

TREATMENT CONTRACT

This agreement is between Dynamis Integrative Health, and more specifically, Dr. Mark Brody and you. Dr. Brody, as representative of Dynamis agrees to deliver preventive and integrative health care to you and to designated members of your family. This contract applies to all members of your family you sign up with Dynamis, as well as you yourself.

Dr. Brody as representative of Dynamis agrees to the following:

- 10 visits for every 6 month period, or 20 visits for each 12 month period to all members.
- These visits can be either of 15", 30" or 45". Initial visits are 90".
- If more visits are desired during the time period you signed up for, a separate fee can be negotiated.
- When you renew your membership, you receive another 10 or 20 visits, depending on whether you sign up for 6 or 12 months.
- You can choose the length of your visit. 15 minute visits are for very simple problems, or questions, paperwork, or other subjects that do not require a great deal of time or thought on my part. 30 minute visits are for acute illnesses or other health concerns of moderate complexity. 45 visits are for more complex problems, including most chronic problems, and all Bowenwork sessions.
- Writing prescriptions, ordering laboratory tests and radiographs as needed.
- Providing homeopathic remedies as needed at no charge.
- Providing herbal remedies at discounted prices.
- Bowenwork, if indicated.
- Providing a thorough picture of the risks and benefits of the different options for treatment, including standard medical care when applicable, and alternative treatments, to the best of my ability.
- Refer to other practitioners when your problem is beyond the level of my expertise including other integrative medical practitioners and conventional practitioners.
- Respond to all contacts, whether by phone or e-mail as quickly as I can. Usually this means by the end of the work day, or on the next work day if you contact me on the weekend or on a holiday. Calls made after business hours will be returned the following day, unless it is a Friday, in which case, they will be returned Monday or the next business day.
- Provide coverage when I am away with another Integrative Medical Practitioner.
- Treat you without using your health insurance. I will provide receipts for all payments made, if you wish, for tax purposes or to apply to medical savings plans or the like.
- Your contract begin the date of your first payment and end the 31st day of the last month of your last payment (6th, or 12th month, according to which plan you selected)
- You or I can terminate this contract before the full time you signed up for has elapsed, providing 30 days advanced notice is given to the other party.
- As a physician working in behalf of your health, I am in independent contractor, and representative of Dynamis, and act according to my own medical judgment, and not under the influence of any other parties.

You agree to the following:

- Make payments to Dynamis Integrative Health Care for the time period you signed up for on a monthly basis, or less often, if you wish to make fewer payments.
- Charges are as follows: Adults (21 and older): \$75/month (for a 12 month time block), or \$80/month (for a 6 month time block). Children: \$30/month (for a 12 month time block), or \$35/month for a 6 month time block). If you have 2 or more children, take another \$5/month off each child's charges, i.e, \$25/month/child for 12 months, \$30/month/child for 6 months.

- Please note: *Child members must be accompanied by at least one parent member, or, if you as a parent would like your child to become a member, but not yourself or the child's other parent, your child must pay the adult rate.*
- This contract is fully renewable, although in time, rates will periodically go up.
- Non-payment will result in loss of the ability to schedule appointments.
- Late payments will be assessed a late fee, to be 10% of the amount due.
- Communications by phone are secure and confidential. E-mails are not, so by signing this contract, you acknowledge that any communication you make with me by e-mail can not guaranteed by me to be secure.
- Try to use phone service for this reason whenever possible. Try to keep e-mails short and free of personal information, as much as possible. Use e-mails primarily when you haven't heard from me after having left a message on my phone.
- Call me at least 24 hours in advance if you need to cancel or reschedule your appointment. Failure to provide this advanced notice on 3 occasions within any 6 month period will result in charges for missed appointments. Non-payment of these charges may result in termination of the contract.
- Abide by all policies listed in the "Practice Policies" part of the website.
- No changes can be made to this contract by anyone without mutual agreement and without the changes being signed off on in written format by both parties.
- This contract is a legally binding document.

Your Signature _____

Other adult family member's signature _____

Date _____

Names of members to whom contract is applied: (Please print below).