

Complete Metabolic and Hormone Assessment Patient Agreement

**Auburn Direct Primary Care, LLC d/b/a New Leaf Online
Auburn, Alabama**

This Agreement (“Agreement”) outlines the terms and conditions under which you (“Patient”) are purchasing a one-time **Complete Metabolic and Hormone Health Assessment** (“Assessment”) from **Auburn Direct Primary Care, LLC, doing business as New Leaf Online** (“Practice”).

Please review this Agreement carefully. By purchasing the Assessment, you agree to the following:

1. Scope of Services

This is a **one-time, self-pay service** that includes:

- A customized panel of **laboratory tests** ordered through LabCorp,
- One (1) **in-person appointment** at our Auburn, Alabama office to review and explain the results,
- A **brief physical exam**, including vitals, height, weight, and optional body composition analysis,
- An in-person **summary of findings**, and when appropriate, a **proposed treatment plan** (offered at the provider’s discretion).

No further visits, treatment, prescriptions, or follow-up care are included in this offer.

2. Limited Physician-Patient Relationship

By completing this Assessment, you acknowledge that a **limited physician-patient relationship** is being established **only for the duration and scope of the services listed above**.

This relationship is strictly limited to:

- Reviewing your intake form and lab results,
- Conducting a brief physical exam,
- Providing an educational explanation of findings,

- Optionally offering a proposed treatment plan.

You understand and agree that **no ongoing care, diagnosis, or treatment** is included in this Assessment unless you separately enroll in a treatment program with New Leaf Online and execute the appropriate service agreements.

3. No Guarantee of Treatment Plan

The provider may, at their discretion, offer a proposed treatment plan based on your assessment findings. However:

- There is **no guarantee** that a treatment plan will be provided.
- Any treatment plan offered will only be implemented if you **elect to enroll in a separate program**, complete all necessary agreements and consents, and pay the applicable fees.

You understand that the provider and Practice are under **no obligation to treat** any condition discovered during your Assessment unless you formally initiate ongoing care.

4. Payment, Refunds, and Rescheduling

- **Full payment** is due at the time of purchase. No appointments or lab orders will be issued until payment is received.
 - Once your lab order is submitted, **no refunds will be issued** under any circumstances.
 - If you need to reschedule your in-person visit, you may do so **once**, provided you give at least **48 hours' notice**.
 - Failure to attend your rescheduled visit or a no-show without proper notice will result in **forfeiture of your in-person results review**, although your lab results and any written summary will still be made available electronically.
 - No exceptions will be made to this refund and rescheduling policy due to the Practice's financial obligations related to lab processing.
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5. Travel Requirement

By purchasing this Assessment, you confirm that you are **willing and able to travel** to our office in **Auburn, Alabama** for your in-person appointment. **Virtual alternatives are not available** for this Assessment.

6. Insurance Disclaimer

This Assessment is a **cash-only service**. The Practice:

- Will **not bill insurance, Medicare, or Medicaid**,
 - Will **not submit claims on your behalf**,
 - Makes **no representation or guarantee** that your insurance provider will reimburse any portion of the Assessment fee.
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7. Intake Form and Medical History

You agree to complete the **required intake questionnaire**, which includes your medical history, medications, and relevant health information, before your in-person appointment. This information is essential for accurate interpretation of your lab results.

Completion of the form does **not guarantee diagnosis or treatment**, nor does it establish a continuing duty of care beyond the Assessment.

8. Privacy and Confidentiality

Although Auburn Direct Primary Care, LLC is a cash-only practice and may not be considered a “covered entity” under HIPAA, we are committed to respecting your privacy.

- We voluntarily follow **HIPAA-aligned privacy practices** and will not disclose your personal health information without your consent, except as required by law.
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8A. Audio Recording for Training and Quality Assurance

You acknowledge and agree that your in-person Assessment visit **will be audio recorded by default** for internal training, supervision, and quality-assurance purposes. The recording and any transcript generated from it will be accessible only to authorized providers, patient coordinators, and training personnel within Auburn Direct Primary Care, LLC.

The audio and/or transcript **will never be shared outside the organization** unless required by law. To protect your privacy, no identifying information will be attached to the recording or transcript **other than your first name**, which may be used solely for internal reference. No recordings will ever be used for marketing, advertising, or any public-facing purpose.

If you prefer not to have your visit recorded, you may opt out by informing us before your appointment.

9. Telehealth Consent and Communications

You consent to receive communications from the Practice via **email, phone, or other electronic means** for scheduling, intake, lab orders, and results delivery.

You understand that these communication methods may not be encrypted or fully secure, and you accept those risks voluntarily.

10. Termination of Limited Relationship

Unless you enroll in a separate treatment program, your physician-patient relationship with the Practice will **automatically terminate** at the conclusion of your in-person results review.

You agree that no further visits, support, or clinical services are owed beyond that point.

11. Emergency Care Disclaimer

This Assessment is not appropriate for urgent or emergency medical needs. If you experience severe symptoms such as chest pain, difficulty breathing, uncontrolled bleeding, or other emergent issues, you must call **911 or visit the nearest emergency department**.

12. Governing Law

This Agreement shall be governed by the laws of the **State of Alabama**, where the Practice is located. Patients traveling from Georgia, Florida, Mississippi, or Tennessee acknowledge that all services are being rendered in Alabama, and that Alabama law applies.

13. Lab Draw Policy and Patient Responsibility

You understand and agree that:

- Your laboratory testing must be completed **exclusively at a Labcorp facility** using the lab order provided by New Leaf Online.
- If you choose to take your lab order to **any other laboratory, hospital, clinic, or doctor's office**, including your primary care provider, you may be personally responsible for paying the **full retail price** for those tests.

- New Leaf Online is not responsible for **any charges or bills incurred** as a result of having labs drawn outside of Labcorp.
- The Practice has arranged for **deeply discounted, cash-pay pricing** with Labcorp for the specific labs included in this Assessment. These discounts are **not transferable** to other lab providers.
- In some cases, the retail cost of these labs at other facilities may exceed **several thousand dollars**.

By proceeding, you acknowledge and accept full financial responsibility for any labs drawn outside of Labcorp.

By purchasing this Assessment, you agree to all terms above and confirm your understanding that this is a limited-scope, cash-pay service with no guarantee of ongoing treatment.