

**Dr. Janet OPILA-LEHMAN, ND**  
WellSpring Wellness Center  
966 Tunnel Rd, Asheville, NC. 28805  
WA ND License: 60658783



**Phone: 828-424-0078**  
EM: [Dr.Janet@WNCNaturopathicMedicine.com](mailto:Dr.Janet@WNCNaturopathicMedicine.com)  
Website: [www.WNCNaturopathicMedicine.com](http://www.WNCNaturopathicMedicine.com)  
NPI#: 1821298431

## **Informed Consent**

Dr. Janet Opila-Lehman, ND functions as a health consultant in the state of North Carolina and focuses her practice on the enhancement of health and preventive actions.

She graduated from Bastyr University with her doctorate in Naturopathic Medicine, passed all the Board exams and completed her Residency in Colorado. She uses her education and experience to give you wellness suggestions. She may discuss substances that have not been subject to double blind clinical studies or FDA approval or regulation. I assume the responsibility for the decision to follow her recommendations. These may include dietary changes, lifestyle modifications, supplements, botanical or homeopathic remedies, hydrotherapy (application of hot/cold water), physical treatments, counseling, and education.

Dr. Janet is licensable in all states that license Naturopath Physicians. North Carolina currently is not one of those state (as of 8/1/23). Dr. Janet Opila-Lehman, ND is not an MD/DO and does not practice medicine in the state of North Carolina. Her recommendations are intended to complement, not replace, any treatments prescribed by a licensed physician. If you seek the care of Dr. Janet Opila-Lehman in North Carolina, she advises that you seek the concurrent care of a health care provider licensed in North Carolina State.

I understand that while Naturopathic Medicine is intrinsically safer than other systems of medicine, there are potential risks. Dr. Janet will discuss expected benefits and side-effects of any recommendations, and always allow me the opportunity to ask questions.

I attest that the information I provide to Dr. Janet is as true and accurate as possible to aid in the achievement of my optimal health. I agree to the physical contact necessary for assessment of my case. I have read and understand the information provided, and have received a copy for my records if requested. I realize that no guarantees have been given to me. With my signature I consent to the services provided by Dr. Janet Opila-Lehman as described above and have had an opportunity to ask any questions about the nature of those services and her practice.

**Please sign on next page.**

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## HIPAA Notice of Privacy Practices and Consent

I hereby consent to the use and disclosure of my protected health information by Dr. Janet Opila-Lehman for the purposes of health consulting, payment and healthcare operations, or as otherwise required by law. By signing below I am agreeing that I have been informed about my protected health information and how to obtain a personal copy of the privacy policy.

- I have the right to request restrictions on the usage and disclosure of my protected health information.
- I have the right to request an alternative to the standard method of communication of my protected health information.
- I have the right to refuse disclosure of care/services to health plans regarding care/services that I have paid out of pocket for.
- I have the right to request my personal health information in writing and understand that it could take up to 60 days to receive that information.
- I have the right to access my electronic medical record through the patient portal, at no cost at any time and understand that my email address is required to do so.
- I have the right to contact Dr. Janet Opila-Lehman through unsecured email, text, phone, or online, however, I understand those are not HIPAA-compliant forms of communication and that Dr. Janet Opila-Lehman provides other secure options.
- I am aware that my health information may be used to provide, coordinate or manage my health care and may be disclosed to a third party to facilitate this action.
- I am aware that my health information may be confidentially shared in the operations of Dr. Janet's business such as statistical records and quality assessment.
- I am aware that Dr. Janet Opila-Lehman reserves the right to change the terms of this Notice of Privacy Practices and to make new Notice of Privacy Practices provisions effective for all protected health information maintained. In the event of amendments, Dr. Janet Opila-Lehman will make available a revised Notice of Privacy Practice for my review.
- I have the right to revoke this consent, in writing, at any time. Revocations will be honored as of the date they are received by Dr. Janet Opila-Lehman.

I have read and understand the information provided, and have received a copy for my records if requested.

Signature of Client or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship (if other than Client): \_\_\_\_\_

Client Name if Guardian is Signing: \_\_\_\_\_