INTEGRATIVE HEALTH SERVICES, INC.

PATIENT AGREEMENT

By signing this Agreement you expressly acknowledge that you have received, read, and fully understand all of the materials listed below. By your signature, you further expressly acknowledge that you will follow all instructions, and that you have answered all questions completely and to the best of your knowledge.

- Patient Questionnaire/Intake
- Pre-Treatment Instructions
- Payment Options
- Treatment Cancellation Policy
- HIPAA Form
- Pre-Existing Conditions Form

*****WARNING WARNING WARNING*****

The Integrative Health Services, Inc., all its employees &/or agents, Dr. Amir Norbaksh, the Registered Nurse Supervisor and our contracted counselors ("IHS") will not fill any prescription medication that is not part of the IHS treatment program. If you are currently taking any prescription medications, such as benzodiazepines (Valium, Xanax, Ativan, etc.), Soma, anti-depressants or other prescribed drugs, DO NOT STOP. Bring all medications with you and make the IHS personnel aware of all pre-existing medications and conditions. DO NOT BRING OPIATES WITH YOU TO THE HOSPITAL. OPIATES WILL NOT BE RETURNED TO YOU. ALL OPIATES WILL BE DESTROYED. DO NOT BRING ANY ILLEGAL SUBSTANCES WITH YOU. If you currently use caffeine or nicotine, DO NOT STOP, as significant withdrawal may occur from these substances. None of the above addictive substances should be abruptly stopped. Please be forthright regarding your medications and addictive substance history to ensure your comfort during and after your hospital stay.

I UNDERSTAND THAT PRIVATE INSURANCE WILL NOT PAY FOR THIS ELECTIVE TREATMENT AND NO ITEMIZED STATEMENT WILL BE MADE AVAILABLE.
MY INSURANCE CARRIER WILL NOT BE BILLED.
CELLULAR PHONES CANNOT BE USED INSIDE THE HOSPITAL.

Patient Name _____ Patient Signature _____ Date _____

Any omissions or inaccuracies in the information that you have given us will affect your treatment outcome. **It is imperative that you return this agreement along with your completed Patient Questionnaire/Intake as soon as possible.**