

OFFICE POLICIES

VIRTUAL APPOINTMENTS

I am currently accepting only virtual appointments. If your appointment has been accepted, you will receive a Zoom link before our appointment for the time you reserve. Please ensure that you/your child are in a private space that allows you to speak candidly, preferably in a location with good ambient lighting. I will wait for 10 minutes past the scheduled time at which point it will be considered a **No Show (\$30 Fee)** if you are not available. I don't work with Facetime because it is not HIPAA compliant.

During the initial phases of our engagement follow-up appointments will be scheduled at the end of every consultation. The frequency of follow-ups is expected to decrease over time. Follow-up appointments allow me to track your progress and make adjustments where necessary. It is your responsibility to note changes in your symptoms (in a journal) and report them during the consultation. Regular follow-ups and diligent reporting help me track progress and recommend changes where required. **Follow-ups longer than 6 weeks are not advisable in the initial phase.**

PAYMENT

Payment for services rendered are due upon receipt of the invoice after the Consultation. Payments may be made with a credit card (AmEx, Visa, MasterCard, Discover).

INSURANCE HSA/FSA

I do not directly work with insurance providers, however, I will provide account statements for insurance companies or FSA/HSA managers for reimbursement. It is your responsibility to investigate all options for insurance reimbursement or use of plans such as Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA), which allow reimbursement of payment with pre-tax funds.

CANCELLATIONS

If it is necessary to cancel/reschedule an appointment, notification of schedule change must be made at least 24 hours in advance; appointments that are missed or canceled late represent time that was scheduled, and you will be charged a **cancellation fee of \$30.**

ACUTE APPOINTMENTS

If an acute appointment (usually 15 - 30 minutes) is required, you can call and leave a voicemail with me and I will reach out to you with my availability to schedule an acute appointment later that day. Acute appointments are (\$50) and are reserved for clients who have last consulted with me within 3 weeks of the appointment request. If it has been more than 3 weeks since the last consultation, I might need more time to go over the details. If this is the case, please book a regular follow-up (\$95) so I have ample time to meet your needs. Any support outside of working hours can be accommodated for an additional charge of \$50 if I am available that day.

BRIEF CHECK IN

Sometimes I will ask you to check in with me in about 10 days to track your progress and response to the remedy. You can email me at healingmantras1@gmail.com or leave a brief voicemail describing any changes in the intensity and frequency of the complaint. I will get back to you with the next course of action in 48 hours.

OFFICE HOURS

Office Hours are as listed below:

Monday - Friday (Except Wednesdays)	4 PM - 7 PM EST
Saturday	12PM - 4 PM EST
Wednesday, Sunday	Closed

CALL IN TIMES

Call in times are between 3:30 - 4:00 PM EST on Mondays, Tuesdays, & Thursdays.

Calls are answered directly during call in times, there is no charge for calls lasting less than 5 minutes during this time. Please be considerate during call in times in order to allow me to accommodate other clients. If I missed your call during this time, I will try my best to reach out as soon as possible.

VOICE MESSAGES

Voice messages are retrieved twice daily at 3 PM and 7 PM EST. and I will respond to voice messages in the order of receipt.

EMAIL

You can email me at healingmantras1@gmail.com for scheduling, questions and other non-urgent topics. Calls are generally answered each day, emails are answered as time allows and, in order, they are received. Responses may be delayed during times of travel or high volume of email. If there is any concern that requires prompt response, or you have not gotten a reply from an email in the timeframe you require, please call. Calls and emails are only reserved for non-life-threatening conditions and **if you require immediate assistance in such a condition, please call Emergency Medical Services (911).**

TEXT MESSAGING-

I do not respond to texts, Whatsapp messages, Facetime or social media messages because I am strictly bound by the confidentiality policy outlined below.

CONFIDENTIALITY AND PROFESSIONAL CONDUCT

I honor confidentiality and assure professional conduct as defined by the Code of Ethics of the Council for Homeopathic Certification. You grant permission to me to discuss details of your health in conferral with colleagues and other practitioners with whom I consult without additional confidentiality waiver. This agreement becomes part of their case records. You agree to consult a licensed physician for any medical concern that now exists or arises at any time during the term of this agreement, and to inform me of the physician's assessment as far as it applies to the consultation. I conduct all my consultations via Zoom which is HIPAA compliant. you are aware that all the information that I provide during the engagement will be kept confidential.

CONSENT FORM

Please read the entire document carefully and sign below..

CONSENT

I am at least 18 years of age and I have voluntarily chosen homeopathic treatment for myself/ my child.

Nature of Work Performed by Kamala Ramasubramanian, BHMS, CCH:

I understand that Kamala Ramasubramanian, BHMS, CCH., evaluates my entire condition based on a holistic, homeopathic approach, and seeks to assist in simulating my body's own healing mechanisms. I understand that she may also discuss with me the use of other integrative therapeutics to improve my health, and that these are within her scope of practice to the extent that she incorporates them. I agree that I am interested in enhancing my own abilities to establish health in mind and body. I also understand that if at any point she believes that continuing to work with me is beyond the scope of her practice, she will provide me with an appropriate course of action or referral.

Training and Credentials:

I have reviewed her training and credentials. I understand she is not a medically trained doctor/licensed physician. She does not seek to diagnose, treat, or prescribe for disease, disorder or other pathological conditions. It is therefore recommended that I obtain the services of a primary care physician for appropriate evaluation and check-up for myself and my child.

Fee Statement:

I have reviewed the fee statement below. I agree with the policies and charges as described in the fee statement.

- Initial Intake (\$250)
- Regular Follow-up (\$95)
- Urgent Follow-up (\$50)

This includes all homeopathic remedies, call-in time support, and brief check in calls as required to track response.

I have read and agree to all the policies outlined in the Policies document.

Date: _____

Signed: _____

Name: _____