

## Financial Agreement

*If you have Medicare as a primary insurance please notify our office immediately.  
Dr. Ronald Stram is the only Stram Center staff enrolled in the Medicare program as a non-participating physician and is currently not accepting new Medicare patients.*

*Financial Statement: As a Stram Center patient, I understand that I am responsible for the payment of services received. I agree to keep my account current and will pay at the time of service. I will notify the office 48 hours in advance if a cancellation is necessary, otherwise I will be responsible for a missed appointment fee or forfeiting any deposits.*

### *Self-Pay*

I, \_\_\_\_\_ understand that the Stram Center medical staff are non-participating with my current insurance plan carrier and therefore accept responsibility for payment of services at the time service is rendered. Furthermore, I understand that my current insurance plan will not be billed on my behalf for fees paid.

*In the event that you need assistance in dealing with reimbursement issues with your insurance company, please contact the Health Care Bureau of the NYS Attorney General at 1-800-428-9071. For additional resources, please call Healthcare Advocates, Inc. at (215)-735-7711, or visit their website: [www.healthcareadvocates.com](http://www.healthcareadvocates.com).*

**If you are unable to keep your scheduled appointment, please notify us at least 48 hours in advance so that we can accommodate our other patients with a vacant appointment. You may also reschedule your appointment at that time. Failure to provide our office with 48 hour notification will incur a missed appointment fee or loss of deposit. Being more than 15 minutes late may result in the need to reschedule your appointment.**

## MEDICINARY DISCLAIMER

I, \_\_\_\_\_, fully understand that the statements and treatment plan regarding supplements discussed with me by the Stram Center Medical staff may not have been evaluated by the FDA. Some of the supplements recommended are to support the body's system functions. There may be adverse effects and contraindications to any one of these supplements that are recommended. These products are not intended to diagnose, treat, cure or prevent any disease.

The Stram Center Medical staff does not claim that any or all of the products suggested will stimulate, maintain, regulate or promote structure of the body or restore normal or correct abnormal function. I also understand that I am not obligated to buy any or all supplements at this location. I am free to obtain them from other sources if available.

## Stram Center Laboratory Testing

I, \_\_\_\_\_ agree to have my blood drawn at The Stram Center and be sent to an external lab. I am aware I will be responsible for the venipuncture and processing fees that may apply. I am also aware that The Stram Center will provide me with the appropriate code that is needed to submit the venipuncture charge to my insurance. The reimbursement from my insurance carrier will be at their discretion.

### Fees Associated

Venipuncture Fee: \$25.00

BCA Processing Fee: \$10.00

Igenex Processing Fee: \$15.00

US Biotek Processing fee: \$15.00

Labcorp/Quest Processing Fee: \$5.00

## Lab Results Office Policy

This laboratory policy is instated to preserve the relationship-oriented care in the treatment of our patients, thus maintaining quality of care and communication with all patients.

Please read the following carefully:

- It is the Stram Center's office policy that all laboratory results are discussed in person with our patients. If this is not possible, minimally, it must be done during a scheduled phone consultation.
- Please do not call the office for results of lab work and/or imaging. **Reports are not given over the phone, unless the practitioner deems that the results are critical or urgent in nature.**
- If you are getting lab work, please schedule your follow-up appointment *at the time of your visit for review of those lab results and subsequent treatment options. A copy of your lab report can be requested at your follow up appointment.* All lab testing should be done in a timely manner so that your results will be complete by the time of your next scheduled visit.
- If your practitioner has reviewed your lab report and deems the results do not require a follow up discussion, you will be contacted. At the time you may choose to cancel your scheduled follow up appointment, request a copy of your lab report or keep your scheduled appointment.
- We do not release copies of lab results to any party until reviewed by the Stram Center medical staff, and without written permission according to HIPAA guidelines. Please allow ample time for laboratories to report test results in full and for them to be reviewed by your medical practitioner.

**Patient Compliance Agreement**

The care a patient receives depends partially on the patient. Patients have a responsibility to provide accurate and complete information concerning his/her present complaints, past medical history, and other matters relating to his/her health. The patient is responsible for making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.

I, \_\_\_\_\_, (Print Name of Patient or Parents) as either a patient OR as parent of a minor child, agree to comply with the treatment protocols and recommendations of the Stram Center medical staff in order to get the best outcome of the recommended treatment. As part of my compliance agreement, I further agree to make an appointment if I have any questions regarding my treatment or my child's treatment or protocols. If at any time I disagree with the treatment or protocols that the Stram Center medical staff has advised, or am experiencing adverse reactions, I will communicate that by contacting the office in a timely fashion.

I further acknowledge the Stram Center medical staff is seeing scheduled patients during the day, and there is not always ample time to take my call directly regarding routine questions. I will leave a detailed message with one of the office staff or on the medical voicemail line. I agree and understand that I am to allow up to 48 hours for a return call regarding these questions. More importantly, I agree that if it is an urgent matter during business hours I will not leave a voice message but rather communicate my needs directly to the office staff.

**Stram Center Therapeutic Agreements**

**STATEMENT OF COLLABORATION**

As a Stram Center practitioner, I agree to use my knowledge, skill and experience to the best of my ability in the best interest of the people who I work with. I believe it is my responsibility to:

- Assess each person's situation based on the information they provide
- Assist them to sort through their health-related challenges
- Provide information and options about treatment modalities that are available
- Support them to make conscious decisions regarding their health
- Develop, implement and support a plan of care that will promote physical, mental and spiritual health
- Evaluate the effectiveness of a plan of care
- Make referrals to community resources as appropriate

As a Stram Center patient, I agree to use my knowledge, skill and experience to the best of my ability in the best interest of my own physical, mental and spiritual health. I believe it is my responsibility to:

- Provide my Stram Center practitioner(s) with information that is relevant to my health
- Be willing to sort through my health-related challenges
- Ask questions related to treatment options and information that is provided. If supplements are mutually agreed as part of my treatment plan, take them only

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according to directions given to me and discontinue use if side effects ensue and report this to my Stram Center practitioner(s)

- Work together with my Stram Center practitioner(s) to develop a plan of care that incorporates goals that are meaningful to me and will promote my physical, mental and spiritual health
- Make conscious decisions to nurture intrinsic healing and promote balance in my life
- Evaluate the effectiveness of my plan of care
- Participate in all scheduled treatment sessions

## **CONFIDENTIALITY STATEMENT**

As a Stram Center patient, I understand that what I discuss with my Stram Center practitioner(s) will be treated confidentially in accordance with law and recognized professional standards. I understand that only I can give up my right to privacy by signing a release of information. I understand that if my safety or the safety of someone else is at risk, my Stram Center practitioner(s) are legally obligated to respond by sharing this information with the appropriate resources. For example:

- Licensed Social Workers, Nurses and Physicians are mandated by New York State Law to report any suspicion of child abuse to the New York State Registry
- Inform someone close to the client if they feel the client might harm him/herself or anyone else

Stram Center practitioners believe that the concept of integrative medicine works best when Stram Center practitioner discuss their work in team meetings, peer review, and/or supervision. This allows each client to benefit from the combined insight, knowledge, skill and experience of Stram Center practitioners and those who supervise them. I understand that discussions of this nature would not include identifying information beyond a “need to know” basis, and such discussions would have the same privilege of confidentiality as sessions with each individual practitioner.

## **STATEMENT REGARDING CRISIS MANAGEMENT AND EMERGENCY MEDICAL CARE:**

I understand that the Stram Center for Integrative Medicine does not provide physical or mental health crisis management. I understand if I am experiencing a physical or mental health crisis I must obtain service that are appropriate to the type of crisis I am experiencing. If I am experiencing severe, acute symptoms or feel a life threatening illness I will call:

- 911
- My local hospital emergency room
- My local police or fire department
- Albany County Mobile Crisis Team 518-447-9650 (Mental or emotional distress)

***Finally, I have read and understand all of the forms contained within this patient packet.***

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Ronald L. Stram, MD, Founder, Medical Director**

**90 Adams Place, Delmar, NY 12054 • t.518.689.2244 • f.518.689.2081 • www.stramcenter.com**

**Naturopathy Agreement**

The Stram Center is an integrative medical practice and therefore you may see more than one of our medical staff professionals during the course of your treatment. In the case you are assessed by Dr. Korey DiRoma or Dr. Kirsten Carle, our naturopathic doctors, it is important to understand the information provided below.

Naturopathy is not regulated in the state of New York. While Dr. Korey DiRoma and Dr. Kirsten Carle are licensed as primary care providers in other states, such as Vermont, New York does not currently license naturopathic physicians and therefore sets state restrictions on naturopaths on diagnosis and treatment; in this state, they are permitted to function as healthcare counselors. Consequently, health insurance companies will not reimburse for naturopathic services in New York State. Patients requiring a medical diagnosis for health care reimbursements should seek the care of a clinician licensed by New York State. However, naturopathy is an excellent complement to the care offered by your traditional physician.

*New York State regularly reviews licensure of naturopaths. To get involved and help become an advocate for licensing naturopathic doctors in New York, go to the website for the New York Association of Naturopathic Physicians: [www.nyanp.org](http://www.nyanp.org)*

I, \_\_\_\_\_ understand Naturopathic Doctors are not licensed in the state of New York, and therefore I cannot submit claims for these visits to my health insurance company. I understand that my visit with a naturopathic doctor in New York is an out of pocket expense.

**Thank you for your compliance in this matter.**

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

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

# Stram Center for Integrative Medicine

## Terms of Use: Email

The Stram Center for Integrative Medicine offers our patients the opportunity to communicate with our nursing staff via email. The utilization of email communication will allow your questions to be answered in the most efficient and accurate manner possible. All medical questions transmitted through email will be discussed with your individual practitioner so that your distinct and specific needs are addressed when responding to your inquiries.

Due to the volume of emails received, please allow 48 hours for a return email from our nursing staff. Our staff will make every effort to read and respond promptly to emails received.

Please do NOT use email for medical emergencies or other time sensitive matters, as these matters require more immediate attention. Emergencies can be classified as: severe abdominal pain, severe and persistent headache, shortness of breath, excessive bleeding, chest pain and signs of infection – if you are experiencing these symptoms, please contact your PCP or local emergency department.

Nor should email be used when back and forth correspondence becomes prolonged.

Under each of these circumstances, patients should seek direct medical care.

In regards to prescription refills, please do not make your requests using our email system. Rather, call the pharmacy where you originally filled your script so your pharmacy can send a refill request form for our providers, who will then determine if continuation of your medication is indicated. Please allow 72 hours for all refill requests.

Please be as succinct as possible in your questions. A maximum of 2 emails per week will be addressed through our email system. *If your health concerns require more than 2 email correspondences in a given week, we ask that you call our office to schedule an appointment. A face-to-face appointment and physical evaluation for situations that require additional attention will ensure that you receive the highest quality of care at our Center.*

I have read and understand the information above, and agree to the terms of use for the Stram Center email system.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

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

**Ronald L. Stram, MD, Founder, Medical Director**

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**Consent to Use E-mail to Exchange Personally Identifiable Information**

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

D.O.B. \_\_\_\_\_

I understand that sometimes the nursing staff will communicate with me through email. I further understand that this form of communication of personally identifiable information concerning my treatment is without the use of encryption, and its associated risks.

Sending personally identifiable information by e-mail has a number of other risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the individual.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

**Acknowledgement and Agreement**

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail to communicate personally identifiable information. Nevertheless, I, \_\_\_\_\_, authorize the practice to communicate with me at my e-mail address, \_\_\_\_\_, concerning my treatment. I understand that use of e-mail without encryption presents the risks noted above and may result in an unintended disclosure of such information.

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

## **Patient Guidelines for Contacting the Office**

In order to best serve all our patients, please read these guidelines for contacting our office for matters concerning the following:

### *Questions for your Practitioner*

We understand you may have questions for your practitioners. As practitioners are seeing scheduled patients during the day, there is not always ample time for them to take your calls directly. Please follow our phone prompts and listen for your practitioners' individual nurse's voicemail extension. Then, you may leave a detailed message there; please allow us 24-48 hours to return your call. Please remember that all of your medical questions will be reviewed with your individual practitioner. For emergencies, please contact your local emergency department. Our regular office hours for phone calls are 8:30am-4:30pm Monday through Friday, with a break from noon-1pm. After regular office hours, please utilize our voice mail system following the prompted instructions given.

### *Prescription Refill Requests*

Please do not wait until the last minute to request refills on prescriptions. We require a minimum of 72 hours to refill prescriptions and cannot guarantee refills will be granted in less time. Refill requests should be left with the nurse by following the telephone prompts. Prescription refills will be considered by the medical staff for active patients only. For most prescription refills, your last appointment must not be more than 6 months prior to your request. Patients who have not been seen for a year or more must make a follow up appointment in order to receive new or refilled prescriptions.

### *Letters/Forms*

Disability forms, social security forms, etc. are very complex and require time. There may be a \$25 fee for completing such forms. Please try to request letters relating to work and/or school from your provider at the time of your visit, when possible, and allow up to 2 weeks for turnaround. For release of medical records, please allow 10-14 days from the time your written request is received by our office for your request to be processed and completed. This request must be signed by you, authorizing us to release medical information. Please note, we only send medical information originating from our office, ie: your practitioner's medical office notes and/or labs ordered by him/her.

Thank you for your understanding and cooperation. Please contact Monique Audino, our Practice Manager, at [\(518\) 689-2244](tel:5186892244) with any questions or concerns.