



LONGEVITY LAB

Longevity Lab Monthly Subscription

At this time we are offering Tier One Longevity Lab Nutrition. We want you on board with creating better health for you and your family. Our pricing for Longevity Lab, existing patients is \$55 a month subscription. If you want to add a family member to have access to this Tier One offering, each family member add on is \$15 a month.

What You Get With Longevity Lab Tier One

- Personal Nutritional Session (limit 3 a month)
- Access to DNA testing with Pracrition, designed nutrition for you based on your genetic deficiencies and active blood work panel (*DNA testing and additional testing is not part of the fee structure of Longevity Lab; this is a separate fee; should you need additional testing, we will educate you on Lab Tests and Fees*)
- Individualized Dietary & Symptom Trackers with Doctor Real-time Doctor Feedback
- Access to **Longevity Lab Elite Facebook (this is a private group just for our Longevity Lab patients)**, here we will provide patients clinical updates weekly on how to improve everything on nutrition from how to get food sources into your diet to improve your immune function to understanding gut microbiome; we will be asking active patients to submit requests to our contact@longevitylabva.com; we want to address your challenges and concerns in achieving your nutritional health

Our goal is to serve you as the patient and give you the best outcome for success in achieving your health goals. Nutrition consults are designed to give the body time to rebalance and make nutrition progress; no progress or regression is unacceptable. Results are difficult to achieve in one visit or one week if one is truly motivated toward a lifestyle change. By committing to **Longevity Lab**, its your journey to becoming and feeling your best self.

In your portal (link to portal <https://www.rightpracticesolutions.com/patient-page/patient-page.php?cbr=103f70007822888dbb24473fa817>), we will provide you with a superbill to submit for nutritional consultations. Some insurance companies do reimburse for nutrition. We will do our best to provide this to you in a timely manner; it could be a game changer for covering your entire Longevity Lab subscription!

SIGNATURE

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contact@longevitylabva.com
www.Longevitylabva.com



Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At Dr. Susan M. Clark's practice, we always keep your health information secure and confidential. A new law, Health Information Portability and Accountability Act (HIPPA), requires us to continue to maintaining your privacy, to give you notice and to follow the terms of this notice.

Our office is an open treatment setup which facilitates education and ease of treatment. Your private health matters will be discussed in private by appointment. Please let us know if you require specific private appointments to discuss personal health issues.

HIPPA permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialists doctor, whom we may involve in your care. We may use or disclose your health information for payment of your services. For example, we may send a report of progress to your insurance company. We may use or disclose your health information for our normal health operations. For example, one of our staff will enter your information into our computer. We may share your health information with our business associates, such as a billing service. We do have a written contract, with each business associate that requires them to protect your privacy. We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not at home, we may leave this message on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law. If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know, if we can fulfill your request. You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we may need to contact you from time to time, we will use whatever address or telephone you prefer. You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with a few exceptions. A written request regarding the information you would like to see is necessary. If you would also like a copy of your records, we may charge you a reasonable fee for the copies. You have the right to request an amendment, change to your health information, and/or include a statement. These requests must be in writing. We may or may not make the changes you request, but we will be happy to include your statement as part of your file. If we agree to the amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services at 200 Independence Avenue SW Room 509F, Washington DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint or for more information or assistance regarding your health information privacy, please contact our privacy officer, Dr. Susan M. Clark at (703) 673-6333.

This notice goes into effect 1 Nov 2004.

I have read and understand the above privacy policy and may receive a copy at any time.

Patient's Name

Signature of Patient or Parent/Guardian



LONGEVITY LAB

Nutritional Program Guidelines

1. We are excited to offer to you, the state-of-the-art, entirely virtual, **Longevity Lab**. This is a fresh approach towards achieving the health and fitness goals of our patients. Longevity Lab is affordable to patients seeking to create lifestyle habits and sustain an overall healthier lifestyle through nutrition, exercise, and mental support. Nutrition is one of the key aspects to this three-tier approach.
2. **One-On-One Consultations:** Each patient has unique goals and nutritional requirements; thus, requiring individualized attention.

- All nutritional visits are virtual consults with the ability to **Zoom and/or Facetime**. You are expected to keep all appointments as scheduled to ensure maximum progress in your case. Please send us a text at 703- 673-6333 or email the office at contact@longevitylabva.com should you need to reschedule. ***If you need to cancel your appointment or reschedule please attempt first to reschedule your appointment.***

Click [here](#) to set/reschedule an appointment.

- If you are unable to find a time in the schedule that works for you, please send us a text. Our goal is to ensure we are available for you and your nutritional needs.
- As a member of Longevity Lab, you will not be charged a cancellation fee for any reason. We do ask that you notify us as soon as you know you need to cancel or reschedule so we can make the one-on-one consult appointment available to another patient in need. Please understand we have this policy in place to be respectful of both the physician's and other patients' time. You will need to reschedule a missed appointment at our next available nutrition appointment within a week.

3. **Open Weekly Forum for Patients.** This is a Facebook Live Q&A forum open to all Longevity Lab members for general nutrition questions. Patients often have similar questions regarding diet, health, and lifestyle. Upon signing up, you will receive an invitation to our member-exclusive, **Longevity Lab Patient Facebook page**. We ask you to send questions ahead of time.

Click [here](#) to go to our Facebook page and you can send a private message to us via messenger.

If you find that you are unable to attend the scheduled live session, Each Q&A session will be recorded.



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4. Weekly Dietary Review.

You will be directed to record your daily dietary information into a private, HIPPA compliant, google survey. Only you and the Doctor will be able to access this information. This process will be moved directly to the patient portal in October of 2020.

5. Your Success With Longevity Lab First-Tier Nutrition

- TRY NOT to miss any doses of supplements. Missed doses will stall improvement and extend the time it takes to complete your program. If you miss a dose, you can make it up at the next dose. If this happens repeatedly, let the doctor know so your supplement schedule can be modified.
- Please keep in mind that our nutritional products DO NOT cause “side effects” as they are not drugs. Occasionally after starting a nutritional program, you may feel temporary worsening or even feel “sick”. If this occurs, do NOT cancel your consult. Immediately call the office and/or text the office at 703-673-6333.
- Oftentimes these side effects are “flare ups” where your body is in a “healing crisis.” This indicates that your body is starting to heal by throwing off toxins that have been keeping you sick. By fine-tuning your program, we can help navigate this period of natural cleansing and adjust your program to correct the underlying cause of the problem.
- Please do consider all the dynamics in your life that could interfere with or prevent you from doing or completing your health improvement program. If you need assistance in working out how to handle any obstacles in your quest for better health, please stay in communication with our office. We want you to have absolute success on your health journey.

I have read and understand the foregoing.

Print Name:

Signature:

If a minor, a signature of parent or guardian is required. Witness: