



Patient Agreements & Consents

The following are specific policies that will govern our work together. Please read thoroughly. Copy and paste links to view the most current version of each consent/policy.

[PATIENT AGREEMENT & TERMS](#)

[Attachment A - Membership Terms & Services](#)

[Attachment B - Functional Lab Package](#)

[Financial Agreement](#)

[Cancellation and Refund Policy](#)

[Membership Transition](#)

[HIPAA NOTICE OF PRIVACY PRACTICES](#)

[INFORMED CONSENT](#)

[TELE-HEALTH CONSENT](#)

[GROUP MEDICAL APPOINTMENT CONSENT](#)

[Medicare Private Contract](#) (IF MEDICARE ELIGIBLE)

[Wellness Simplified LLC Release of Liability for ISH Patients, Kimberly Leonard LDN, CNS, MSCN, FNTF, CNE](#)

IF YOU HAVE QUESTIONS REGARDING ANY OF THE ABOVE TERMS AND AGREEMENTS
PLEASE CONTACT LYNN JOSELYN PA-C, IFMCP VIA CHARM MESSAGE OR BY EMAIL
ljoselyn@integrationspectrumofhealth.com