

Dr. Steve Rosman, DC, PhD, CFMP

Rosman Whole Person Health Care
Wellness Consents and Authorization

General Consent:

I understand, have read and fully completed all health questions asked by Dr. Steve Rosman,DC, PhD, CFMP truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that your practice does not diagnose or treat my medical conditions. I am seeking out help to identify my predictive risk factors that can increase my chance of chronic disease or to identify underlying dysfunction that may be contributing to current health conditions. I understand that by identifying my risk factors and/or contributing causes, your practice will then recommend targeted lifestyle support that may include but not be limited to: detoxification, nutrition, supplementation, stress reduction, meditation, therapeutic exercise, natural treatments such as acupuncture, chiropractic, neurofeedback, biofeedback, behavior modification, sleep modulation and any other necessary supportive service or action that if acted upon, can help me reduce my risk of disease, improve function and enhance my health outcomes.

Commitment to Health

I hereby state that I am seeking information, insight, answers and health coaching support in understanding how to move beyond limiting symptoms, sickness and disease so I can reduce my risk factors associated to disease. It is my desire to learn how to improve function and enhance my health outcomes so I can regain a more vital state of health and wellbeing.

I am choosing to seek this help and coaching support from Dr. Steven Rosman, DC, PhD, CFMP. I understand that his role is as my health coach so I can understand how to optimize my function, not in treating or managing disease. To this extent, I commit to following the care and recommendations given to me so I can be as successful as possible in enhancing my health.

Consent to obtain medical records:

I hereby authorize Dr. Steve Rosman,DC, PhD, CFMP to obtain medical records from any other physician or medical facility necessary in the course of my treatment. -----

Consent to release medical information and/or records:

I hereby authorize Dr. Steve Rosman, DC, PhD, CFMP to release my medical records to other physicians or medical facilities necessary in the course of my treatment. I now hold harmless other physicians or medical facilities from any and all claims resulting from this release. -----

Authorizations

I give permission to Dr. Steve Rosman, DC, PhD, CFMP to use my address, email address and phone numbers to contact me with appointment reminders missed appointment notifications, birthday cards holiday related cards, information about treatment alternatives, newsletters, discount specials, testimonials or other health related information. -----

Lifestyle & Nutrition disclaimer

I understand that Dr. Steve Rosman, DC, PhD, CFMP and the team at Rosman Whole Person Healthcare will coach me as appropriate or needed on lifestyle and nutrition as it pertains to improving my health and function. I understand the lifestyle support that may include but not be limited to: detoxification, nutrition, supplementation, stress reduction, meditation, therapeutic exercise, natural treatments such as acupuncture, chiropractic, neurofeedback, biofeedback, behavior modification, sleep modulation and any other necessary supportive service or action to aid me in optimizing my health. I understand that nutritional or supplement suggestions made are for educational purposes only. Supplements are not intended to diagnose treat cure or prevent any disease but rather are used to support and enhance any deficiencies for optimized function.

Consent for phone and video conferencing sessions

I consent to engage in telehealth (e.g., internet or telephone based consultations) with Dr. Steven Rosman, DC, PhD, CFMP. I understand that to establish a doctor/patient relationship, I must see him in-person in his office. I understand that if I do not see him in-person in his office, there will not be a doctor/patient relationship between us. For this reason, I consent to telehealth coaching where, instead, his communications with me will be as my health coach for health educational and coaching purposes only. I understand he will not treat or diagnose but rather support improved health outcomes through targeted lifestyle information, education, coaching and recommendations.

Consent to Cash Pay

I understand that insurance is not accepted in this practice as the functional wellness services are not covered by traditional insurance policies. I see and value my health as my highest investment and understand that to achieve health I will need to seek support beyond my insurance provider. I am committed to my health and agree to pay in full for all services at the time delivered.

Acknowledgment of privacy rights

I know that Dr. Steve Rosman, DC, PhD, CFMP has made available to me the notice of privacy practices and individual rights. I know that I have read the above I'm

giving my consent to the above and am acknowledging that I have been informed of my rights to privacy.

Patient: _____

Date: