

WELCOME PACKET

Welcome to Minnesota Personalized Medicine.

We are thankful that you have chosen our clinic for your care.

We believe in a whole picture, whole person approach to optimal health recovery.

This Welcome Packet is just one element of your whole picture. You are undeniably much more than the answers in this packet.

We thank you in advance for your time and effort in completing this packet and sharing your story with us. We very much look forward to meeting you in person and being helpful to you as you work toward your optimal recovery.

Wishing you the very best of health,

Gregory A. Plotnikoff, MD, MTS, FACP

Tara Doyle, MD, FAIHM, ABOIM, ABIHM

& Colleagues

**WELCOME PACKET
PART 1: HIPAA Consent Form**

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up care among the multiple healthcare providers who may be involved in that treatment directly or indirectly
- Obtain payment from third-party payers
- Conduct normal health care operations such as quality assessments or evaluations and physician certifications

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information (available in the office in print form). I have reviewed such Notice of Privacy Practices prior to signing this consent, and acknowledge that I have studied the Notice of Privacy Practices from time to time, and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that this organization restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand the organization is not required to agree to my requested restrictions, but if the organization does agree, then it is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that the organization has taken action relying on this consent.

Patient's Name

Date of Birth (mm/dd/yyyy)

Signed (Patient or Legal Representative)

Date

Legal Representative's Relationship to Patient

WELCOME PACKET PART 2: Our Clinic Policies

After reviewing these policies, please sign at the bottom to acknowledge that you have received and understand them.

This document acknowledges that progressive medical standards and approaches may be a significant part of your treatment regimen at Minnesota Personalized Medicine.

Minnesota Personalized Medicine focuses on the health of individuals.

Personalized or individualized medicine is not the same as population-health medicine. This is an important distinction from conventional or mainstream medicine. We focus on the health of an individual and not on the health of an entire population.

This shift in focus is why the standard of care at Minnesota Personalized Medicine may differ in some areas from those standards deemed acceptable by the Minnesota Medical Association, the Minnesota State Board of Medical Practice, the American Medical Association, the American College of Physicians, and many other organizations who are thought to represent the standard of conventional medical care. These thoughtful organizations ensure excellent care that works well “on average, for most people.”

For the individuals we serve, Minnesota Personalized Medicine’s standards are also consistent with those of the American Holistic Medical Association, the American Board of Integrative Medicine, and the Institute of Functional Medicine.

Minnesota Personalized Medicine is consultative care.

Consultative care is specialized support for you and your health team. We do not provide primary care in the usual sense of the term. Because of this, we encourage you to have a primary care physician within the usual and customary insurance system.

Since we are not participating practitioners in the insurance industry, this means that should you ever require certain expensive procedures, they may be covered only if ordered through an “in-network” physician.

Please also note that we are not an emergency room or urgent care facility. Serious problems such as acute chest pain, shortness of breath, severe abdominal pain, etc., should be handled in an acute care setting or by calling 911.

Appointments

Your appointment with Minnesota Personalized Medicine is an investment in your health and optimal wellbeing. With each appointment, you have the opportunity to purchase our practitioners' time and expertise.

We encourage advance preparation for each appointment to minimize cost.

New Patient Appointments

New Patient appointments, including assessments and a co-created action plan, typically require 2-4 hours of time depending on the case's complexity and the amount of preparation needed. This includes medical record review and face-to-face time with one of our practitioners. These appointments can be scheduled as an in-person appointment at our clinic; as a virtual appointment; or as a phone consultation.

At times, preparation may require comprehensive review of large amounts of data. (e.g. Medical records, etc.) Please note that the time required may be billed for this service.

Before your New Patient appointment, we will send you this extensive Welcome Packet that asks you to share your story beyond the usual impersonal information requests. Upon your arrival, we will also have additional self-assessment questionnaires for you to complete.

Follow-Up Appointments

Follow-up appointments will be scheduled in accordance with complexity and time required. These appointments typically range from 1/2 hour to two hours. They can be scheduled as an in-person appointment at our clinic; as a virtual appointment; or as a phone consultation.

Virtual Appointments

Virtual appointments are available upon request and require appropriate scheduling. They can be scheduled as a New Patient or Follow-Up appointment.

Virtual appointments will be charged at the practitioner hourly rate plus 0.1 hours for administrative time. Payment will be requested in advance by credit card or check.

Phone Consultations

Phone consultations are available upon request and require appropriate scheduling. They are typically scheduled as a Follow-Up appointment.

Phone consultations will be charged at the practitioner hourly rate plus 0.1 hours for

administrative time. Payment will be requested in advance by credit card or check.

Overall

Our responsibilities for medical consultation are no different than from any other medical clinic. Phone calls and emails, unless otherwise specified, are not a substitute for appropriate clinic follow-up.

We encourage follow-up in a timely fashion based on our suggested schedule. If this is not possible, this may preclude our capacity to consult with you.

Changes in treatment plans requiring documentation will be done only by in-person appointment or phone consultation and/or patient portal messaging.

We strongly recommend that all patients adhere to the recommended follow-up appointment plan. If circumstances have prevented Follow-Up appointments for more than three months past the recommended time, another Follow-Up appointment will be required before any additional refills or medical orders can be authorized.

Cancelations

We strive to be flexible and to be of the greatest service to you. Therefore, all New Patient appointments are blocked for 2-3 hours with flexibility to extend to four hours, if necessary.

For this reason, all new patients who fail to cancel **within two, full business days** will be charged for a 1-1/2 hour appointment. This fee is non-refundable.

Patients who repeatedly fail to appropriately cancel appointments will be required to pay in advance for subsequent appointments.

Insurance

Minnesota Personalized Medicine is a private, independent, “micro”-medical practice. Therefore, we do not participate in any insurance programs.

While we are considered out-of-network, all patients will receive a superbill at the end of their appointment which can be submitted to insurance for consideration of partial reimbursement.

Medicare

Minnesota Personalized Medicine does not participate in Medicare.

All Medicare patients are required to review and sign a separate, private contract before

being seen. If you are a new Medicare patient, be prepared to review and sign this prior to your New Patient appointment. This is to document compliance with Federal Medicare law.

Laboratory Tests

Lab tests may be covered by insurance or paid for using a health savings account (HSA).

We use Quest Diagnostics for many lab tests.

For specialty lab tests, we use a variety of labs that may or may not be covered by insurance.

Please contact your insurance company directly with specific coverage questions.

Payment

When you schedule your appointment, we will request a credit card to keep in our secure, HIPAA-compliant database in order to hold the appointment. No charges will be applied to your credit card unless you miss or cancel an appointment without following our cancellation guidelines.

Payment for services will be due at the time of service unless otherwise noted.

A complete price list of services is available under *Pricing Transparency*.

While American Express, Visa and MasterCard are accepted, checks are preferred.

Pricing Transparency

All registered patients at Minnesota Personalized Medicine can purchase the following services.

Practitioner Rates

Gregory A. Plotnikoff, MD, MTS, FACP – \$480 per billable hour

Tara Doyle, MD, FAIHM, ABOIM, ABIHM – \$450 per billable hour

Appointments

New Patient Appointments – Based on practitioner hourly rate and include assessments and a co-created action plan. Typically require 2-4 hours of time depending on the case’s complexity and the amount of preparation needed. Includes medical record review and face-to-face time with one of our practitioners. Can be scheduled as an in-person appointment at our clinic; as a virtual appointment; or as a phone consultation.

Follow-Up Appointments – Based on practitioner hourly rate and scheduled in accordance with complexity and time required. Typically range from 1/2 hour to two hours. Can be scheduled as an in-person appointment at our clinic; as a virtual appointment; or as a phone consultation.

Virtual Appointments – Based on practitioner hourly rate plus 0.1 hours for administrative time. Payment will be requested in advance by credit card or check. Can be scheduled as a New Patient or Follow-Up appointment.

Phone Consultations – Based on practitioner hourly rate plus 0.1 hours for administrative time. Payment will be requested in advance by credit card or check. Typically scheduled as a Follow-Up appointment.

Cancelations All new patients who fail to cancel within two, full business days will be charged for a 1-1/2 hour appointment. This fee is non-refundable. Patients who repeatedly fail to appropriately cancel appointments will be required to pay in advance for subsequent appointments.

Lab Services Blood Draw/Phlebotomist Services (Includes administrative fee) – \$75
 IV Infusion Therapies – Ranging from \$60-855
 Lab Order Send Out Fee – \$25 per order
 PRP Treatment – \$875 (Single treatment)
 Test Kit Administrative Fee – \$25 per kit

Medical Records Medical Records Release – Free to health practitioners & insurance; Free to patient via OnPatient portal or \$10 per mailing (Applies to clinical notes, lab results, etc.)
 Medical Records Review – Per practitioner billable hour

Miscellaneous Credit Card Reprocessing Fee – \$20
 Authorizations, letters of medical necessity, etc. – \$50+ based on complexity
 Outside Prescription Management – \$25 one-time fee
 Supplements – Sold at approx. 25% off retail pricing

Pricing effective 12/18/20

Documentation

Paperwork will be completed upon request at the time of your appointment when possible. (i.e. Authorizations, letters of medical necessity, etc.) There will be a charge of \$50 per report or more based on complexity if the reports are required outside of appointment times.

The fee for more complicated reports will be based on the practitioner hourly rate. There may be charges for review of past medical records if they are more complex.

If there is a change in prescription or treatment plan requiring documentation in the patient's chart, there will be a minimum \$25 charge or the customary hourly charge for more complex consultations.

Supplements

We often recommend supplements, vitamins, amino acids or other substances for therapeutic or preventive purposes. These may sometimes be administered by IV infusion.

We do not profit from in-clinic sales of any supplements.

We offer direct access to a limited number of supplements at the clinic. We only sell the highest quality supplements. All supplements are sold at approximately 25% off retail pricing.

We also established an affiliate relationship with Fullscript.com and Wellevate.me where our patients can order the supplements that we recommended.

All proceeds from online sales support the clinic's research and publication mission.

We encourage all patients to purchase recommended supplements from the vendor of their choice. There is no obligation to purchase them at our clinic or through our online partners. However, many supplements may be found in lower quality versions elsewhere. Therefore, we strongly encourage verifying the quality before buying from another vendor.

Please comparison shop for the best prices. If you find the same products are available for a lower price, please let us know. We will share this information with other patients.

Miscellaneous

Fees for clinic seminars and forums will vary based on the specific venue and topic.

Privacy

Your privacy is the utmost importance to us.

As at all medical clinics, Minnesota Personalized Medicine will ask that you acknowledge that you have read and reviewed the government's Notification of Privacy Policies. These will be provided for you at your New Patient appointment.

Minnesota Personalized Medicine has gone to great lengths to protect your medical privacy. This includes a thorough and ongoing review of our information technology (IT) infrastructure by Bayon IT Health Consultants.

The clinic is Ethernet-based and password-protected with appropriate firewalls. All written documentation and any documents with patient information are shredded immediately after their necessary use.

The clinic also has multiple physical locks and an alarm system. The building itself is locked after 7 PM and on weekends.

The patient portal access to our electronic medical record database is completely HIPAA-compliant. We request that all patient communication take place through the patient portal rather than by email or voicemail. However, we do welcome phone calls during clinic hours.

Please note that we do not release any information to any other party without your explicit written permission. We also do not provide any medical details about your care over the phone without you providing a password established at your first appointment.

We will provide printed copies of your information only in-person in the clinic. All patients will have access to their medical information via our password-protected patient portal.

Communication

We encourage the use of our HIPAA-compliant patient portal, OnPatient, for messaging rather than routine email. Routine email is not HIPAA-compliant and, therefore, makes us subject to hefty federal fines.

A link to our patient portal can be found in the top, right corner of our website.

We generally only answer messages for registered patients. Simple inquiries sent by registered patients through our patient portal will be answered at no charge.

More complex documentation will be charged at \$25+ depending on time required. (e.g. Prescription changes, treatment plan changes, medical needs, services &/or exemptions, etc.) Details are available under *Pricing Transparency*.

Clinic Environment

At Minnesota Personalized Medicine, we strive to be a safe environment in every sense of the word.

The clinic space consists of minimal VOC-emitting materials and is served by a NASA-designed air purifier similar to that used in the space shuttle. There is no WiFi internet service in the clinic. We are also committed to using non-toxic cleaning products and to optimizing recyclable/reusable products.

We strive to be a scent-safe environment.

We ask that all patients and family members refrain from the use of perfumes or other scented products when visiting the clinic. These can adversely affect the health of our patients with allergies or chemical sensitivities.

I acknowledge that I have read and understand the above policies.

Patient Printed Name

Patient Date of Birth (mm/dd/yyyy)

Signed (Patient or Legal Representative)

Date

Legal Representative's Relationship to Patient

**WELCOME PACKET
PART 3: Your Health Information**

Full Name _____

Date of Birth _____ / _____ / _____

Mailing Address _____

Preferred Email Address _____

Home Phone Number _____

Cell Phone Number _____

Preferred Pharmacy Name/Phone _____

How did you hear about us? _____

Your Current Health Team (Please add more as appropriate):

	<u>Name</u>	<u>City</u>	<u>Role</u>	<u>Frequency seen in past 6 months</u>
1.				
2.				
3.				
4.				
5.				

Who else is on your health team? (i.e. Friends, non-health professionals, etc.)

To help us address your concerns, please provide a short synopsis of your health challenges. (Use additional space, as needed.)

Personal History

Please share your current medical diagnoses:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Please also share your previous medical diagnoses (now resolved):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Please list all surgeries you have had including type of surgery and year:

Surgery _____ Year

- 1.
- 2.
- 3.
- 4.

Have you ever required a blood transfusion or blood product transfusion? If yes, please explain.

Have you ever had a reaction to anesthesia? If yes, please explain.

Please list all known medical allergies:

Medication _____ Reaction _____ Year

- 1.
- 2.
- 3.
- 4.

Please list all known environmental allergies:

Allergen _____ Reaction _____ Year

- 1.
- 2.
- 3.
- 4.

At what time of year (or season) are your allergic symptoms the worst?
(If there is no difference between seasons, please specify NONE.)

Please list all known exposure to environmental toxins: (i.e. Molds, heavy metals, etc.)

- 1.
- 2.
- 3.
- 4.

As you feel comfortable, please share if you have experienced physical, emotional or spiritual trauma:

Family History

<u>Relation</u>	<u>Age</u>	<u>Living (Y/N)</u>	<u>Medical Conditions</u>
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Mother

Father

Siblings

Children

Maternal Grandmother

Maternal Grandfather

Paternal Grandmother

Paternal Grandfather

Any family members with unusual, disabling or unexplained symptoms?

Current Life Experience

Who currently lives with you? (i.e. People, pets, etc.)

Do you feel safe in your home?

Please list your favorite foods:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list your most commonly eaten foods for:

Breakfast

Lunch

Dinner

Please list any known food intolerances:

	<u>Food</u>	<u>Reaction or Symptoms</u>
1.		
2.		
3.		
4.		

How many servings of caffeinated beverages do you consume in a day? (i.e. Coffee, tea, energy drinks, soda, etc.)

	<u>Type</u>	<u>Time of day</u>
1.		
2.		
3.		
4.		

Are you a current or former smoker? If a former smoker, when did you start/stop?

Does anyone smoke in your home?

How many servings of alcohol do you drink in a week?

How much soda do you drink in a week?

How much water do you consume in an average day?

Source of water:

Please provide the following information for any medications you take:

	<u>Name</u>	<u>Dose</u>	<u>Frequency</u>	<u>Helpful for...</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please provide the following information for any supplements you take:

	<u>Name</u>	<u>Dose</u>	<u>Frequency</u>	<u>Helpful for...</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Do you use any other non-prescription substances? If yes, what are they and how often are they taken?

**WELCOME PACKET
PART 4: Your Current Symptoms**

Please X or circle all that apply this month:

Head

Headaches
Faintness
Dizziness
Tender scalp
Unexplained hair loss
Twitching of face or eyes
Facial muscle paralysis
Other (Please list)

Ears

Itching
Discharge
Hearing loss
Ringing
Other (Please list)

Eyes

Blurred vision
Double vision
Seeing flashing lights
Watery or itchy eyes
Discharge
Swollen or reddened eyelids
Bags or circles under eyes
Other (Please list)

Nose

Sinus pain
Stuffy nose
Hay fever
Sneezing attacks
Excessive mucus
Nosebleeds
Loss of sense of smell
Unusual odors
Other (Please list)

Mouth & Throat

Gum problems
Soreness
Hoarseness
Frequent need to clear throat
Swollen tongue or lips
Canker sores
Loss of sense of taste
Other (Please list)

Dental

Cavities
Fillings
Braces
Root canals
Crowns
Bridges
Dentures
Teeth grinding
Jaw trauma
Jaws make noise
Jaws feel tired
Jaw gets stuck
Pain with opening wide
Pain in front of ears
Jaw symptoms/headaches upon waking
Dental trauma
Wisdom teeth removal
Sensitive teeth
Painful teeth with:
 Hot foods or liquids
 Cold foods or liquids
 Sours or sweets
Avoid brushing due to pain
Difficulty chewing food
Chewing on one side of mouth only
Gums bleed easily
Swollen or tender gums
Slow healing sores in mouth
Other (Please list)

Neck

Pain or stiffness
Difficulty swallowing
Lumps in neck
Sore throat
Swollen glands
Goiter
Other (Please list)

Lungs

Cough
Nighttime coughing
Coughing up blood
Wheezing
Difficulty breathing
Pain in breathing
Shortness of breath when lying down
Chest congestion
Asthma
Current or previous smoker
Other (Please list)

Heart

Irregular or skipped heartbeats
Rapid heartbeat
Slow heartbeat
Pounding heartbeat
Chest pain
Other (Please list)

Blood

Easy bleeding
Anemia
Other (Please list)

Musculoskeletal

Joint pains
Stiffness or limitation of movement
Muscle pains
Muscle weakness or tiredness
Swollen joint(s)
Muscle cramps
Other (Please list)

Gastrointestinal

Crave sweets during the day
Get lightheaded if meals are missed
Eating relieves fatigue
Eating worsens fatigue
Greasy or high fat foods cause distress
Bad breath despite good dental hygiene
Difficulty swallowing
Burping, belching or hiccupping
Reflux or heartburn
Poor appetite
Excessive hunger
Easily full
Nausea
Vomiting
Abdominal pain/cramping
Bloating
Difficulty digesting fruits and vegetables
(Undigested foods found in stool)
Blood in stools
Use laxatives frequently
Constipation
Diarrhea
Gas production (frequent? bothersome?
noticeable?)
Other (Please list)

Urinary

Frequent urination
Painful urination
Irritable bladder
Bladder dysfunction
Decreased flow
Urgency
Inability to hold urine
Other (Please list)

Immune

Reactions to immunizations
Chronically swollen glands
Slow wound healing
Chronic infections
Chronic fatigue syndrome
Other (Please list)

Menstrual (*Women Only*)

Heavy flow
Light or scanty flow
Unpredictable periods
Bleeding between periods
Clotting
Painful cramping
Vaginal burning, itching, dryness
Painful intercourse
Discharge
PMS
Unexplained breast milk production
Breast pain
Other (Please list)

Mind

Poor memory
Poor concentration
Confusion
Difficulty making decisions
Learning disabilities
Restless mind
Word searching
Word loss
Forgetfulness
Nightmares
Troubling repetitive thoughts or behaviors
Other (Please list)

Emotions

Loss or grief
Loneliness or social isolation
Mood swings
Anxiety, nervousness
Fears
Panic attacks
Anger, irritability, aggressiveness
Depression
Impulsivity
Worry/rumination
Seasonal Mood Disorder (SAD)
Post-Traumatic Stress (PTSD)
Helpless/worthless

Emotions (Continued)

Religious or spiritual concerns
Compulsive
Other (Please list)

Endocrine

Hypoglycemia
Difficulty losing weight
Difficulty gaining weight
Lose weight easily
Gain weight easily
Cold intolerance
Cold hands and/or feet
Increased thirst
Hot flashes
Thinning of hair on scalp, face or genitals
Excessive hair loss
Night sweats
Decreased sexual desire
Other (Please list)

Skin

Eczema
Hives
Rashes
Boils
Dryness of skin or scalp
Itching
Rashes
Acne
Rosacea
Easy bruising
Changes in skin color
Lumps or bumps on skin
Changes in nails
Stretch marks
Hair loss
Spider bite(s)
Insect bite(s)
Tick bite(s)
Other (Please list)

Neurologic

Seizures

Loss of memory

Vertigo or dizziness

Paralysis

Numbing or tingling

Loss of balance

Easily stressed

Burning or stabbing sensations

Motion sickness

Tremors

Other (Please list)

What other questions do you wish we had asked?

WELCOME PACKET

PART 5: Your Medical Headlines

Describe your mother's pregnancy, labor and delivery of you

(For example: Early or late birth, cesarean section, complications, siblings, birth order, mother's health, breastfed or bottle-fed, etc.)

Describe your health in Infancy

(For example: Colic, food intolerance, constipation or diarrhea, growth, antibiotics, illnesses, etc.)

Describe your health in Grade School

(For example: Food intolerance, significant school absences, doctor visits, ER visits, hospitalizations, etc.)

Describe your health in Junior High/High School

NOTE: For women, please describe any menstrual concerns at this time

(For example: Significant school absences, doctor visits, ER visits, hospitalizations, substance abuse, disordered eating, sleep issues, concentration challenges, medications, etc.)

Describe your health in College/Post-High School

(For example: Significant school/work absences, doctor visits, ER visits, hospitalizations, substance abuse, disordered eating, sleep issues, concentration challenges, medications, etc.)

Describe your health in your 20s

NOTE: For women, please describe any fertility or pregnancy concerns

(For example: Significant school/work absences, ER visits, hospitalizations, substance abuse, disordered eating, sleep issues, concentration challenges, medications, illnesses, etc.)

Describe your health in your 30s

NOTE: For women, please describe any fertility or pregnancy concerns

(For example: Significant work absences, ER visits, hospitalizations, substance abuse, concentration challenges, medications, illnesses, etc.)

Describe your health in your 40s

NOTE: For women, please describe any fertility, pregnancy or menopausal concerns

(For example: Significant work absences, ER visits, hospitalizations, substance abuse, concentration challenges, medications, illnesses, etc.)

Describe your health in your 50s

NOTE: For women, please describe any menopausal concerns

(For example: Significant work absences, ER visits, hospitalizations, substance abuse, concentration challenges, medications, illnesses, etc.)

Describe your health in your 60s

NOTE: For women, please describe any menopausal concerns

(For example: significant work absences, ER visits, hospitalizations, substance abuse, concentration challenges, medications, illnesses, etc.)

Describe your health in your 70s

(For example: ER visits, hospitalizations, substance abuse, concentration challenges, medications, illnesses, etc.)

Describe your health in your 80s and Older

(For example: ER visits, hospitalizations, substance abuse, concentration challenges, medications, illnesses, etc.)