



2028 E. Prince Road, Tucson, AZ 85719 Phone: 520-209-1755

## Welcome!!

We are very excited that you have chosen Naturopathic Medicine! We are both honored and excited to have the opportunity to work with you as we combine our efforts to bring you to optimal health.

On this your first appointment, we have begun the gathering phase.

Starting with your initial meeting, physical exam, and discussion of goals we gather information about:

- You
- Your health history
- Your experiences in life
- Your current health concerns

Over this next week possibly two, we will receive further lab information from your previous or other providers, receive current lab results if we've requested them for you, and process this information to provide you with a personalized treatment plan.

In practicing Functional Medicine, we eliminate the guessing games of what could be causing your symptoms so that we may focus on moving forward with increasing benefits to you. Once we have the requested records, we will contact you to schedule your first follow up visit to discuss your individualized long-term treatment plan.

Once you have begun your individualized treatment program we will work together until you've achieved the optimal health you desire. For some, this can take weeks, for others it can take months, and for some this process takes years because we do not manage symptoms, we find the root to the problem(s) and fix them. This requires more work and patience but is well worth the results, therefore I ask you to realize you are making a minimum of a three to six-month commitment to your health and to working with us to help you obtain optimal health.

I know there's a lot of information in this welcome folder, but please do make the time to read it as it is important that you stay informed every step of the way as we go forward.

If you ever have questions or concerns, please don't hesitate to call.

We look forward to working with you!

With warmest regards,

*Dr. DeeAnn Saber and Staff*



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## Table of Contents

*I know there's a lot of information in this welcome folder, but please do make the time to read it as it is important that you stay informed every step of the way as we go forward.*

### Inside please find:

Welcome Letter: .....	1
Table of Contents.....	2
Your Copy of Your Intake Forms .....	3-4
Informed Consent and Request for Naturopathic Treatment.....	5-6
Notice of Privacy Practices .....	6-9
Appointment Policy .....	9
Email and Phone Call Policy:.....	10
FAQ's at Transformational Medicine.....	11
Patient Referral Program & Gift Cards.....	14



2028 E. Prince Road, Tucson, AZ 85719 Phone: 520-209-1755

## **Your Copy of Your Intake Forms**



2028 E. Prince Road, Tucson, AZ 85719 Phone: 520-209-1755

## Informed Consent and Request for Naturopathic Treatment

I, \_\_\_\_\_, as a patient, have the right to be informed about my condition and recommended care. This disclosure is to help me become better informed so that I may make the decision to give, or withhold, my consent as to undergo care, having had the opportunity to discuss the potential benefits, risks, and hazards involved.

I hereby request and consent, for myself (or the person for whom I am legally responsible) to be examined and treated with Naturopathic Medicine by Dr. DeeAnn G. Saber and her staff, at the office, who now or in the future may treat me while working at Transformational Medicine, 2028 E. Prince Road, Tucson, AZ 85719. Appointments may be recorded for proper transcription.

*Notice to individuals with bleeding disorders, pace makers, and cancer: for your safety, it is important to alert the provider of these conditions.*

I understand that I have the right to ask questions and discuss to my satisfaction with Dr. Saber:

- 1) My suspected diagnosis or condition
- 2) The nature, purpose and potential benefits of the proposed care
- 3) The inherent risks, complications, potential hazards, or side effects of treatment or procedures
- 4) The probability or likelihood of success
- 5) Reasonable available alternatives to the proposed treatments or procedures
- 6) The possible consequences if treatment or advice is not followed and/or nothing is done.

I understand that naturopathic evaluation and treatment may include, but is not limited to:

- 1) Physical exams, (general, musculoskeletal, orthopedic and neurological assessments),
- 2) Common diagnostic procedures (Venipuncture, pap smears, diagnostic imaging referrals, laboratory evaluation of the blood, urine, stool and saliva),
- 3) Soft tissue and osseous manipulation (massage, neuromuscular technique, muscle energy testing, cranio-sacral therapy, osseous manipulation of the extremities and spine)
- 4) Thermal therapies (infrared and ultraviolet therapies),
- 5) Ozone therapies including blood therapies, and insufflation as well as injections (ProloOzone).
- 6) Dietary advice and therapeutic nutrition (use of foods, diet plans, nutritional supplements, and intramuscular vitamin injections)
- 7) Herbs/natural medicines (prescribing of various therapeutic substances including plants, mineral and animal materials). Substances may be given in the form of teas, pills, creams, powders, tinctures, suppositories, and essential oils which may contain alcohol, topical creams, pastes, plasters, washes and other forms.
- 8) Homeopathic remedies (often highly diluted quantities of naturally-occurring substances).
- 9) Hydrotherapy (use of hot and cold water, colon hydrotherapy, cryotherapy)
- 10) Counseling (including, but not limited to, hypnosis, and visualization for improved lifestyle strategies and wellness)
- 11) Over the counter and prescription medications (including only medications approved by the Department of Health and the State of Arizona Naturopathic Medical Board)
- 12) Intravenous injections of vitamins and minerals by prescription only.

I understand, and I am informed that in the practice of Naturopathic Medicine that there are some risks and benefits with evaluation and treatment including but not limited to the following:



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**Potential risks:** pain, discomfort, blistering, minor bruising, discoloration, infections, burns, topical procedures, frictional therapies and hydrotherapies, allergic reactions to prescribed herbs, supplements, prescriptions medications; soft tissue or bony injury from physical manipulations; an aggravation of pre-existing symptoms; emotional response from somatic or other therapies.

**Potential benefits:** Restoration of the bodies maximal functioning capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

**NOTE TO PREGNANT WOMEN:** All female patients must alert the provider if they know or suspect that they are pregnant, since some of the therapies could present a risk to the pregnancy. Labor-stimulating techniques or any labor-inducing substances will not be used unless the treatment is specifically for the induction of labor. The treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such treatment.

Please indicate that you have read and understand the following by initialing next to each .

\_\_\_\_\_ I understand that Doctors will only prescribe medication she thinks that it is in my best interest. Appropriate referrals will be provided to manage my prescriptive medications.

\_\_\_\_\_ I understand that the US Food and Drug Administration has not approved nutritional, herbal and homeopathic substances, however, they have been widely used in Europe, China and the USA for hundreds of years.

\_\_\_\_\_ I understand the doctors are not psychologist or psychiatrist. Counseling services are for the improvement of lifestyle strategies and wellness.

\_\_\_\_\_ I acknowledge my responsibility for all services provided. I understand this is a cash-based practice and that payment is due at each visit. I can get a bill and submit it to my insurance, but this does not imply any reimbursement will be forthcoming.

\_\_\_\_\_ I understand all appointments require a minimum 48 hours cancellation/reschedule notice. If I do not provide 48 hours, or no show for my appointment, I agree to pay the cancellation/no show fee of \$75. This fee will not apply to future visits.

\_\_\_\_\_ I do not expect the Doctors or any allied health care providers to be able to anticipate and explain all the risks or complications, but I wish to rely on the providers best judgment during the course of assessment and treatment based on the known facts. I also understand that it is my responsibility to request that the provider explain therapies and procedures to my satisfaction. I further acknowledge that no guarantees or services have been made to me concerning the results intended from the treatments I receive. By signing below, I acknowledge that I have been provided ample opportunity to read this form or that it has been read to me. I understand the above and have given oral and written consent to evaluation and treatment. I intend this as a consent form to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment.

\_\_\_\_\_ Date: \_\_\_\_\_

Patients/Guardians Printed Name

\_\_\_\_\_

Parents / Guardians Signature



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## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Transformational Medicine PLLC respects your privacy. We understand that personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatments, health information from other providers, as well as billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

**Examples of Use: *Disclosures of protected health information for treatment, payment, and operations:***

### **For Treatment:**

Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you. We may also provide information to others providing you care. This will help them stay informed about your care.

### **For Payment:**

You may request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care. Dr. Saber, nor her staff, does not provide insurance billing, please do not expect us to.

### **For health care operations;**

\*We use your medical records to assess quality and improve services

\*We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.

\*We may contact you to remind you of appointments and give you information about treatment alternatives or other health related benefits and services.

\*We may use and disclose your information to conduct or arrange for services, including; Accounting, legal, risk management, Audit functions, fraud and abuse detection and compliance programs.



2028 E. Prince Road, Tucson, AZ 85719 Phone: 520-209-1755

### **Your health information rights;**

The health and payment records we create and store are the property of this practice/health care facility. The protected health information in it, generally belongs to you. You have a right to receive, read and ask questions and to ask us to restrict certain uses and disclosures. You must deliver this request in writing to us being specific. We are not required to grant the request, but we will comply with any request granted. You may request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information Notice. You may have us review a denial of access to your health information-except in certain circumstances; You may ask us to change your health information. This request must be in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your records. When you request, we will give you a list of disclosures of your health information. This list will not include disclosures to third party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months. You may ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing. You may cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact Arizona's HIPAA compliance officer at 602-542-1020.

### **Our Responsibilities:**

We are required to keep your protected health information private, to give you this notice and to follow the terms of this notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this notice.

### **To ask for help or to complain:**

If you have questions, want more information, or want to report a problem about the handling of your protected health information contact the Phoenix office for Arizona HIPAA complaints 602-542-1020 Fax 602-364-1150. If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to Dr. Saber at our facility. You may also file a complaint with the US Secretary of Health and Human Services. We respect your right to file a complaint with us or with the US Secretary of Health and Human Services and we will not retaliate against you.



2028 E. Prince Road, Tucson, AZ 85719 Phone: 520-209-1755

**Other Disclosures and Uses of Protected Health Information:**

**Notification of Family and Others**

With your written permission, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts. Hospital information may be provided to people who ask for you by name. We may and will disclose the following information in a hospital directory: your name, location, general condition, and religion (only to clergy).

You have the right to object to this use or disclosure of your information. If you object, please put it in writing and we will comply.

We may also share information with funeral directors/coroners consistent with applicable law to allow them to carry out their duties. To organ procurement organizations or persons who obtain, store, or transplant organs. To the Food and Drug Administration (FDA) relating to problems with products. To comply with Workers Compensation Laws – if you file a Workmen’s compensation claim. For public health and safety purposes as allowed or required by law to prevent or reduce a serious immediate threat to health or safety of a person or the public, to prevent or control disease, injury or disability. To report vital statistics such as births or deaths. To report suspected abuse or neglect to public authorities. To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others. For law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime. For health and safety oversight activities; for example, we may share information with the Department of Health for disaster relief purposes to assist in notification of your condition to family or others. For work related conditions that could affect employee health. To the military authorities of US and foreign military personnel, or for national security purposes.

Uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorization.



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## Appointment Policy

At Transformational Medicine appointments are taken very seriously.

As much as our time is valuable, we understand your time is also valuable. We respect your busy schedule and ask that you offer us the same respect when it comes to your appointments.

### **Your health, and the health of all of our patients, is our primary concern.**

From time to time, a patient's health issue requires more time than scheduled which can cause us to run a little late for our next patient.

We thank you in advance for your patience and understanding if this should occur to you.

We promise to show patience on the times you're running late, or you need more time than was scheduled.

### **Appointment Reminders:**

Please remember, your appointment is made just for you, and due to this fact, you will receive a reminder call as a courtesy so do please, make your appointments a priority in your schedule.

### **48 Hour Notice to Cancel and/or Reschedule**

As was previously stated on your intake paperwork, we require 48 hours' notice of cancellation or change of schedule to avoid any "No Show" fees.

### **No Show Fee: \$75**

If you do not show up to a scheduled appointment or provide less than 48 hours' notice, that means another patient didn't get to see the doctor at that time. In such cases a \$75 fee will be charged to your account.

Thank you in advance for understanding and respecting our appointment policies.



2028 E. Prince Road, Tucson, AZ 85719 Phone: 520-209-1755

## Email and Phone Call Policy:

At Transformational Medicine we encourage patients to utilize email as well as phone calls to update us about your progress or letting us know about urgent concerns that arise. This type of communication should be used for providing updates or getting quick clarification ONLY. Please understand that time does not allow us to respond to each of the dozens of emails and calls we receive from patients every day. We devote our time in the clinic to our scheduled patients, and must attend to our email and phone calls largely after work hours. We ask that you respect the following guidelines when corresponding by email.

1. If you are writing an email to us about your symptoms, please put the word "Update" in the subject of your email. Email us at [info@TFMND.co](mailto:info@TFMND.co).
2. If you are requesting a reply to a question or concern in your email, put the words "Patient Question" in the subject and please allow 2 days for a reply.
3. If you have an *urgent* question, phone the office at 520-209-1755 ext, 1 or 2.
4. If you have not received a reply within 2 days (or within 24 hours for urgent questions), please feel free to send a reminder email with the words "Patient Reminder" in the subject. In the body of the email, please reiterate the question or concern about which you are waiting for a reply. You can do this by forwarding the original email if you like.
5. **Please do not ask more than 2 questions in a single email or phone call.** Remember, this type of communication should be used for providing updates or getting quick clarification about your care ONLY. If you have more than 2 questions, please schedule an office visit or phone consultation appointment so that we can appropriately address your concerns.
6. **Email / Phone Consultation Fees:** Email replies or phone consultations that require more than 5 minutes to write will be billed as follows: Email that requires **6-15 minutes** are billed at **\$65**; **16-30 minutes** is billed at **\$115**; each **10-minute increment over 30 minutes** is billed at an additional **\$65 per 15 minute increment**.
7. Please do not ask for treatment advice related to a new condition. For example, if you are under care for cancer and you experience a sinus infection, please schedule a visit to address that new issue. Emails and phone calls cannot be used as a surrogate for office visits with respect to new symptoms.

Even with these guidelines in place, it is important you understand that attending to email and returning phone calls is necessarily a secondary focus for Dr. Saber. Attention is always given first to scheduled patients. If you are frustrated by a lack of response via email or phone, please schedule an office visit.

Texting **is not** an accepted form of communicating other than to schedule an appointment.

We thank you and appreciate your understanding.

(\*Fees quoted above are as of Mar 2026 and are subject to change.)



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## FAQ's at Transformational Medicine

### **Do You Accept Insurances?**

We are NOT covered by medical insurances. Arizona state does not recognize alternative health care under its insurance rules.

### **Are phone consultations allowed?**

Phone consultations can be used in place of an in-office visit, ONLY for patients that have already seen the Doctor. If you live out of state, you must actually see the Doctor in person, at least once per year in order to be able to receive assistance via phone, email, skype etc.

### **What forms of payment do you accept?**

We accept Cash, Checks (Made payable to TransFormMed), MC / Visa / Discover / Amex and HSA cards.

### **What if I need to reschedule or cancel my appointment?**

To cancel or reschedule appointments, please call our office during business hours at least 48 hours in advance of your appointment. If it is less than 48 hours you will be charged a \$75 fee, otherwise, someone will contact you to reschedule you to a time more convenient for you.

### **I have lab work from another doctor, should I bring it with me?**

Yes please, do bring all lab work you've received over the past 3 years if possible. You may also scan and email that information to us at [TransFormMedOffice@gmail.com](mailto:TransFormMedOffice@gmail.com). We will place this information in your file. You may also have that information sent to us directly from your doctor's offices. If this is a good idea for you, please fill out a Release of Information Form at our office and provide us with the doctors names, we will submit it to get your results.

### **I want to bring my entire family! Do you provide pediatric services?**

We certainly do! We commonly work with the whole family, identifying food allergies and nutritional deficiencies. Infants 18 months or older can be tested for food allergies and reflex challenges; children 4 and older can also receive urine and saliva chemistry analysis.

### **Can I bring my children to the appointment, when I don't have childcare?**

Absolutely. We have a waiting room with books and toys for the children, however, it's difficult to conduct a full New Patient appointment with little ones present so we ask you make every attempt to find care for them when you are receiving physicals or other treatments.

### **What can I expect from a first, second, third follow up appointments?**

#### **First Office Call:** The Basics

Duration is approximately 2 hours;

Purpose is to discuss health concerns, goals, and do a complete physical.

We will possibly collect a saliva, urine, blood or hair analysis.



2028 E. Prince Road, Tucson, AZ 85719 Phone: 520-209-1755

We will establish a basic plan of action and establish a 2<sup>nd</sup> visit to go over labs and tests.

### **Second Visit, ROC 1:**

Duration is approximately 1 1/2 hours;

Purpose is to explain the findings of lab results, create a treatment plan and protocol that works for you.

May include prescriptions of professional supplementation and home care strategies.

You will receive a call within a week to see how you are feeling/doing.

### **Follow UP Visits**

Duration approximately 1/2 hour to 1 hour. They can be longer if you have a lot of questions. Each visit includes vitals. May include modification of treatment plan, or prescriptions.

Should be scheduled approximately 1 month out, followed by office visits every 3 months or as needed.

### **How will I know if the doctor is a good fit for me?**

We offer a complimentary session of up to 1/2 hour where you can meet with the doctor. She will not diagnose nor will she discuss treatment, however she will tell you if she can help you or not.

### **I'm experiencing symptoms such as headache, diarrhea, nausea... just don't feel right. Could it be from a supplement I'm taking?**

It is common to have these symptoms when starting a nutrition or detox program; its referred to as a 'healing crisis' and means you normally feel worst before you feel better. To find relief, discontinue all prescribed supplements or herbs and only continue with the prescribed diet until symptoms have diminished. Once symptoms have subsided, add prescribed supplements or herbs back into your protocol ONE AT A TIME, at a low dose and work up to the prescribed dosage amount. If you do not experience recurring symptoms, add the next supplement and keep adding unless symptoms return. In the event that symptoms persist after discontinuing and restarting, call us.

### **What if I'm unable to take the prescribed dosage of my supplements daily?**

The suggested serving amounts are optimal doses for your body's needs. However, you are welcome to start low and work up to the prescribed dose. Some people never get to the prescribed dosage because their chemistry improves rapidly as do their symptoms.

### **My supplements make my urine smell funny and have a different color to it.**

It's common for the urine to take on a different color (usually a deep yellow) and sometimes to smell strong. No reason to be alarmed.

### **What if I have my own supplements, can I take those instead of what you prescribed?**

It depends on the supplements you have. Bring them with you to your visit with the doctor so she can compare and tell you.

### **What if I run out of supplements before my next appointment?**

You can choose to reorder through Fullscript.com or from wherever you purchased them, as needed.

### **Can I return my supplements?**

We do not accept returns on supplements.



2028 E. Prince Road, Tucson, AZ 85719 Phone: 520-209-1755

**I'm feeling great, can I stop the program now?**

Do NOT discontinue your dietary suggestions or prescribed supplements / herbs until the doctor has determined your chemistry has changed enough to decrease or discontinue them.

**Can I put my family on my program so they can feel as good as I do?**

No. This program has been individualized for you. Everyone has different chemistry, even family members. Every individual requires different support, even if they have the same symptoms.

**Can I get back into exercising and being active again?**

A big mistake many patients make is feeling better and then overdoing activities and exercise. Let your body adjust and heal before you SLOWLY introduce more activity. The doctor will tell you when you're ready.

**How long until I see results?**

The majority of patients see positive results nearly immediately, however, the body heals from the inside out and from the top to the bottom... and this takes time. Our request is your 3-month commitment at minimum before you expect to actually see measurable results. For chronic cases it can be up to 5 years to get results.

**Why do I receive so many appointment reminders from your office?**

Email, and voice mail messages are programmed into our system in order to save you from having to pay a \$75 fee to us when you overlook your appointment. These messages are there to protect you.

**I've called the office and haven't been able to reach a live person? How do I speak to a real person?**

We may have been on the phone with another patient, or the office was closed. Our system is set up to allow you to select who you wish to speak too, and then ring you through directly to that practitioner. If it's Monday – Friday 9 AM – 6 PM, you can wait a few minutes and then phone back, a real person should answer. If not, leave a message and a real person will return your call as soon as able. We want you to have a real person too!

**I have a couple of quick questions for the doctor, what is the best method to reach her?**

You can email our doctors [at info@TFMND.co](mailto:info@TFMND.co) with quick questions. If your answers require more than 5 minutes of her time you will be charged for a minimum 15-minute fee.



2028 E. Prince Road, Tucson, AZ 85719 Phone: 520-209-1755

## Patient Referral Program & Gift Cards

At Transformational Medicine we've built our award winning practice by providing excellent naturopathic health care to our patients.

Those happy patients have since introduced their friends and families to us for care which we very much appreciate.

Patients often ask what is the best way to introduce their friends or associates to our clinic?

To make it easy for them, and you, to introduce someone to our clinic we have created our referral gift card program.

### **Know someone who would benefit from our services?**

If you have a friend or family member who would like to explore how our services work, how Naturopathic Medicine might help them and to meet Dr. Saber or Dr. Miller in person without any commitment or obligation, please provide them with our information

Should they decide to become a patient, you have our word we will take great care of them and appreciate your referral.

Thank you in advance for trusting us with your referrals.