



**Suanne Sikkema MS, CNS, LN**  
Nutrition and Integrative Health

### **Notice of Privacy Practices**

All patient information is handled under the HIPPA Privacy Act. The privacy of your medical information, as described in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Act, is important to Suanne Sikkema. As a client of Suanne Sikkema, a record of your care and services will be created. This record is required to provide you with quality care and to comply with certain legal requirements. Suanne Sikkema will not use or disclose your medical information for any purpose, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to Suanne Sikkema at the address below. Suanne Sikkema may use medical information about you to provide you with medical treatment or services and may disclose medical information about you to doctors, nurses, or other health care providers to assist them in treating you. Suanne Sikkema may use and disclose your medical information for payment purposes. A bill or receipt may be sent to you or a third-party payer. The information on or accompanying the bill or receipt may include your medical information.

Suanne Sikkema, 737 W 5<sup>th</sup> Ave, Suite 202, Anchorage, Alaska 99501

### **Nutrition and Services to Be Provided**

Suanne's goal is to help you achieve the highest state of health consistent with your own goals. Nutrition can serve as an excellent adjunct to a medical doctor's treatment, but are not a substitute for that treatment. Services offered as a part of this consultation may include education about nutrition, coaching, personalized whole foods and dietary recommendations, meal plans, lifestyle modifications, herbs and nutritional supplement recommendations, such as but not limited to vitamins, minerals, herbs, amino acids and fatty acids. As a part of Medical Nutrition Therapy, Suanne will perform a comprehensive nutrition assessment determining a nutrition diagnosis; plan and implement a nutrition intervention; and monitor and evaluate your progress.

### **Client Rights and Responsibilities**

It is your responsibility to fully disclose health information to Suanne Sikkema. As service progresses, inform her of changes that occur, including medication and health changes. You have the right to respectful, courteous care and can refuse to follow any or all recommendations provided as a result of this consultation. You have the right to choose another practitioner for any reason and to request that health information be disclosed to another practitioner or health care provider.

### **Fees and Charges**

Payment for the consultation is due at the time services are rendered. Except in emergency situations, you will be charged for missed appointments without 24 hours notice. The fee for missed appointments is \$100.00. Exceptions to the policy are made when a reasonable emergency arises. There is a returned check fee of \$50.00.

### Supplement Safety

The historical record and modern research indicate that herbs and supplements most often used for healthcare have a good safety record. Similarly, confirmed cases of herb, nutrient and drug interactions are rare. However, adverse events can occur after using any active substance, including allergic response. Therefore, it is imperative that you disclose to Suanne Sikkema: 1) all medications, supplements and herbs currently in use, 2) any liver or kidney disease (past or present), 3) any allergies, 4) if you plan to become pregnant or are currently pregnant or breastfeeding. It is important to stay within the dosage recommended. You are expected to inform your physicians of any nutritional supplement or herb use. Any suggestion that the effect of a drug is being altered by simultaneous use of an herb or nutritional supplement should be reported directly to all health professionals involved. It is also advisable to stop taking herbs and supplements 7 days before and after a surgical operation, and/or in the event of being prescribed a new medication.

### Communication

Suanne Sikkema uses Fullscript encrypted email service to deliver nutrition and herb recommendations after your consultation. This service is compliant with the HIPAA. However, the privacy and security of email communication to and from Suanne Sikkema between appointments cannot always be guaranteed secure and confidential. I agree that Suanne Sikkema shall not be liable for any breach of confidentiality that may result from the use of e-mail. I understand that e-mail should not be used for urgent matters and that I should contact 911 or visit the nearest emergency room if I am feeling unsafe or experiencing a life-threatening emergency. I understand that Suanne Sikkema may at times e-mail me information about resources that I can use as part of my treatment. I understand that all e-mail communications may be made part of my permanent medical record and would be accessible to anyone given access to those records. I also understand that I may withdraw permission for Suanne Sikkema to communicate with me via e-mail by notifying in writing. I hereby give permission for Suanne Sikkema to reply to my messages via e-mail, including any information that she deems appropriate, that would otherwise be considered confidential.

I permit Suanne Sikkema to leave telephone messages for me at the following locations:

Work phone    Home phone    Cell phone. **Please check your preference.**

### Informed Consent

I am solely responsible for the decision to consult Suanne Sikkema for Nutrition Counseling. I have reviewed this document, including safety of supplements, services to be provided, cancellation fees, email policies, my responsibilities as a client, and the Notice of Privacy Practices. I understand Suanne Sikkema is not a physician and therefore cannot diagnose or treat disease, or prescribe drugs. If I have not already done so, I agree to consult a medical doctor for any serious or life-threatening disease conditions, either for myself, or someone under my guardianship. I have had the opportunity to ask Suanne questions regarding the proposed services, this consent form, and other pertinent information and have received satisfactory explanations. I understand that I am free to discontinue service(s) at any time.

Client's Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_