

HOUSTON BUYERS CLUB

3224 Yoakum Blvd.
Houston, Texas 77006
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Application for: Ellen's Hand and/or Nutritional Counseling

As a 501(c)(3) nonprofit organization, we rely on private funding in order to offer free and reduced rate services to individuals with chronic illness. Our funding requires that we collect the following information, which will remain confidential and secure.

Date: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

What is your preferred method of contact? Phone Email U.S. Mail

1. How old are you?

16-19 20-29 30-39 40-49 50-59 60+

2. How would you classify your ethnicity?

Hispanic or Latino NOT Hispanic or Latino

3. How would you classify your race? (chosed all that apply)

White/Caucasian Black/African American American Indian/Alaskan Native

Asian Native Hawaiian/Pacific Islander

4. What is your gender?

Male Female Trans-gendered (circle one) MTF FTM

5. What is your highest level of education?

Elementary School High school Some college Bachelor's degree Graduate degree

6. In what county do you reside?

Austin Chambers Colorado Fort Bend Harris Liberty

Montgomery Walker Waller Wharton Other _____

If you are not HIV+, skip to question 11.

7. If you are HIV+, when were you diagnosed?

- less than 12 months ago 1-3 years ago 3-5 years ago 5-10years ago
 11-15 years ago 16 or more years Not applicable

8. Are you currently taking HIV/AIDS medications?

- Yes No

9. Are you consistent in taking all HIV/AIDS medications prescribed to you?

- Yes No

10. If you are NOT consistent in taking all HIV/AIDS medications, please list your reasons for the inconsistency (please check all that apply):

- Lack of insurance Lack of funds Adverse side effects

Other, please specify: _____

11. What made you choose to come to the Houston Buyers Club (HBC)?

- Low Prices Location Doctor referral
 Free or reduced rate services (Ellen's Hand or Nutritional Counseling)
 Recommended by health practitioner
 HBC specializes in supplements for those with chronic illnesses
 HBC is a non-profit organization and I wish to support their activities

12. How did you hear about Ellen's Hand or Nutritional Counseling?

- Registered Dietician: Where: _____
 Nurse: Where: _____
 Doctor: Where: _____
 Case Manager Where: _____
 Pharmacist Where: _____
 Another nonprofit organization: Where _____

Houston Buyers Club lecture

Houston Buyers Club flyers

Newspaper/magazine article

Other, please specify: _____

13. Have you used supplements to help manage the side effects of a chronic health condition (high cholesterol, constipation, high blood pressure, HIV/AIDS, hepatitis, diabetes, etc)?

Yes

No

14. What impact did the supplements have on your side effects?

Side effects went away completely

Side effects were reduced greatly after taking supplements

Side effects were reduced a little

Side effects were not reduced at all

15. Which of your side effects have been relieved by using supplements (please check all that apply)?

Anemia

Elevated Triglycerides

Muscle Loss/Wasting

Appetite Loss

Facial Fat Loss

Nausea

Bone Loss

Fatigue/Low Energy

Neuropathy

Bloating/Gas

Hepatitis

Prostate Enlargement

Buffalo Hump

High Liver Enzymes

Protease Belly

Candida

Constipation

Thrush

Diarrhea

Malabsorption

High Blood Pressure

Mitochondrial Toxicity

Elevated Blood Sugar

High Cholesterol

Facial Fat Loss

Other, please specify: _____

16. If you have used nutritional supplements consistently to manage chronic health conditions, for how long did you consistently use them?

0-3 months

4-6 months

7-9 months

9-12 months

13-15 months

16-24

more than 25 months

17. Do you feel comfortable in your knowledge regarding the use of nutritional supplements?

Yes

No

Somewhat comfortable

Somewhat uncomfortable

Client Appeals/Grievance Procedures

Program for Side Effects Management (PSEM) dba the Houston Buyers Club (HBC) strives to provide quality services to all clients and welcomes input regarding services. HBC resolves client complaints in the following manner:

HBC CLIENT COMPLAINT POLICY:

1. All procedures regarding the complaint and grievance resolution will remain confidential unless the client voluntarily signs a release of information to a third party.
2. All proceedings during resolution of the grievance will be documented and such documentation will be available to all involved parties within the bounds of appropriate confidentiality protections.
3. All client complaints will be resolved in writing within three (3) business days of the time the written complaint is received in writing at the HBC main office except as stated below.

PROCEDURE FOR FILING A COMPLAINT:

1. If a client has a complaint, he/she must first bring the grievance to the specific staff person(s) involved in the complaint. If the client is not satisfied with the resolution, he/she must submit the complaint in writing to the Executive Director who will issue a written resolution within three (3) business days.
2. If the client is not satisfied with the resolution to the written complaint he/she must submit a written appeal to the decision to the Executive Director within three (3) business days of the initial decision. The Executive Director will review the appeal and render a written decision within three (3) business days.
3. If the client is not satisfied with the resolution to the written complaint from the Executive Director, he/she must submit an appeal to the decision in writing to the Board of Directors within three (3) business days of the initial decision. The Board of Directors will review the appeal and render a written decision within six (6) business days. The decision of the Board of Directors is final.
4. If the initial complaint involves the Executive Director, the client must submit a written complaint to the Board of Directors at: ***3324 Yoakum Blvd., Houston, TX 77006***
The Board of Directors will review the appeal and render a written decision within six (6) business day of receipt of the appeal. The decision of the Board of Directors is final.

INTERNAL RECONSIDERATION AND DUE PROCESS:

1. During the appeals process, the client may request a face-to-face hearing with the appropriate staff member reviewing the complaint. If a hearing is requested, the client waives his/her right to resolution within three (3) business days.
2. The client may choose at his/her own expense to retain counsel during any stage of the appeals process. The decision to retain counsel, however, does not obligate HBC to extend the appeals process beyond the time frame stated above.
3. The client and/or his/her representative may examine any documentary evidence presented during any hearing.

By my signature below I do hereby verify that I have received a copy of the HBC Client Rights and Responsibilities, and the Client Appeals/Grievance Procedures.

Signature of Client
Guardian or Authorized Representative

Date

Witness/Staff

Date

Statement of Client Rights and Responsibilities

As a client of the Program for Side Effects Management (PSEM) Houston, you have the following rights:

- I. You have the right to impartial access to services regardless of race, religion, sex, ethnicity, sexual/affection orientation, age or handicap.
- II. You have the right to considerate and respectful care.
- III. You have the right to be free from mistreatment, abuse, neglect and exploitation.
- IV. You have the right to review your file periodically.
- V. You have the right to communicate about your care and services in a language and format that is understandable to you.
- VI. You have the right to privacy. Information about your care or your service needs may not be given directly or by reference to the public or anyone outside the Agency without written consent as governed by local, State and Federal Law. (Exceptions: subpoenas from a court of law, or when there is reasonable concern that harm may come to you or others).
- VII. You have the right to be informed of all rules and regulations of the Agency related to your participation in services (including costs, expectations, and duration of services).
- VIII. You have the right to initiate a complaint regarding your care and to be informed of the Agency grievance procedure.
- IX. You have the right to withdraw your consent for services and to make your choices without pressure.

As a client of PSEM Houston, you have the following responsibilities:

- I. You have the responsibility to participate in the development and implementation of your service plan to the extent that you are able.
- II. You have the responsibility to inform your PSEM service provider when you do not understand instructions or information that you receive.
- III. You have the responsibility to keep your scheduled appointments with your PSEM service provider and other outside service providers, and to notify them when you need to cancel or reschedule.
- IV. You have the responsibility to follow through with those activities that you agree to perform in regards to your service plan and to notify your PSEM service provider when you are unable to do so.
- V. You have the responsibility to notify your PSEM service provider of any changes of information about you, including, but not limited to: address, phone number, income status,
- VI. You have the responsibility to notify your PSEM service provider of services that you have obtained independently from PSEM services.
- VII. You have the responsibility to communicate your needs to your PSEM service provider as quickly as possible, understanding that they may not be able to satisfy “last minute” requests.
- VIII. You have the responsibility to conduct yourself appropriately when interacting with persons involved in providing your services. Inappropriate behavior includes intoxication, threats, harassment and physical abuse or abusive/violent language.

Failure to uphold your responsibilities could result in the suspension of services for a determined period of time including permanent suspension.

Signature of Client, Guardian or Authorized Representative
(With Copy of Authority Attached)

Date

Witness /Staff

Date

Nutritional Assessment Form

Age _____ Height _____ Current Weight _____ Usual Weight _____

Current Medications _____

Current Vitamins/Supplements _____

Medical History _____

Do you currently have, or have you ever had any of the following conditions? (Circle all that apply)

High Cholesterol	Arthritis	Anemia
High Blood Pressure	Thyroid Problems	PCOS
Chemical Dependency	Diabetes/Pre-Diabetes	Cancer
Emotional Disorders/Depression	Electrolytes/mineral deficiency	Renal Disease
Heart Disease	Liver Disease	Hepatitis
Chronic Fatigue	Fibromyalgia	Poor Memory

-----STOP--HERE-----

Notes: _____

Diet Record/Meal Plan: