Mary Ann Block, DO, PA **1750 Norwood Drive**
817-280-9933 **Hurst, TX 76054**

PATIENT'S INFORMED CONSENT DOCUMENT

PATIENT IS TO READ EACH PARAGRAPH AND SIGN AT THE BOTTOM OF EACH PAGE

Today's date: _____

Name:_____ DOB _____

I have specifically sought out the services and perspective of Dr. Block for the way in which she practices Osteopathic Medicine. The Osteopathic Philosophy says that the body has the ability to heal itself if we give it what it needs and take away what it doesn't need. Toward that philosophy, Dr. Block was taught, in medical school, to find the underlying cause of a medial condition and treat that cause rather than just covering symptoms with drugs.

Dr. Block has explained to me and I fully understand the following:

(a) While some of Dr. Block's treatment being recommended may not be recognized as traditional, they are osteopathic, integrative or alternative methods. Osteopathic, integrative and alternative medicine, like any other treatment or medication, may or may not alleviate or cure the condition(s) for which it is offered.

(b) Dr. Block believes that osteopathic, integrative and alternative medicine may be valuable to your health. However, as with any type of treatment or testing, you should fully understand the potential risks and benefits of the testing, as well as other available testing options, including lab work, before deciding whether the work-up and following medical analysis and possible treatment provided by Dr. Block is right for you. It is important that you read and understand the information contained in this form so that you can make an informed choice about being treated at The Block Center, by its agents, and Dr. Block, specifically. If after reading this form, you have any concerns or questions regarding the testing or treatment you should talk to Dr. Block.

(c) The federal government, including Medicare and Medicaid, and most insurance companies, do not generally pay or reimburse for most nutritional supplements, even if recommended by Dr. Block.

(d) Some of the testing being recommended at The Block Center may not be recognized as traditional, but are tests Dr. block has found to be valuable.

(e) Some of the services provided by Dr. Block include:

(1) Allergy Testing
(2) Laboratory Tests
(3) Nutritional supplements (which can be purchased at locations other than The Block Center)
(4) Accelerated Sensory Integration

You will receive a description and explanation of all services recommended to you prior to (treatment.

(f) Dr. Block strongly urges patients to maintain a healthy lifestyle. Many of the factors contributing to a healthy lifestyle include:

(1) Limited alcohol and not smoking
(2) Low refined carbohydrate intake
(3) Physical activity
(4) Reducing stress;
(5) Taking recommended nutritional supplements
(6) Maintaining any medication or treatment regimen proposed by your doctors.

I have read and understand the content of this page _____.

If you have any concerns about your ability to maintain a healthy lifestyle, Dr. Block's treatment and therapy may not be appropriate for you. You should discuss with your doctor any questions you may have about healthy life habits.

(g) Dr. Block believes the healthiest diet is a low refined carbohydrate diet, often referred to by Dr. Block as "If you can't hunt it, fish it or pick it, don't eat it." You, the undersigned, realize that this diet is not the official recommended diet by the American Heart Association. If you have any questions about any type of nutrition, please ask Dr. Block.

(i) Most nutritional supplements are not been tested by the FDA for determination of the actual contents or the effectiveness of the formulations.

(j) Dr. Block may refer you to other providers. The care rendered by such providers is the sole and separate responsibility of those providers.

(k) While Dr. Block believes that the osteopathic, alternative and integrative treatments may be beneficial to your health and well-being, the traditional medical and scientific communities often dispute the medical/scientific proof of the effectiveness or therapeutic value of some of these treatments. You are free to contact any medical group, doctor, or association on their view of any testing or treatment before you begin. Dr. Block believes the testing and treatment she oversees are valuable and might improve your health.

(l) I may leave The Block Center at any time. It was my independent choice whether to see Dr. Block and it is always my choice whether to continue with her. I also understand that Dr. Block reserves the right, at any time and without cause, to discontinue any patient due to poor compliance with Dr. Block's recommended program for any other reason.

(m) The Block Center is a direct pay practice. Payment is due at the time of service. Some portion of services performed at The Block Center may be covered and reimbursed by your insurance company. Dr. Block makes no guarantee that insurance will cover her services.

(n) You, the patient, understands that The Block Center is available from 9am to 5pm, Monday thru Wednesday and 9am-noon on Thurs. The office is closed weekends and holidays. No medical provider will be available during off hours. Also, the office will be closed during times of vacation. If you have a medical emergency, please call 911 or go to the closest emergency room. You may leave a voice message after pressing "6" when you call The Block Center after hours and we will get back to you as soon as we can.

I, THE UNDERSIGNED, HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION, THE ELEMENTS OF MY INFORMED CONSENT, MY RIGHTS AND RESPONSIBILITIES, AND HEREBY GIVE CONSENT TO UNDERGO OSTEOPATHIC, ALTERNATIVE AND INTEGRATIVE TREATMENT AT THE BLOCK CENTER. INFORMATION ABOUT ME AND MY RECORDS WILL BE CONFIDENTIAL. DATA WILL BE STORED SECURELY AND WILL BE MADE AVAILABLE ONLY TO THE PERSONS PARTICIPATING IN MY EVALUATION AND SUBSEQUENT TREATMENT, IF ANY, UNLESS I SPECIFICALLY GIVE PERMISSION IN WRITING UNLESS OTHERWISE REQUIRED BY LAW.

Signature: .....

Date: .....

The Block Center Medicare Opt Out Contract

I, _____, the beneficiary, understands that Dr. Mary Ann Block and The Block Center have opted out of Medicare.

Beneficiary or beneficiary's legal representative accepts full responsibility for payment of the physician's or practitioner's charge for all services furnished by the physician or practitioner.

Beneficiary or beneficiary's legal representative understands that Medicare limits do not apply to what the physician/practitioner may charge for items or services furnished by the physician/practitioner.

Beneficiary or beneficiary's legal representative agrees not to submit a claim to Medicare or to ask the physician/practitioner to submit a claim to Medicare.

Beneficiary or beneficiary's legal representative understand that Medicare payment will not be made for any item or services furnished by the physician/practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

Beneficiary or beneficiary's legal representative enters into the contract with the knowledge that the beneficiary has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and that the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.

The effective date of the opt out period starts on April 1, 2014 and ends on April 1, 2016. A new contract must be signed for each opt out period.

Beneficiary or beneficiary's legal representative understands that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid by Medicare.

_____ _____

Beneficiary Date

_____ _____

Beneficiaries Legal Representative Physician/Practitioner