PRACTICE POLICIES, CONSENT TO TREATMENT, AND HIPAA PRIVACY 2026

Welcome to Larrea Naturopathic Medicine! We look forward to partnering with you in your healthcare journey. This document contains our office policies, HIPAA privacy notice, treatment consent, and arbitration agreement. Please read carefully, and sign where indicated.

SECTION 1: COMMUNICATION & APPOINTMENT POLICIES

Communication Authorization

The Doctor or staff may contact me via telephone and/or text message and leave a message that may contain appointment or medical information if I am not available.

Phone Communication Policy

Please note that our front office staff may occasionally be unavailable to answer calls immediately due to assisting patients at checkout or handling other phone calls. If you are unable to reach us directly, please leave a detailed voicemail message and/or send a text message to (520) 222-6208. As a small practice, we are committed to providing personalized attention to each patient, which may result in brief delays in answering incoming calls. We will return your call or respond to your message promptly during regular business hours.

CHARM Patient Portal Policy | Our HIPAA-protected patient portal allows for brief clarifications and simple updates that don't require appointments.

CHARM messages are meant for non-urgent communication, and may take 3+ business days to receive a response, which will occur during normal business hours. Dr. Tecaya prefers messages go to staff rather than directly to her, since she may not check messages daily. CHARM messages are answered by a Larrea support staff member, and will not be used to render medical treatment.

Email Communication Consent and Risk Acknowledgment

I understand that email communication is not secure and poses potential risks to my privacy and confidentiality, including unauthorized access, interception, and forwarding by third parties. By choosing to communicate via email instead of the secure patient portal, I voluntarily assume these risks and consent to receive healthcare-related information via email, including appointment reminders, test results, and other protected health information as necessary for my care. I acknowledge that Larrea Naturopathic Medicine cannot guarantee the security of email communications and that I may withdraw this consent at any time by providing written notice, though withdrawal will not affect prior communications. If you choose to communicate by email, please use **info@tecayahealth.com** for a prompt reply.

Appointments | Consultations

Your initial visit will include a 90-minute consultation with Dr. Kam Tecaya, NMD. Nutritional therapy and laboratory/diagnostic testing are integral components of your treatment plan. Test results are used to design your personal health care program as well as uncover the root causes of your medical condition. Nutritional supplements, homeopathics, etc. are often recommended, and we will help you select and find the highest quality products.

After-Hours Policy

Dr. Tecaya is not available for on-call services and does not respond to communications during non-business hours.

For Medical Emergencies: Call 911 immediately or go to your nearest Emergency Room or urgent care.

For Non-Urgent Questions: Please call during regular business hours (Tuesday–Friday, 9:00 AM to 4:00 PM) to schedule an appointment or speak with our staff.

Appointment Fee Structure

- $100 non-refundable deposit at the time of scheduling, which goes toward your new patient visit
- Initial New Patient Consultation (90 min.): $435
- Standard Follow-up (up to 30 min.): $175
- Extended Follow-up (up to 45 min.): $230
- Comprehensive Follow-up (up to 60 min.): $310
- Email Correspondence: starting at $20 | Bridge/Holdover Fee: $85 | Acute Rx Fee: $65
- Document Preparation Fee: starting at $50

When Appointments Are Required

An appointment will be required for:

- Acute or urgent health concerns
- New or re-emerging symptoms requiring evaluation
- Changes to current treatment plans
- Lab or imaging reviews
- New prescriptions
- New medical questions
- Medical opinions or second opinions

Medical Records

Medical records can only be released with your authorization. It is your responsibility to obtain previous medical records from other physicians or health care providers that you wish Dr. Tecaya to review. Please contact your physician or other health care provider to obtain these records for your initial appointment. Our fax number is 866-569-0546.

Office Hours | OUR OFFICE IS CLOSED SATURDAY, SUNDAY, AND MONDAY | (CLOSED FOR LUNCH 12–1)

Our office hours are Tuesday through Friday, 9 AM–4 PM. If you are going to stop by the office to pick up supplements, we ask that you kindly email your order to us at info@tecayahealth.com or call/text 520-222-6208 prior to your visit (to ensure items are in stock).

PLEASE NOTE: WE ARE A FRAGRANCE-FREE OFFICE

To better serve all our patients and staff, we maintain a fragrance-free office. This policy helps us accommodate individuals who may have sensitivities or health conditions that are triggered by scented products. We appreciate your cooperation in avoiding perfumes, colognes, scented personal care products, and clothing washed with fragranced laundry products during your visit.

Form Completion Policy

Dr. Tecaya does not complete disability forms, insurance forms, workers' compensation forms, or similar documentation. All other form requests will be evaluated at Dr. Tecaya's discretion on a case-by-case basis. Forms that are approved for completion are subject to a documentation fee starting at $50, which must be paid at the time of request.

Patients requiring completion of disability, insurance, or workers' compensation forms should contact the appropriate agencies or seek assistance from other qualified medical professionals who provide these services.

Family Member Information

By law, medical questions about family members who are not patients cannot be answered. For current patients who are family members, a HIPAA release form is required.

Appointment & Cancellation Policy

- 48+ hours notice: No charge
- 24–48 hours notice: $100 fee
- Same-day/no-show: Up to 100% of visit fee
- Multiple cancellations may require prepayment
- We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in these instances may be waived, but only with managerial approval.
- **While we offer you the courtesy of a reminder call, text, or email, it is your responsibility to remember your scheduled appointment time. Non-receipt of a reminder is not an excuse for a missed appointment.**

Website | Social Media

Information about Larrea Naturopathic Medicine is available through our website: www.tecayahealth.com. You can also follow us on Facebook and Instagram: Facebook – @LarreaNaturopathicMedicine | Instagram – @LarreaNaturopathicMedicine

SECTION 2: FINANCIAL POLICIES

Payment Requirements | Credit Card Authorization

- All patients must maintain a current credit card on file
- Payment is due at time of service
- All services are fee-for-service and non-refundable
- Outstanding balances must be resolved before additional services can be provided
- Our office accepts cash, checks, credit cards (MasterCard, Visa, Discover), and HSA/FSA for services rendered.
- I authorize Dr. Kam Tecaya, NMD and Larrea Naturopathic Medicine to charge my card for visit fees, cancellation fees, and service-related charges.

SECTION 3: LABORATORY & PRESCRIPTION POLICIES

Laboratory Policies – I acknowledge that:

- Lab costs ordered by NMDs are generally not covered by Medicare, Medicaid, Tricare, and most insurance plans
- I may receive separate bills from laboratories and external providers
- If insurance billing rates exceed direct billing rates, no refunds will be provided
- If insurance claims are rejected, I accept full financial responsibility
- My decision to use insurance billing is final and cannot be reversed

PRESCRIPTION MANAGEMENT POLICY

Processing Guidelines

We are a small but dedicated team caring for a community of over 600 patients. Your health is our priority, and these guidelines exist to help us serve you — and every patient in our care — with the attention and accuracy you deserve. To ensure timely processing of all prescription requests, please note the following:

- **Processing Time: Allow 48–72 hours for all prescription requests** — both refills and new prescriptions — during regular business hours. For refills, this window begins once we receive the fax from your pharmacy. For new prescriptions, processing begins following your appointment.
- **Planning Ahead:** Request refills before your medication supply runs out, and anticipate that new prescriptions will not be transmitted to your pharmacy immediately following your visit. Last-minute requests may result in delays that could interrupt your treatment.
- **Pharmacy Coordination:** Please ensure your preferred pharmacy name, location, and phone number are on file with our office prior to your appointment to avoid delays in transmission.

- **Office Schedule:** Our clinic is closed on Mondays, and our medical assistant is not available on Thursdays, which may extend processing times for requests received on or around these days.
- **No Same-Day Service:** Same-day processing is not available for refills or new prescriptions under any circumstances, with the exception of acute emergencies. All requests require our standard 48–72 hour processing window.
- **Controlled Substances:** New controlled substance prescriptions may require additional review and authorization and could take longer than the standard processing window.

Prescription Renewal Requirements

To maintain any ongoing prescription, patients must complete required bloodwork and attend standard follow-up appointments as outlined below. This is a non-negotiable requirement for safe, ongoing care.

- Testosterone prescriptions require testing and follow-up visits **every 6 months by law.**
- All other hormone prescriptions require bloodwork and follow-up visits typically one year from your last visit.
- All other ongoing prescriptions are typically valid for one year from your last visit, with bloodwork and follow-up as clinically indicated.
- Prescriptions cannot be renewed without appointments if your condition has changed or if visits are overdue.

Patient Responsibilities

While we offer you the courtesy of a reminder call, text, or email, it is ultimately your responsibility to track and schedule appointments for blood draws and follow-up visits for prescription renewals/refills. Non-receipt of a reminder does not excuse missed appointments.

- Schedule laboratory work and your follow-up appointment **at least two weeks prior to running out** of your current prescription.
- Ensure timely completion of required labs **at least two weeks** before your scheduled appointment.
- Maintain consistent compliance with monitoring protocols.

Partial Fill Policy

If you cannot complete required labs in a timely manner, we will issue a **one-time** partial fill of your prescription to ensure continuity of care. This accommodation will only be provided **ONCE**, regardless of circumstances, as part of our commitment to safe prescribing practices.

Important Notice: Failure to meet these requirements—including completing labs and a follow-up visit after receiving a partial fill—will result in discontinuation of prescriptions and may result in termination of care at our practice. We cannot provide refills or extensions without current lab results and a documented clinical assessment.

The safety and effectiveness of prescription therapy depends on regular monitoring. These requirements are in place to protect your health and ensure responsible prescribing practices.

Professional Conduct Requirement

We are committed to providing compassionate, quality care in a respectful environment for all patients and staff. We will not tolerate raised voices, yelling at staff members, or disrespectful behavior—particularly when such behavior stems from a patient's lack of planning or failure to follow our clearly outlined policies. Any such conduct will result in immediate termination of care from this practice. We expect all patients to treat our team with the same courtesy and professionalism that we extend to you.

SECTION 4: RETURN & REFUND POLICIES

Non-Returnable Items

Special orders, custom tinctures, treatment packages, sale items, and services (labs, injections, IVs) cannot be returned.

Supplement Returns

30-day return policy for supplements:

- Must be unused in original condition with receipt
- Customer pays return shipping
- Opened supplements may only be returned in extenuating circumstances for a maximum 50% account credit

SECTION 5: INFORMED CONSENT FOR NATUROPATHIC CARE

Treatment Methods You May Receive

Physical Assessments & Diagnostics:

- Physical examinations (general, musculoskeletal, cardiovascular, neurological)
- Laboratory tests (blood, urine, stool, saliva)
- Diagnostic imaging

Therapeutic Treatments:

- Physiotherapy (acupuncture)
- Nutritional therapy (diet plans, supplements, IV infusions, vitamin injections)
- Trigger point injection therapy
- Botanical/herbal medicines (teas, pills, tinctures, creams)
- Homeopathic remedies
- PRP and Prolotherapy
- Ozone therapy
- Prescription medications (per Arizona Board formulary)

Potential Benefits

- Restoration of optimal body function
- Pain and symptom relief
- Injury and disease recovery assistance
- Disease prevention

Potential Risks

Minor: Pain, discomfort, bruising, skin reactions, itching.
Serious: Loss of consciousness, deep tissue injury, pneumothorax, allergic reactions, soft tissue/bone injury, symptom aggravation.

Special Notices

- Pregnant patients must inform provider of confirmed or suspected pregnancy due to potential therapy risks.
- Medical conditions: Patients with bleeding disorders, pacemakers, or cancer must alert providers for safety.
- I understand the FDA has not approved nutritional/herbal/homeopathic substances, though they are widely used globally.
- I understand naturopathic doctors provide lifestyle support but are not psychologists/psychiatrists.

Consent to Treat – IV Infusions, Vitamin Injections, Ozone Therapy, PRP, Prolotherapy, and GLP-1 Medications

I acknowledge and consent to receiving treatment(s) which may include intravenous (IV) infusions, vitamin injections, ozone therapy, platelet-rich plasma (PRP) therapy, prolotherapy, and/or GLP-1 medications as recommended by my healthcare provider. I understand that these treatments carry potential risks, benefits, and alternatives, and that no guarantee of cure or improvement has been made. I acknowledge that detailed information packets specific to each treatment will be provided to me at the time of service, which I agree to review thoroughly before proceeding with any procedure. I understand that I have the right to ask questions about my treatment at any time and may withdraw my

consent before or during treatment. I voluntarily consent to these treatments and acknowledge that I have been given the opportunity to discuss any concerns with my healthcare provider. I confirm that I understand the nature of these treatments and consent to their administration as deemed appropriate by my healthcare team.

AI Scribe Notice

I understand Dr. Tecaya uses an AI scribe to format notes into bullet points, allowing her to be more present during appointments. The AI is not connected to patient charts and does not know patient details. I must remind her at the beginning of each appointment if I prefer she not use this technology.

Consent for Care

I consent to evaluation, testing, and treatment as described above.

- I understand this consent remains effective until revoked in writing.
- I understand I may discontinue services at any time and there is no guarantee of treatment results.

SECTION 6: HIPAA PRIVACY NOTICE

Uses and Disclosures of Protected Health Information

- **Treatment:** We will use your information to provide, coordinate, and manage your healthcare, including coordination with third parties and sharing with referred physicians.
- **Payment:** Information may be used for payment processing and healthcare operations.
- **Healthcare Operations:** Information may be used for quality assessment, employee review, training, licensing requirements, appointment reminders, and calling your name in the waiting room.
- **Uses Required by Law:** We may disclose information without authorization for legal requirements, public health issues, communicable diseases, health oversight, abuse reporting, FDA requirements, legal proceedings, law enforcement, organ donation, research, military activity, workers' compensation, and inmate situations.

Your Rights

- Right to inspect and copy your protected health information
- Right to request restrictions on use or disclosure
- Right to confidential communications by alternative means or locations
- Right to accounting of disclosures
- Right to request amendments to your information
- Right to a paper copy of this notice

Complaints

- You may file complaints with us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.
- I acknowledge receiving this HIPAA Privacy Notice and understand my rights.

Acknowledgement

I voluntarily request a physician, or their designees as deemed necessary, to perform reasonable and necessary medical examination, testing, and treatment for the condition which has brought me to seek care at this practice. I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s).

I certify that I have read and fully understand the above statements regarding Larrea Naturopathic Medicine Treatment and Financial Policy and consent fully and voluntarily to its contents.

SIGNATURE 1 of 2 — Practice Policies, Consent to Treatment & HIPAA Acknowledgement (Sections 1–6)

Patient Name (please print)	Date of Birth
Patient Signature	Date
If signed by parent/guardian or legal representative: Printed Name & Relationship	Date

SECTION 7: ARBITRATION AGREEMENT

Arbitration Agreement Summary

Attached is an Arbitration Agreement that we respectfully ask you to sign. By doing so, we agree that any disputes related to the medical services you receive will be resolved through binding arbitration rather than in court.

Arbitration is a widely accepted and court-approved method of resolving disputes. It is typically faster, more private, and less costly than a traditional lawsuit. Both sides can still present evidence and call witnesses. Each party selects an arbitrator, and together they choose a neutral third arbitrator.

Signing this agreement does not take away your rights—it simply changes the forum where a dispute would be resolved. Arbitration helps avoid lengthy court processes and appeals, leading to quicker resolutions.

Our goal is to provide excellent medical care. Most issues can be resolved through good communication, so please reach out if you have questions about your care or the agreement.

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, including whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process, except as state and federal law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, as to whether this agreement is unconscionable, and any procedural disputes, will also be determined by submission to binding arbitration. It is the intention of the parties that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the health care provider, including any heirs or past, present or future spouse(s) of the patient in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the health care provider and/or other licensed health care providers, preceptors, or interns who now or in the future treat the patient while employed by, working or associated with or serving as a back-up for the health care provider, including those working at the health care provider's clinic or office or any other clinic or office whether signatories to this form or not. All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the health care provider, and/or the health care provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages. This agreement is intended to create an open book account unless and until revoked.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days, and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. The neutral arbitrator shall then be the sole arbitrator and shall decide the arbitration. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, witness fees, or other expenses incurred by a party for such party's own benefit.

Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the neutral arbitrator. The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder, any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of state and federal law, where applicable, establishing the right to introduce evidence of any amount payable as a benefit to the patient to the maximum extent permitted by law, limiting the right to recover non-economic losses, and the right to have a judgment for future damages conformed to periodic payments, shall apply to disputes within this Arbitration Agreement. The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

Article 4: General Provision: All claims based upon the same incident, transaction, or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the health care provider within 30 days of signature and, if not revoked, will govern all professional services received by the patient and all other disputes between the parties.

NOTICE: BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION, AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

SIGNATURE 2 of 2 — Arbitration Agreement (Section 7)

Patient Name (please print)	Date of Birth
Patient Signature	Date
If signed by parent/guardian or legal representative: Printed Name & Relationship	Date