Physician's Wellness Services Agreement

Patient's Name:

Date:

Physician's Name: Dr Brar/ Dr Gupta

Office Address: 16201 E. Indiana Ave. suite 2260. Spokane Valley

Office Phone: 509-970-5750

Scope of Services

This Agreement outlines the scope of services provided by Integra Health and Wellness, herein referred to as the "Wellness Physician," to _____, herein referred to as the "Patient."

The Wellness Physician's primary focus will be on weight management and gut health. The services may include, but are not limited to, personalized weight loss programs, dietary guidance, and wellness consultations related to gut health.

Not Primary Care Physician

The Patient acknowledges and understands that the Wellness Physician is not acting as a primary care physician. The Patient will continue to maintain a relationship with their primary care physician for all other medical needs, including but not limited to:

- Routine healthcare maintenance.
- Treatment of acute or chronic medical conditions.
- Preventive healthcare measures (e.g., vaccinations, screenings).
- Management of pre-existing medical conditions.
- Specialty medical care when required.

Responsibilities of the Patient

The Patient agrees to:

- Continue seeing their primary care physician for general healthcare, preventive medicine, and other medical needs.
- Inform the Wellness Physician about any changes in their health history, current medications, and conditions that may affect the weight management or gut health services.
- Comply with the recommendations and guidelines provided by the Wellness Physician regarding weight loss and gut health.
- Understand that the Wellness Physician is not responsible for managing acute or chronic medical conditions or providing emergency care.

Responsibilities of the Wellness Physician

The Wellness Physician agrees to:

- Provide weight management and gut health services as agreed upon.
- Maintain the confidentiality of the Patient's health information in compliance with all applicable laws and regulations, including HIPAA.
- Work collaboratively with the Patient's primary care physician when necessary to ensure coordinated care.

Limitations of Services

The Patient understands that the services provided by the Wellness Physician are limited to weight loss and gut health. The Wellness Physician does not provide primary care, manage medical emergencies, or diagnose or treat acute or chronic medical conditions.

Acknowledgment

I, _____, have read, understood, and agreed to the terms outlined in this Wellness Services Agreement. I understand that Dr. Brar/Gupta will not act as my primary care physician, and I will continue to maintain a relationship with my primary care physician for all other medical needs.

Patient's Signature:

Date:

Physician's Signature:

Date: