

DISCLOSURE STATEMENT

Joshua Goldenberg is a Registered Naturopathic Doctor (RND), registered in the state of Colorado. He was trained in naturopathic medicine at Bastyr University. He received his degree after four years of graduate-level clinical and academic training, as well as the completion of rigorous basic science and clinical science board exams. This registered naturopathic doctor holds an RND registration in the State of Colorado. The Division of Regulatory Agencies (DORA) is the regulatory board for naturopathic doctors in Colorado. Any complaints regarding our professional services should be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, please contact the Division at (303) 894-7414 or www.dora.state.co.us.

As a Naturopathic Doctor, registered by the state to practice naturopathic medicine, under the “Naturopathic Doctor Act,” I am not permitted to perform the following acts:

- Prescribe, dispense, administer or inject any prescription medications or devices other than epinephrine for anaphylaxis and barrier contraceptives (not including IUDs).
- Perform surgical procedures, including surgical procedures using a laser device.
- Use general or spinal anesthetics, other than topical anesthetics.
- Administer ionizing radioactive substances for therapeutic purposes.
- Treat a child who is less than two years old.
- Treat a child who is two years of age or older, but less than eight years of age, unless: (1) this form is fully completed and signed; (2) the most recent immunizations schedule recommended by the advisory committee on immunization practices to the centers for disease control and prevention in the federal department of health and human services is provided to the parent or guardian with this form; and (3) a release of information is provided to the parent or guardian requesting permission to exchange information with the child’s licensed pediatric health care provider, if the child has one.
- Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine.
- Practice obstetrics.
- Perform chiropractic services (spinal adjustments, manipulation, or mobilization). Physical medicine, as described in § 12-37.3-102(12)(b), C.R.S., is permitted.
- Recommend the discontinuation or counsel against a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Registered Naturopathic Doctor consults with the health care practitioner.

Dr. Goldenberg is an active member of the Colorado Association of Naturopathic Doctors (www.coand.org). No license or registration has ever been revoked or suspended. The privacy of your medical information is important. This office complies with the United States HIPPA Patient Privacy Guidelines. Detailed information regarding these guidelines is available upon request. As a patient of the Goldenberg GI Center, LLC Clinic, you are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known. You may seek a second opinion from another health care professional or may terminate therapy at any time.

I am not a medical doctor or physician licensed under Title 12, Article 36, of the Colorado Revised Statutes. I recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child aged two to seven, with a licensed pediatric health care provider. If the patient is a child aged two to seven, we are required to recommend that the child’s parent or guardian



follow the immunization schedule that accompanies this form. If the patient has a relationship with a licensed physician or pediatric health care provider, we will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider.

Obtaining Medical Records

In the event that the naturopathic doctor dies, retires, or otherwise ceases to practice or provide naturopathic medical care to patients, patients will be contacted via email that the doctor is no longer practicing and offer to transfer records to their new providers. Records shall be kept in electronic form for up to 10 years from the end of the last patient visit and will be available for transfer if needed.

Patients may obtain medical records quickly by requesting them in person, by phone, portal message, or email. Records will be transferred or faxed as appropriate to the new provider or printed and provided to the patient if they prefer. Records over 100 pages in length may incur a printing fee and postage costs.

Fees

Fees vary by service provided and are listed on the posted "Fee Schedule" on our website (<http://goldenberggicenter.com/fee-schedule/>). In general, our fee for an initial visit (first office call) is \$340. This visit typically lasts 60-90 minutes depending on your needs. Follow-up visits (return office calls) typically are 30 minutes in length and the fee is \$170. In rare cases when we need extended time for a follow-up visit we may extend the visit to 45 minutes in which case the fee is \$255. The Goldenberg GI Center, LLC clinic charges a \$40 fee for no-shows, and for appointments cancelled with less than 48 hours notice for non-emergency reasons. The doctor is available and happy to respond to phone calls and e-mails in order to clarify information from previous consultations. However, if phone calls or e-mail responses exceed 5 minutes, there will be a charge for this time.

PLEASE NOTE: We do not accept insurance including Medicare, Medicaid, or other private insurance companies. Payment is expected at time of service.

I understand and agree to the terms listed above including the financial policies and consent to be evaluated by Joshua Goldenberg including but not limited to physical examination, diagnosis, and treatment:

Patient Name Signature (or of parent/guardian)

_____ Date

Dr. Joshua Goldenberg, RND

_____ Date



If the patient is a **minor**, check one:

The patient ____does; ____does not have a relationship with a licensed physician or pediatric health care provider.

Provide the name, address, phone of licensed physician or pediatric health care provider.

_____/_____
Signature of parent/guardian / Date