionally. In the event that you do not hear back within 2-3 business days, please reach out to us by phone at (720) 477-0089.

The following questions are better suited to a scheduled office/phone visit and are subject to charges if answered through message communication:

1. Questions that require more than a "yes" or "no" answer or questions that are complex.
2. Questions addressing new symptoms, referrals, or paperwork that have not been previously discussed in office.
3. Inquiries about new lab orders.
4. Requests for new supplement review or medication management.
5. Any concerns that may require a physical examination.

Phone calls, texts, patient portal messages, and emails that require any response from the doctor regarding your care and extend beyond the parameters outlined above will be billed at the same hourly rate, with a minimum charge of \$35 for response time given.

HIPAA Agreement

Lauren Hacker ND, LLC will receive health information that is protected as defined by the regulations promulgated under HIPAA (the "HIPAA privacy rule") in order to provide naturopathic care on behalf of the patient. Therefore, the parties agree as follows: 1. Lauren Hacker ND, LLC will not use and/or disclose, and will require its agents and subcontractors to whom it provides personal health information (PHI) as permitted to agree not to use and/or disclose PHI except (1) as necessary to provide the services described in the Certification and Assignment; (2) as otherwise permitted or required by these HIPAA Privacy Provisions; (3) as required or permitted by law; (4) for the proper management and administration of its business 2. Lauren Hacker ND, LLC will use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by this Agreement. 3. Lauren Hacker ND, LLC will report to patient any use or disclosure of PHI not provided for by this Agreement of which it becomes aware. 4. Lauren Hacker ND, LLC will ensure that any agent of it, including subcontractors to whom it provides PHI received from or created by Lauren Hacker ND, LLC on behalf of patient, agrees to the same restrictions and commitments that apply to Lauren Hacker ND, LLC with respect to such information. 5. Lauren Hacker ND, LLC will make available PHI to the extent required under 45 C.F.R. and 164.524, which describes the requirements applicable to an individual's request for access to the PHI relating to the individual. 6. Upon patient's request, Lauren Hacker ND, LLC will make available PHI relating to a patient available to patient for amendment and incorporate any amendments or corrections to PHI when notified to do so in writing by patient in accordance with the provisions of 45 C.F.R. and

164.526 as finalized. 7. Lauren Hacker ND, LLC will make available PHI to the extent required to provide an accounting of disclosures in accordance with 45 C.F.R. and 164.528, which describes the requirements applicable to an individual's request for an accounting of disclosures of PHI relating to the individual. 8. Lauren Hacker ND, LLC agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Lauren Hacker ND, LLC on behalf of a patient available to the Secretary of the Department of Health and Human Services for the purpose of determining patient compliance with the use and disclosure of PHI. 9. These Terms and Conditions cannot be amended except by the mutual written agreement of Lauren Hacker ND, LLC and patient. In the event any provision of these HIPAA Privacy Provisions is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions in this Agreement will remain in full force and effect. In addition, in the event a patient believes in good faith that any of these provisions fails to comply with the then-current requirements of HIPAA Privacy Rule, such party shall notify the other party in writing. For a period of 30 days, the parties shall address in good faith such concern and shall amend the terms of this Agreement, if necessary to bring it into compliance.

Digital Recording and Medical Assistants

Lauren Hacker ND, LLC may from time to time record online treatment sessions using Otter.ai, or other recording software. This is a recording service that allows the treating doctor to make voice recordings of the treatment session instead of keeping pen and paper notes. These recorded notes are then transcribed into written notes and the original recording is then destroyed. Additionally, or alternatively, the treating doctor may have a medical assistant or medical scribe, whether employed by Lauren Hacker ND, LLC or hired through a temporary or similar employment agency, who may be present to take notes or to provide other services to the treating doctor. You hereby acknowledge and consent to the treating doctor's use of such means and methods to keep records of the treatment provided to you.

Additionally, Lauren Hacker ND, LLC may implement an electronic records storage software or cloud system for keeping records and for communications with patients. Should such software or cloud service be implemented, you understand and consent to the use of such software or service, and acknowledge and understand the risks associated with maintaining records on any computer or electronic device or internet-based service.

Naturopathic Doctor Disclosure Statement and Consent for Treatment (Appendix A) - from the Department of Regulatory Agencies (DORA)

Naturopathic Doctor Name: Lauren Hacker

Business Address & Phone Number: 8101 E Belleview Ave, Suite Z, Denver, CO 80237

The nature of the services the Naturopathic Doctor will be providing: Nutrition and lifestyle counseling. Ordering and reviewing of lab work. Basic physical and annual exams. Naturopathic treatments as identified in the Colorado scope of practice, including but not limited to nutraceuticals, supplements, herbal remedies, homeopathic remedies, physical body work, injections. Naturopathic Doctors may be registered in other states. This Naturopathic Doctor is registered or licensed in the following states(s): Colorado. Complaints regarding this Naturopathic Doctor must be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, please contact the Division at (720) 477-0089 or find more information on how to file a complaint at: www.dora.state.co.us/reg_investigations/file_complaint.

Naturopathic Doctors are registered by the state to practice naturopathic medicine under the "Naturopathic Doctor Act." They are not permitted to perform the following acts: 1. Prescribe, dispense, administer or inject any prescription medications or devices other than epinephrine for anaphylaxis and barrier contraceptives (not including IUDs). 2. Perform surgical procedures, including surgical procedures using a laser device. 3. Use general or spinal anesthetics, other than topical anesthetics. 4. Administer ionizing radioactive substances for therapeutic purposes. 5. Treat a child who is less than two years old. 6. Treat a child who is two years of age or older, but less than eight years of age, unless (1) this form is fully completed and signed; (2) the most recent immunizations schedule recommended by the advisory committee on immunization practices to the centers for disease control and prevention in the federal department of health and human services is provided to the parent or guardian with this form; and (3) a release of information is provided to the parent or guardian requesting permission to exchange information with the child's licensed pediatric health care provider, if the child has one. 7. Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine. 8. Practice obstetrics. 9. Perform chiropractic services (spinal adjustments, manipulation, or mobilization). Physical medicine, as described in § 12-37.3-102(12)(b), C.R.S., is permitted. 10. Recommend the discontinuation or counsel against a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner. Disclosure Statement (To be completed by the naturopathic doctor) 1. I, Dr. Lauren Hacker, am a Naturopathic Doctor registered under Title 12, Article 37.3, of the Colorado Revised Statutes. 2. I am not a medical doctor or a physician licensed under Title 12, Article 36, of the Colorado Revised Statutes. 3. I recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child aged two to seven, with a licensed pediatric health care provider. 4. If the patient is a child aged two to seven, I recommend that the child's parent or guardian follow the immunizations schedule that accompanies this form. 5. If the patient has a relationship with a licensed physician or pediatric health care provider, I will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider. To permit this, the patient (or patient's parent/guardian if patient is a minor) will need to sign a separate release allowing me to exchange the information with the licensed physician or pediatric health care provider. Naturopathic Doctor Signature (electronically signed): Lauren Hacker, ND

Credit Card Authorization Agreement

I, the patient, authorize Lauren Hacker ND, LLC and its employees or subcontractors to retain my credit card on file. I also authorize Lauren Hacker ND, LLC and its employees and subcontractors to charge my credit card for agreed upon purchases and services, including missed or late-cancelled appointments by myself (or my child), as outlined in the financial policy above. I understand that my information will be saved on file for future transactions on my account. Finally, I understand that if I ever want my credit card to be removed from the Lauren Hacker ND, LLC system, it is my responsibility to notify the Lauren Hacker ND, LLC by phone at (720) 477-0089.