

Michael Kalsman M.D. PLLC

Integrative Medicine & Medical Acupuncture

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Olean, NY 14760
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Services and Policies

1. Services.

- a. **Integrative medicine (IM) consultation.** The purpose of this consultation is to provide a one-time comprehensive recommendation to you regarding your health concerns. This consultation will include multiple aspects of lifestyle medicine, nutrition, supplements, botanicals and mind-body therapies, and how they can integrate with your current medical care. It is very important for you to understand that this is a comprehensive plan that I will assist you in implementing, but your ongoing primary medical care will remain under your primary care provider (PCP). For this reason, I require that you have a primary care provider to manage your medical problems during the time of any services rendered. Although not required, I highly recommend you allow me to communicate the plan developed with your primary care provider. As part of your IM consultation you may communicate with me via email regarding your plan, however depending on the situation, I may request that a follow up visit be made. See below under communication.
- b. **IM Follow up visit:** The intent of this visit is to review labs, progress and/or make adjustments to your treatment plan.
- c. **Medications.** In general, any medications that pertain to your ongoing primary medical problems will remain under the responsibility of your PCP. If there is a prescription medication that I feel is important to your care, and your PCP is unwilling to prescribe it, then I will assume responsibility for the prescription. When recommending medications, botanicals or supplements, **it is critical that I know all of your current medications and supplements** to avoid possible interactions. Therefore, it is your responsibility to notify me of any changes to your prescription medications or supplements that you are taking.
- d. **Laboratory orders.** In some circumstances, I may recommend specific lab testing. I will provide you with an order. Please be aware however that due to the nature of integrative practice, some labs may not be covered by your insurance. It is your responsibility to check with the lab at the time of the visit to determine what your financial responsibility may be.
- e. **Acupuncture services.** Please see separate consent form for acupuncture. Please also note that acupuncture services cover only acupuncture and does not include the formal integrative medicine consultation.

2. Communication

- a. Any emergency medical conditions should be communicated directly to your PCP or emergency services. I do not treat emergency medical conditions.
- b. Email or portal messages are the **preferred** method of communication. Simple messages to clarify treatment plans, appointments, etc. will be responded to within 2 business days.

Addressing new concerns or questions is not best done through email and I may request that you schedule an appointment. There are no fees for email messages.

- c. Phone communication. I do not have any support staff for my business. The business phone is my personal phone. You may contact me via phone to request an appointment, but please realize that you will likely get my voicemail. I will return those calls at my convenience, as I often have a busy work schedule during the daytime. You may also text me regarding appointments, especially for last minute changes. Please do not text me with questions about your healthcare, as this is not a secure and private method to address those issues.

3. Third party vendors.

- a. Please note that I will make recommendations regarding specific supplements, products, and vendors. This is to provide you with the most specific information for the best product for you. I currently have no financial interest or relationship with any of the vendors/products that I recommend. If I do recommend a vendor/product in the future in which I have a financial interest or relationship, you will be notified at the time of recommendation.

4. Cancellation policy.

- a. Please be respectful and notify me as soon as possible if you are not going to be able to make an appointment. There is no fee for missed appointments, as long as you provide me with reasonable notice.

5. Payment for services.

- a. Payment is due at the time of service. I do not accept any insurances. Nor will I provide any billing forms for you to bill your insurance. Payments may be made by cash, check or credit card.

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I acknowledge receipt of Michael Kalsman MD PLLC office policy, and that I have read and agree to the above policies.

Patient Name (please print)

Signature of patient (or legal guardian)

Date