

Dr. Ami Kapadia, MD
Primary Care Notice:

Integrative and holistic medicine, functional medicine, and environmental medicine are particular approaches to practice generally offered to supplement the primary care that patients receive from their internists, pediatricians, family physicians or other principal caregivers. Dr. Kapadia will not act as such a “primary care” physician and has communicated this to me.

If you have a primary care physician, or choose not to have one, please acknowledge by your signature in the appropriate space below.

Dr. Kapadia’s Role and the Importance of a Primary Care Physician

Dr. Kapadia limits her practice to specific concerns. Dr. Kapadia may consider a wide range of health matters as a result of her integrative orientation, but this is done to care for the complaints raised in the course of office visits.

As Dr. Kapadia is not my primary care physician, she is not responsible generally for diagnosing all conditions I have or may develop, or for guiding the course of my care by other physicians. Dr. Kapadia does not become responsible for my health generally simply because she may conduct a searching and broad investigation to provide a response to my chief complaint(s).

Dr. Kapadia is available by email or voicemail for non-urgent matters. She does not provide full 24/7 coverage in the event of medical emergency. I should call 911 in the event of a medical emergency or go directly to the emergency room. If I become so ill that I require hospitalization, it is in my best interest to have a primary care physician with hospital admitting privileges familiar with my health problems and history. Dr. Kapadia also does not act as “primary care” in the sense that she does not specifically act as a referring physician for any HMO or health plan although she may make referrals.

Notice and Acknowledgement that Dr. Kapadia is Not my Primary Care Physician

I either have a primary care physician who is responsible for addressing any potential medical conditions I have or I choose not to have such a physician. I understand that I am responsible on an ongoing basis to inform Dr. Kapadia of my primary care physician and specialists who are treating me, of any diagnoses I have received, and of any treatments I have had or am now undergoing for current conditions. Should I choose not to have a primary care physician, I assume the risks of that decision and agree not to hold Dr. Kapadia responsible.

My primary care physician is:

Name	Address	Phone number
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I have read, understood, and accept the notice that Dr. Kapadia is not my primary care physician:

Printed Name of Patient	Signature of Patient	Date
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Printed Name of Guardian	Signature of Guardian	Date
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Documentation of Informed Consent, Assumption of Risk, and Acknowledgement for On-Site Supplement Sales with Dr. Ami Kapadia: Page 1 of 2:

Engagement for Specialized Care: I have engaged Dr. Kapadia for advice that integrates her knowledge of innovative, emerging, nonstandard, nonconventional, holistic, or complementary and alternative medical (collectively, “CAM”) therapies and other approaches to wellness, such as functional medicine, energy medicine, and other modalities, in addition to allopathic medicine.

I also understand that Dr. Kapadia is a Board-Certified Family Medicine Physician, who will employ standard, orthodox drug therapy for medical management, if indicated. Dr. Kapadia has described her education, experience, and credentials relating to these therapies.

It is my understanding that there is an alternative approach to medical care practiced by a significant minority of physicians, who emphasize the importance of nutrition, exercise, detoxification, and natural or biological remedies as the mainstays for restoring a patient to his or her optimal state of health. I realize that such therapy is frequently not as rapid as drug therapy; that it requires a great deal more effort from me, the patient, than the simple administration of a medicine for each complaint.

I understand that Dr. Kapadia may make recommendations for pharmaceuticals for uses not specifically approved by the United States Food and Drug Administration (USFDA) (recommendations which are known as “off-label” uses) and for dietary supplements and nutraceuticals which may not be approved for any medical indications by the FDA. I understand that the care provided by Dr. Kapadia is highly specialized and based upon information that may not be widely recognized within the medical profession, or in some cases about which there may be disagreement among qualified medical experts.

Care rendered may therefore be seen by some medical authorities as outside the standard of care, unproven, ineffective, medically unnecessary, or even unsafe even though the recommendations may nonetheless be therapeutically appropriate and constitute good clinical care.

Disclosures and Discussion Regarding My Informed Consent to Diagnostic and Therapeutic Procedures:

Dr. Kapadia and I will discuss the risks and benefits of including or forgoing the suggested diagnostic and therapeutic approaches, to enable me to decide to include or forgo these approaches in my treatment regimen. I should be aware that some of the diagnostic and treatment options offered:

- may be nonconventional or nonstandard, or may involve a drug or device that is used for off-label purposes.
- the safety, efficacy, and mechanisms for some of these therapies may not be completely known even though limited information from clinical trials may exist, and that some of these therapies could adversely interact with medications I am currently taking or that are prescribed by my physician(s) or other health care provider(s), or with procedures such as surgery.
- it may be difficult, given the current state of medical science, to predict results with respect to inclusion of these therapies.
- Therapies we have discussed may be emerging therapies that are not uniformly considered proven or accepted, despite available clinical data.
- it is important to continue my primary medical care through my primary care physician, as appropriate, and to ensure that inclusion of CAM or other therapies recommended does not cause a delay in, or discourage conventional diagnosis of (or care for) any medical condition.

Documentation of Informed Consent, Assumption of Risk, and Acknowledgement for On-Site Supplement Sales with Dr. Ami Kapadia Continued: Page 2 of 2:

Referrals to Other Health Care Practitioners: Dr. Kapadia may refer me to other practitioners, including CAM providers and allied health practitioners to offer helpful therapeutic services. Dr. Kapadia cannot guarantee results from their care and is not responsible for the quality of care they may or may not be able to provide.

Voluntary Consent: I have been given ample opportunity to ask questions and any questions I have asked have been answered or explained in a satisfactory manner. My consent to using functional medicine, energetic, and other approaches, whether considered conventional or CAM, is given voluntarily, without coercion, and may be withdrawn, and I am competent and able to understand the nature and consequences of my decision. It is my independent choice to see Dr. Kapadia and it is always my choice whether to continue with her.

Assumption of Risk: I knowingly, voluntarily, and intelligently assume all risks involved in using CAM or other therapies Dr. Kapadia recommends. As a result of my assumption of these risks, I agree to release, indemnify, and defend Dr. Kapadia and his or her agents from and against any and all claims which I (or my representatives) may have for any loss, damage, or injury arising out of the adverse reactions to which I have been given notice or which may arise without the negligence of Dr. Kapadia, or in connection with use of such therapies, or arising out of or in connection with referral to other practitioners for such CAM therapies.

No Guarantees: I am aware that the practice of medicine is not an exact science, and acknowledge that there are and can be no guarantees as to accuracy or outcomes of any diagnostic approaches or treatment recommendations that I receive from Dr. Kapadia.

On-Site Sales of Dietary Supplements: I may be able to purchase certain dietary supplements, that Dr. Kapadia recommends, on-site at the clinic. I understand that Dr. Kapadia or the clinic offers these products, some of which are only available through physician's offices, as a service to assure the availability of these high-quality, standardized products to patients. I understand that the clinic has applied a usual and customary markup on these products. I understand that I am under no obligation to purchase any products and that the quality of the health care services I am offered will not be affected if I choose to either purchase similar products elsewhere or not to follow the recommendations that I take certain supplements.

I HAVE CAREFULLY READ THIS FORM (PAGE 1 AND 2) AND ACKNOWLEDGE THAT I UNDERSTAND IT. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE.

Documentation of Informed Consent and Assumption of Risk By signing this form:

Printed Name of Patient

Signature of Patient

Date

Printed Name of Guardian

Signature of Guardian

Date