



Consent and Service Agreement for Case Integration Review

09/23/2026

Orville R. Weyrich, Jr., PhD, NMD, BCN, ABAHP

I request a Case Integration Review from Dr. Orville R. Weyrich, Jr., PhD, NMD, an Arizona-licensed naturopathic physician.

Signing, payment, or submission of records does not by itself establish acceptance for professional review. A limited-scope doctor-patient relationship for the initial professional review begins when Dr. Weyrich affirmatively accepts the submitted materials for professional review. Acceptance of the broader Case Integration Review requires a Work Order or written amendment defining the accepted project.

This service does not replace ongoing care by the patient's treating clinicians, and the patient remains responsible for obtaining appropriate medical evaluation and treatment.

SCOPE OF CASE INTEGRATION REVIEW

Once accepted and begun, the Case Integration Review establishes a limited scope doctor-patient relationship for record review, organization, education, and medical decision support. The review may include:

- Reconstruction of the clinical timeline and organization of records from multiple providers or dates.
- Extraction and comparison of laboratory results and review of imaging, pathology, procedures, medications, supplements, and specialist reports.
- Identification of patterns, inconsistencies, missing information, and possible explanatory or differential considerations.
- Preparation of a written or verbal summary, questions for treating clinicians, and suggestions regarding information or evaluation that may warrant discussion with those clinicians.

The review may discuss possible explanations or differential considerations supported by the available information. It is not, by itself, a comprehensive diagnostic examination, prescription, individualized treatment plan, or agreement for ongoing medical management. It does not replace the patient's primary care provider (PCP), specialists, preventive care, urgent care, emergency care, or an in-person examination when one is needed.

Records requiring separate or specific authorization: Some categories of records may require a separate or more specific patient authorization and ordinarily will be excluded from routine record requests unless specifically included in the Work Order or a separate authorization. Examples include separately maintained psychotherapy notes, records protected by 42 CFR Part 2 relating to substance use disorder, confidential HIV-related information, genetic-testing information requiring specific authorization, and other records subject to comparable special confidentiality requirements.

Patient-requested exclusions: The patient may also request that other specifically identified information be excluded, subject to the record custodian's ability to segregate that information and Dr. Weyrich's determination that the remaining information is adequate for the agreed review. The patient understands and agrees that exclusions may materially limit the completeness, reliability, and clinical usefulness of the review and of any resulting summary, findings, or recommendations.

Incidental information: Records delivered to Dr. Weyrich by third parties in response to record requests within the agreed scope may nonetheless contain incidental references to excluded subjects. Such incidental information may be encountered during review but will not become a substantive subject of the case analysis unless the patient and Dr. Weyrich agree in writing to expand the scope. Nothing in this limitation requires Dr. Weyrich to disregard information actually recognized during the review when applicable law or professional obligations require action concerning an immediate or serious safety issue.

Professional or Legal Conflict: Dr. Weyrich provides clinical review using his independent professional judgment and considers clinically relevant physiologic, diagnostic, therapeutic, and scientific information. If applicable law, the patient's requested limitations, or the requested purpose of the review would prevent Dr. Weyrich from obtaining information he considers necessary or from communicating clinically material findings, uncertainties, risks, or reasonable alternatives, he may decline the requested service or limit its scope.

Transition to clinical care. If Dr. Weyrich believes that clinical evaluation or treatment may be appropriate and agrees to accept that role, the patient must complete a separate Informed Consent for Clinical Evaluation and Treatment and any additional intake or evaluation required. Neither party is obligated to proceed from review to treatment.

Completion of the engagement. The Case Integration Review is completed when the agreed report or consultation and any specifically included follow-up revision have been delivered. After completion, Dr. Weyrich has no ongoing duty to monitor new symptoms, records, messages, or results unless a new service is expressly accepted. Sending additional information does not automatically reopen or extend the engagement.

NATURE AND LIMITATIONS OF RECORD-BASED REVIEW

- Conclusions depend on the accuracy, completeness, readability, timing, and relevance of the information supplied. Records may be incomplete, outdated, internally inconsistent, or difficult to interpret.
- Outside diagnoses, histories, laboratory values, imaging interpretations, and other reports may be summarized but are not necessarily independently verified. Preliminary conclusions may change when additional records, history, examination findings, or test results become available.
- A record review cannot reproduce every benefit of a complete interview, physical examination, direct observation, or in-person diagnostic procedure.
- The review is limited in scope and is limited by the records provided, the agreed scope, the time reasonably required for that scope, and the absence of a full contemporaneous clinical examination unless separately accepted. It may not identify every abnormality, risk, diagnosis, or urgent condition. The service is not continuous surveillance of the patient or the medical record.
- The report, source records retained by the practice, and substantive related communications may be incorporated into the patient medical record and are maintained as required by applicable law and practice policy.
- Any written report or summary may identify records reviewed, records not available or not reviewed, limitations of the review, and issues that may warrant discussion with the patient's PCP, specialist, urgent care, or emergency services as appropriate.
- If an urgent or potentially dangerous issue is noticed, Dr. Weyrich may recommend immediate contact with an appropriate clinician, urgent care, or emergency service. This does not create an obligation for Dr. Weyrich to provide emergency or after-hours care.

No exhaustive-review guarantee. Case Integration Review is a professional review of the records, questions, and scope accepted for the project. It is not a guarantee that every abnormality, inconsistency, diagnosis, risk, treatment option, medication issue, supplement issue, documentation issue, billing issue, or urgent condition will be identified. Unless the applicable Work Order expressly requires a line-by-line audit or extraction of specified records or data, Dr. Weyrich uses professional judgment to focus on issues reasonably related to the accepted scope, apparent safety concerns, major trends, inconsistencies, and clinically significant questions. The review is not a line-by-line guarantee that every item in every record will be analyzed or commented upon unless the Work Order expressly requires that level of review.

PROJECT SCHEDULING AND DEPENDENCIES

Case Integration Review may involve sequential stages, including safety screening, collection and organization of records, clarification of history, identification of missing information, substantive analysis, and preparation and discussion of findings. The total calendar duration may therefore be substantially longer than the number of professional hours devoted to the project.

Any completion estimate ordinarily begins only after Dr. Weyrich determines that the information reasonably necessary for the agreed scope has been received, immediate safety concerns have been addressed, required clarification has been obtained, and applicable payment requirements have been satisfied.

Unless expressly guaranteed in writing, dates and intervals are good-faith estimates rather than fixed deadlines. Delays caused by missing or late information, third-party record production, newly discovered gaps or inconsistencies, additional records or questions, changes in scope, illness, emergencies, technical problems, or other circumstances outside reasonable control may extend the schedule.

Dr. Weyrich may pause work while awaiting required information, clarification, safety evaluation, payment, authorization, or agreement concerning scope. Materially new information or an expanded task may require a revised Work Order, revised estimate, additional fee, or separate service agreement.

Records or questions submitted after an agreed cutoff date or after substantive analysis has begun are not automatically included in the existing project.

This section is a general overview; the Work Order contains the specifics of the individual project.

APPLICATION, SAFETY, AND CASE-ACCEPTANCE PROCESS

Before a broader Case Integration Review is accepted, Dr. Weyrich may require a preliminary discovery call, completed intake and safety forms, applicable acknowledgments, information about relevant treating clinicians and records, and an initial professional review fee.

The discovery call is preliminary and does not include substantive case analysis, diagnosis, treatment recommendations, or extensive record review. It does not guarantee acceptance and does not, by itself, establish a doctor-patient relationship.

Initial professional-review relationship. Administrative receipt of forms, records, payment, or other information does not by itself establish acceptance for professional review. A limited-scope doctor-patient relationship for the initial safety, suitability, feasibility, and scope review begins when Dr. Weyrich affirmatively accepts the submitted materials for professional review. That relationship is limited to reviewing the submitted information, seeking reasonable clarification, identifying matters requiring prompt attention or referral, evaluating whether a broader project is appropriate, and communicating an initial disposition.

During the initial-review stage, Dr. Weyrich may contact the patient or authorized representative for clarification, request additional information, or recommend local evaluation before completing the review.

Possible outcomes include:

- acceptance of the proposed project;
- a request for additional information or clarification;
- postponement while a safety concern or prerequisite care need is addressed;
- acceptance of a mutually agreed modified project, documented in a Work Order or written amendment, clarifying the records, questions, time period, data types, deliverables, exclusions, or level of review accepted for the project; or
- declining the proposed project.

Acceptance of the broader Case Integration Review requires a Work Order or written amendment stating the specific task, required inputs, deliverables, estimated schedule, and fee. Neither party is obligated to proceed beyond the initial-review stage.

Initial professional review fee. The initial professional review fee compensates Dr. Weyrich for reviewing the submitted safety and intake information, identifying matters that may require prompt action or referral, evaluating the proposed project's preliminary scope and feasibility, requesting necessary clarification, and communicating an initial disposition. The fee is charged for this professional review and is not contingent on acceptance of the broader Case Integration Review.

The initial professional review fee becomes earned and nonrefundable when Dr. Weyrich begins substantive review of the submitted materials. It remains earned regardless of whether the proposed project is accepted, requires additional information, is postponed pending safety evaluation or prerequisite care, is accepted with a modified scope, or is declined.

If the patient withdraws or Dr. Weyrich declines to perform the initial professional review before substantive review begins, any unearned amount will be refunded.

End of the initial relationship. The initial professional-review relationship continues while specifically requested clarification or additional information is reasonably pending. It ends when Dr. Weyrich communicates the final initial-review disposition and any reasonably necessary safety instructions, unless he separately accepts a broader Case Integration Review or another professional service in writing.

COMMUNICATIONS AND PRIVACY

Patient and provider location, interstate professional services, electronic communications, provider availability, privacy, medical-record policies, and communication with authorized persons are addressed in the Work Order and the documents incorporated into it.

PRIMARY CARE, COORDINATION, AND EMERGENCY CARE

Primary care requirement. As a condition of this limited-scope practice, each patient accepted for services must maintain a designated PCP who is responsible for comprehensive primary and preventive care.

I agree to provide accurate PCP contact information and understand that clinically appropriate coordination with my PCP and other treating clinicians may occur pursuant to my applicable specific or standing authorization. Coordination may include exchange of relevant notes, reports, recommendations, or discussion of care.

Dr. Weyrich does not guarantee that another clinician or insurance plan will accept, order, authorize, or implement any recommendation.

If I do not have another PCP, Dr. Weyrich may decline or defer service. If he expressly agrees to assume the PCP role, that decision requires a separate written agreement, a broader clinical relationship, and the ability to provide the applicable standard of primary care. Additional services and fees may apply.

Acceptance of a Case Integration Review alone does not mean that Dr. Weyrich has accepted comprehensive PCP responsibility.

Emergency care. This practice is not an emergency service. For a medical emergency, I will call 911 or go to the nearest emergency department. I will not rely on voicemail, text, email, portal messages, or a pending review for urgent or emergency care.

INSURANCE AND GOVERNMENT-PROGRAM LIMITATIONS

- Insurance restrictions may affect whether another clinician, laboratory, pharmacy, or facility will accept, order, or implement findings or recommendations arising from the review, and whether a health plan will cover or authorize related services.
- Insurance or government-program enrollment does not expand the scope of the Case Integration Review or require Dr. Weyrich to provide services that cannot be lawfully, reliably, or safely performed, ordered, monitored, or coordinated.
- Insurance and government-program limitations are further described in the Work Order and its incorporated documents.

DIRECT-PAY FEES AND SERVICE TERMS

- The Case Integration Review is ordinarily purchased as a flat-fee package, as described in the Work Order, which specifies the fee schedule, package terms, included deliverables, turnaround expectations, and follow-up.
- Coordination letters, extensive communications with other clinicians, record-acquisition assistance, and work outside the agreed service may require additional fees disclosed in advance when reasonably possible.
- Direct-pay fees and service terms are further described in the Payment, Insurance and Third-Party Coverage document.

ENDING, LIMITING, OR TRANSFERRING SERVICES

A defined Case Integration Review ends when the agreed deliverables and any specifically included follow-up revision are completed.

Sending additional information, portal messages, lab results, imaging reports, or other records after completion does not automatically reopen or extend the engagement, and Dr. Weyrich has no duty to monitor or review newly submitted materials unless a new service is expressly accepted.

Reasons for declining, limiting, or ending services may include inability to obtain required testing or monitoring; lack of an appropriate PCP or local care pathway; services outside Dr. Weyrich's scope or competence; nonpayment; repeated failure to follow essential safety instructions; abusive or threatening conduct; loss of contact; relocation outside a jurisdiction where care may lawfully be provided; or other circumstances making continued care unsafe or impracticable.

When clinically appropriate within the limited Case Integration Review relationship, Dr. Weyrich may provide reasonable notice, referral information, a summary of findings, authorized transfer of records, and emergency instructions. Nothing in this agreement requires Dr. Weyrich to undertake diagnosis, prescribing, treatment, monitoring, or ongoing medical management that has not been separately accepted.

PATIENT RESPONSIBILITIES

- I will provide accurate and complete records and information, including medications, supplements, allergies, diagnoses, pregnancy status when relevant, insurance changes, and care received from other clinicians.
- I will maintain a designated PCP and provide current contact information unless Dr. Weyrich separately accepts comprehensive PCP responsibility in writing.
- I will not stop or change treatment prescribed by another clinician solely because of a record-review discussion without consulting the prescribing or treating clinician.
- I will promptly seek appropriate care for worsening, urgent, or emergency symptoms and will not wait for a response from this practice.
- I understand that delays or failures in obtaining records may delay or limit the review. Work may begin with available records, but conclusions may remain preliminary.
- I will provide current physical-location and callback information discussed in the Communications and Privacy document. I will promptly notify Dr. Weyrich of material changes in my PCP, insurance or government-program status, medications, major symptoms, or relevant treating clinicians during an active engagement.



Consent and Service Agreement for Case Integration Review Signature

Orville R. Weyrich, Jr., PhD, NMD, BCN, ABAHP

Please read this complete Consent and Service Agreement for Case Integration Review document, dated September 23, 2026, before signing below. It is also available at <https://DrWeyrich.com/forms/02-20260923.pdf>. The complete agreement is incorporated into this acknowledgment and consent.

Save or print this page, complete it, and return by secure email to DrWeyrich@hushmail.com, by fax, or by postal mail. Fax number and postal address are provided on request.

Patient Name: _____ DOB: ____/____/____

Designated primary care provider (PCP): _____

PCP practice / phone / fax: _____

ACKNOWLEDGMENT AND CONSENT

- ☐ I have read the complete Consent and Service Agreement for Case Integration Review identified above. I understand the limited scope and endpoint of the Case Integration Review; the communications and privacy requirements; the direct-pay model and applicable payment, insurance, government-program, and third-party coverage terms; the emergency instructions; and the conditions under which services may be declined, limited, completed, transferred, or ended.
- ☐ I understand that additional terms applicable to the specific engagement may be stated in the Work Order and its incorporated documents. I have had an opportunity to ask questions and voluntarily consent to the service.
- ☐ I have identified a designated PCP above, or Dr. Weyrich has separately agreed in writing to assume comprehensive PCP responsibility.
- ☐ I understand that completion of the Case Integration Review ends the defined engagement unless another service is expressly accepted.

Patient name (printed): _____

Date of Birth: ____/____/____

Legal guardian or authorized representative, if applicable:

(printed name): _____

Relationship to patient / authority to sign: _____

Signer is: ☐ Patient ☐ Legal guardian ☐ Authorized representative

Signature: _____ Date: ____/____/____

Accepted for initial professional review by Dr. Orville R. Weyrich, Jr., NMD:

Signature: _____ Date: ____/____/____