

Patient Guide

Welcome to the California Center for Functional Medicine (CCFM). We are excited to be your partner and guide in your journey back to health.

CCFM is dedicated to providing a first-class patient experience with the highest level of functional and integrative medical care. We view our relationship with you as collaborative, and want you to play an active role in your healing process. We value your experience and opinions, and invite you to share them with us during your care. We will also make every effort to educate you about your treatment, and the specific recommendations we are making, at each step in the process.

Please read the material below to familiarize yourself with our policies and procedures, and initial and sign where indicated. If you have any questions, please don't hesitate to contact us at 510.849.6500 or submit a message through the EHR. We want to make this process as painless and stress-free as possible for you.

Working With Chris Kresser, M.S., L.Ac

THE INITIAL CONSULT

The first step in your work with Chris is a 30-minute Initial Consult **via phone or Skype**. During this appointment, a CCFM staff clinician will ask about your primary health concerns and any relevant history, and will then order the appropriate lab tests for your Case Review. The clinician will also answer any questions you have about working with Chris, being a patient at CCFM or the Case Review process.

At the conclusion of the Initial Consult, we will send you any lab requisitions or kits you will need, along with a detailed questionnaire to fill out prior to your Case Review consultation.

THE CASE REVIEW CONSULTATION

After completing the Initial Consult with one of our clinicians, the next step will be preparing for your Case Review consultation. This involves:

- Completing the Case Review intake paperwork you were sent after the Initial Consult, and then uploading it through your patient portal.
- Completing the lab tests that were ordered for you after your Initial Consult. Please contact us if you have any questions regarding how to complete these.

The Case Review consultation is a 60-minute appointment focused on discussing the underlying patterns identified in your lab work and your Case Review intake paperwork, making recommendations for further lab testing if necessary and providing you with an initial treatment plan. Chris will also answer any questions that you have regarding the diagnosis or treatment plan, or anything else related to your care. ****This appointment must take place in person at Chris' office in Berkeley, CA. We are unable to make exceptions.****

FOLLOW-UP APPOINTMENTS

Follow-up appointments are designed to address the underlying mechanisms that were identified during the Case Review process. They can take place in person, at Chris' Berkeley, CA office, or via phone or Skype.

Please review [this page](#) on our website for a full breakdown of current fees.

Consultation fees are billed to the card on file at the end of the appointment. If any labs or supplements were recommended during the appointment, you will receive an estimate via email within 24–48 hours of the appointment. We do not bill your card until you approve the estimate.

Please note that although we provide patients with the opportunity to purchase supplements through CCFM as a convenience, you are free to obtain them elsewhere if you wish. We do ask, however, that if you decide to buy them somewhere else, you purchase the specific brands that Chris recommended. This will ensure that you are receiving the full treatment that he proposed.

Procedure

Here is the sequence of events you will follow through the Case Review process, up to your first follow-up appointment.

1. You review and sign this document, as well as the attached Arbitration Agreement.
2. Upon receipt of your signed documents, we will send you an invitation to register for our Electronic Health Record (EHR) system.
3. Once you've registered for the EHR, we will send you a message through the EHR to schedule your 30-minute Initial Consult with one of our staff clinicians.
4. After your Initial Consult, presuming you decide to move forward with the Case Review, our office will contact you, again through the EHR, to book your 60-minute in-person consultation with Chris. This will typically be scheduled a minimum of 8 weeks after your Initial Consult to provide adequate time for us to receive your lab test results (some of the labs we work with take up to 6 weeks to process the results).
5. You submit your Case Review questionnaire documents, via the EHR, **at least three business days prior** to your Case Review consultation.
6. Upon completion of the Case Review consultation, you will be provided with an estimate for any additional lab work or treatments that Chris prescribed during the appointment.
7. You will schedule your first follow-up appointment (Chris will provide guidance on timing) via the EHR.

Billing Policies

PAYMENT POLICY

Payment is due when services are rendered. We do not send invoices to patients or insurance companies or coordinate with insurance companies on your behalf. We can, however, provide you with an itemized invoice, if you request it, so that you may work with your own insurance company for possible reimbursement.

CANCELLATION/REFUND POLICY

Consultations: If you cancel or reschedule at least 48 hours prior to your appointment, there is no charge. If you cancel or reschedule less than 48 hours prior to your appointment, or you miss your appointment without providing notice, you will be charged as follows:

- First occurrence: **50 percent of the appointment fee**
- Subsequent occurrences: **100 percent of the appointment fee**

Case Review: If you cancel or reschedule your Case Review at least 2 weeks prior to your appointment, there is no charge. (However, if possible, we prefer you to reschedule a minimum of 4 weeks in advance, so we can fill the slot with someone else). If you cancel or reschedule any time within the 2 week window prior to your appointment, or you miss your appointment without providing notice, you will be charged the full amount for the Case Review appointment. If you choose to reschedule your Case Review appointment, you will need to book a 60-minute appointment at Chris' current hourly rate.

Laboratory tests: We will refund the cost of any laboratory tests not performed to your credit card on file. We cannot refund lab tests after the lab has processed your results.

Supplements: Unopened supplements are eligible for a full refund, minus shipping costs. We cannot issue a refund for supplements that have been opened.

DECLINATION OF CREDIT CARDS

We will add a \$25.00 charge or 3% of the total invoice, whichever is greater, onto your account for each credit card declination.

Nature of Services Provided

Please note that CCFM does not function like a traditional doctor's office. It is best to consider Chris as a consultant that provides specific clinical services, rather than as a primary care provider.

We do not have a receptionist on staff to answer the phone (although we do return voicemail messages during specific hours each day), and our web-based Electronic Health Record is the primary means of communication.

We do not handle emergencies and it may take us up to 72 hours to respond to your inquiry. If you are not comfortable with this, CCFM will probably not be a good fit for you.

If you experience an emergency in connection with your treatment at CCFM, please call 911 or visit the nearest emergency room.

Insurance Responsibility and Claims Management

CCFM strongly recommends that all patients maintain health insurance coverage, but does not participate in insurance, health plans, or government payers, nor does it accept assignment from any other payer, including employers. The patient is responsible for all charges and fees incurred for treatment or services rendered, regardless of any insurance coverage. Insurance reimbursements vary significantly as to health care services, and CCFM makes no representations as to what services may or may not be covered under any insurance or health plan, or by any government payer, such as Medicare or Medicaid. CCFM will reasonably assist the patient, when feasible, with documentation for submission for possible reimbursement.

Patient Acceptance

Printed Name of Patient or Representative

Chris Kresser Office Phone: 510-849-6500

Signature of Patient or Representative

Date Executed

Street Address of Patient

Contact Phone Number

City, State and Zip of Patient

Contact E-mail Address

Informed Consent

Nature of Services

CCFM's services include medical care provided by physicians, related health care and/or nutrition services, and treatments or procedures which may be provided by physicians or other health care professionals. Such services may include the prescription of an integrative program which includes conventional health care, nutritional therapies, functional medicine, naturopathic medicine as well as other elements of integrative medicine. CCFM's services do not substitute for primary medical care, and patients are expected to have a relationship with a primary medical doctor separate and apart from CCFM while involved in care.

Place of Services

CCFM is a medical corporation, organized and practicing under the laws of the State of California. Members of its clinical staff are licensed to practice their respective health care professions in California, and in no other jurisdictions, and practice only in California, pursuant to the laws, regulations and standards of practice of the State of California. Patients treated or serviced by telecommunication, or other electronic modality, are deemed to receive treatment or services in the State of California, and not in any other jurisdiction. Any disputes concerning the rendering of services will be subject to the laws, regulations and standards of practice of the State of California, and any suit against CCFM must be brought in California, pursuant to the Agreement for Arbitration between CCFM and its patient.

Risks, Benefits, and Alternatives of Treatment

In general, integrative, functional and traditional medicine provide benefits that include relief of presenting symptoms and improved function that may lead to prevention, improvement or elimination of the presenting symptoms, though no particular outcome can be warranted or guaranteed. Like with any health treatment, such treatment is not without risk. Potential risks of treatment include allergic reactions, sensitivities, adverse effects from, or in response to, natural supplements or dietary measures, failure to improve or worsening of the patient's condition and difficult adjustments to making lifestyle modifications. Other side effects and risks may occur. The patient agrees to inform CCFM clinical staff of all known factors which might affect treatment, including all medications, drugs, drug sensitivities and allergies, history of seizures, fits or fainting, presence of a pacemaker, bleeding disorder, use of anti-coagulants, damaged heart valves or occluded vessels, immune deficiencies or other special risk of infection, as well as any other significant factors. The patient further agrees to inform CCFM clinical staff of any disorder, or state of mind, that might affect the patient's capacity to make informed health decisions, and should any such impairment exist, patient will provide information regarding a surrogate decision maker.

An explanation of the risks, benefits and alternatives of any specific procedures or treatments, recommended or undertaken, will be provided to the patient at the time of such recommendation. The patient agrees to bring to the attention of CCFM clinical staff any lack of understanding of such risks, benefits and alternatives, and inquire of staff for further explanation until patient has a full understanding before giving consent to any procedure or treatment.

The patient agrees to immediately inform CCFM clinical staff of any adverse effect of treatment noted, including any unanticipated pain or other negative sensation, unpleasant cognitive conditions, anxiety, depression or other negative emotions or any unpleasant taste or smell associated with the consumption of supplements or herbs. The patient will immediately notify the CCFM clinical staff in the event of pregnancy, as some treatments may be contraindicated in the event of pregnancy.

The undersigned patient agrees that he/she has read and understood the information contained in this Informed Consent, has inquired as to all aspects that were not understood, and consents to the care and treatment as outlined herein. In consideration of the services to be performed and products obtained, the undersigned patient agrees to be bound by the terms of this Informed Consent.

Printed Name of Patient or Representative

Chris Kresser Office Phone: 510-849-6500

Signature of Patient or Representative

Date Executed

Street Address of Patient

Contact Phone Number

City, State and Zip of Patient

Contact E-mail Address