

HELENE B. LEONETTI, MD, PA
DOCTOR-PATIENT AGREEMENT

We are about to embark on an exciting journey toward achieving and maintaining your vibrant health. I ask that you read, understand and agree with the following principles before taking the journey with me:

- I understand that Dr. Helene Leonetti will not replace my regular gynecological care;
- I understand that Dr. Leonetti uses her training as a board certified Obstetrician-Gynecologist to assist in my care, and will work generously with my other doctors and caregivers as needed;
- I understand that Dr. Leonetti does not accept medical insurance or third party payment, and that I will be expected to remit payment for services provided at the time of your visit;
- Our current medical system is based upon the diagnosis, treatment, and control of disease. My therapies, which may include natural hormones, herbs, and nutritional treatments, will most likely not be covered by my current medical insurance;
- I understand that the care I receive from Dr. Leonetti may be considered non-conventional as such services are commonly referred to as complementary alternative or holistic services. Dr. Leonetti practices an integrative approach to healing, and continually works as a bridge to more conventional therapies. Many of these services provided may not be recognized as standard medical practice. Holistic services have long been practiced, but still may be considered investigational or experimental.
- I have read, understand, and agree to accept any risks associated with these therapies.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

I permit my insurance company to access my chart: YES NO

AND I give permission to the following family member(s) to have information from my chart:

YES NO FAMILY MEMBER _____