



Dear Patient,

Welcome. Thank you for contacting Pacific Frontier Medical, Inc. We look forward to helping you along your path towards wellness. For your reference, the following summarize our update policies, services and fee schedules. Please do not hesitate to contact our reception with any questions.

PRACTICE GUIDELINES

Understanding the Current Political Arena

Lyme disease and associated diseases are complex and puzzling problems that scientists, practitioners and patients are only beginning to understand. Tremendous controversy surrounds the diagnosis and treatment of chronic Lyme disease. For example, many physicians and health agencies deny even the existence of an entity called "chronic Lyme" and disagree with the practice of long-term antibiotic use. In contrast many physicians conclude from scientific studies and diagnostic tests that the presence of the bacteria *Borrelia burgdorferi* is consistent with symptoms of "chronic Lyme" and therefore, does exist. Physicians from both sides of the argument have drawn conflicting conclusion from a recent peer review study that addresses the question of whether or not the use of long-term antibiotics alleviates "chronic Lyme" symptoms.

This environment has driven physicians into offering two standards of care:

1. Some physicians rely on the narrow surveillance case criteria of the CDC for clinical diagnosis even though the CDC cautions against this approach. These physicians will fail to diagnose some patients who actually have Lyme disease. As a result, many patients go undiagnosed or misdiagnosed as having autoimmune disease, fibromyalgia, MS, ALS, chronic fatigue syndrome, depression, anxiety, etc., or patients may find that their doctors rely upon biased or misinterpreted information and/or avoids treatment that we have found successful with our patients.
2. Other physicians use broader clinical criteria for diagnosing Lyme disease rather than the CDC criteria along with diagnostic tests that detect the presence of Lyme specific antibodies or DNA. These physicians understand that infected tick populations have expanded beyond traditional borders. While diagnostic certainty is being debated in the medical community, some physicians believe it is better to err on the side of treatment because of serious consequences of failing to treat active Lyme disease. These physicians sometimes use the clinical responsiveness of a patient to a specific treatment to assist in their diagnosis. It is also true, however, that fibromyalgia, lupus, rheumatoid arthritis, etc., often exist alone, without any relation to Lyme disease, Babesiosis, Ehrlichiosis or Bartonellosis. In these cases, a rheumatologist or neurologist may be best suited to manage a patient's care.

This office will make every attempt to distinguish between Lyme disease and other conditions through scientific and complementary methods. We will inform you when we believe your symptoms are not Lyme-related. A proportion of a patient who come to our practice indeed do not have Lyme disease and we do not recommend they undergo treatment for Lyme.

Diagnostic Practices and Tools

Lyme is a clinical diagnosis. We will utilize a combination of patient's symptoms (current and historical), clinical response to various medicines, and lab tests to guide us in our diagnosis. Diagnosis is more than just concluding whether or not you have Lyme or another Tick-Borne disease. It also includes understanding the current state and severity of the disease and confounding problems such as gut dysbiosis, viral loads, hormonal dysregulation, toxic exposure, and hypersensitivity among other issues.

SERVICES PROVIDED

Billing

All fees are due at the time of the appointment (including follow-up appointments, phone calls, IV services and supplement purchases). We accept Visa, Mastercard, Discover and personal checks. Please do not pay with cash as we do not have change. We do not bill insurance. We do not accept Medicare. We do not bill Medicare and we are not Medicare providers (see "Insurance"). Patients are responsible for full payment at the time of service. If you cannot make full payment, other payment arrangements must be made prior to your appointment with our practice manager. Patients must obtain approval from the practice manager for other payment arrangements. Please do not approach the practitioners directly regarding other payment arrangements. Phone our practice manager for more details.

New Patient Visits

Appointments are dedicated to assessing patients status with a thorough review of the patients history, current symptoms and lab tests. The objective of this visit is to establish or work toward a diagnosis, summarize treatment options and help the patient understand what is entailed regarding length of treatment and medications/side effects. The practitioners will work with each new patient to select the approach that balances both patient constraints and treatment effectiveness. Allow 1.5 hours for this appointment.

Follow up Visits

Treatment of Tick-Borne diseases requires close monitoring of the disease response to specific medications. Appointments are designed to make assessments of patients progress and medication effectiveness. The practitioners may require a patient to visit before any different medication can be prescribed. Frequency of follow ups vary, but are generally every 4 to 12 weeks, depending on each individual case. Allow 30-60mins for this appointment.

Lab Reviews

This appointment is specifically designed to enable an in-person discussion about your lab results, implications on the treatment plan, details on how to implement the plan and what can be expected while taking the various medications in the regime.

Phone consultations

We have many patients who live out of state/out of the country, which makes frequent trips to the office cost prohibitive. To help reduce the cost, phone consultations will be available (for patients who live more than 6 hours away from the office). Note, an office visit may still be required three to four times a year (with phone consultations in between) in order to continue writing prescriptions. Fees are billed for the length of the call.

In an emergency situation, patients who live within the 6-hour window may have phone appointments but will still need to follow up in office.

Family Practice

Appointments are available for family members who wish to get tested for Lyme and co-infections.

Blood Draws

If any lab work is required, patients are welcome to get this done at any local blood draw center or at our office after their appointments. We charge a minimum of \$35 up to \$135 per blood draw for patients depending on the complexity of the blood draw.

Antibiotic Injections

When patient's treatment includes antibiotics, patients may benefit from shot of Bicillin, Invanz, or Rocephin. The practitioners will make the determination during your visit whether or not this would be recommended for you at that time.

IV services

We provide our patients who require IV medications and supplements the opportunity to have the medications and supplements administered at our office. The practitioners will make the determination during your visit whether or not this would be recommended for you. We also provide PICC line dressing changes and Port access/flush. Fees vary for IV services and are due at the time of the appointment. There will be a \$35 no show fee for scheduled appointments.

Misc. Treatment

For scheduled appointments (i.e. Procaine injections, etc.) there will be a \$50 fee for no shows.

Prescription and Refills

Refills will only be granted when there are extenuating circumstances. Patients will be required to have either a phone consult or office visit at the end of each 4 to 6 week period at which time the treatment effectiveness will be assessed and a new prescription will be written if continued treatment is necessary. If no appointments are available, you may be given a partial new/refill prescription until your next appointment. In the case where a refill has been granted, we will call your pharmacy with the refill information. Please allow 72 hours for processing the refills. Plan ahead- requesting refills after you are out of medication should be avoided. Do not call the back line for refill request. We will not respond to patient phone calls regarding refill requests. If there are no acceptable alternative, cash pay may be an option. Please note that not all pharmacies offer the same cash pay rate, and we will advise you of the best pharmacy to use.

Disability Benefit Applications

These are generally not completed by our office. Your primary care physician should assist in the completion of these forms. Only in rare and extenuating circumstances will our office complete these forms. A minimum fee of \$35.00 will apply (may be more depending on the length of the forms).

GAP Extensions

If requested, and the process requires more than 10 mins, there will be a \$50 fee.

OFFICE POLICIES**New Patients**

New Patients will need a first follow-up appointment within 6 weeks if medication is prescribed. The first weeks of treatment are often the most difficult and unsettling. Many symptoms change rapidly, often necessitating an exam and detailed explanations.

Scheduling appointments

Patients visits and phone consultations are by appointment only. Please contact our office to schedule all appointments including IV services. Do not call the backline for scheduling issues.

Insurance

Due to the limited resources of this office, we are not able to bill insurance directly for the appointment fees. However, we will provide patients with a superbill (which includes CPT and diagnosis codes) following each visit so you can bill your insurance provider directly. **We are not Medicare providers; we do not bill Medicare, superbills cannot be submitted to Medicare.** We recommend you contact your insurance plan for any questions related to submitting a superbill for reimbursement.

Cancellation Policy

Our office hours book up quickly and we often are forced to turn away sick patients due to a heavy schedule. Please be considerate of other patients and contact us in advance should you need to cancel your appointment. **New patient appointment cancellations must be received by our office reception 7 business days before the date of your appointment or your deposit will not be refunded. Follow-up appointments and phone consultations cancellations must be received by our office 48 business hours before the date of your appointment or a cancellation fee will apply.** Cancellations must be phoned into our main reception number (650-474-2130 opt 2 for Pacific Frontier Medical, then option 2 for scheduling.)

Primary Care Physician Requirements

All patients are required to have a primary care physician to manage all non-tick-borne related conditions. We are not a primary care office.

Electronic Devices and Cell Phones

Cell phones must be silenced during your time at the practice. If you must make or receive a call, please remove yourself from the waiting room or IV lounge. You may use our balcony or the hallway.

For your convenience, we do provide Wi-Fi coverage in the office. If you want to listen to your device, we ask you use headphones, so you do not disturb other patients.

Records, Letters & Forms

To request medical records, please print out the "Medical Records Request form" form that is located on our website under "Patient Forms". Please allow for 7 business days for us to gather your information and send it to the requested party. We charge a minimum fee of \$25.00 (depending on the size of your chart).

Occasionally, we are asked to copy charts and send records to other physicians, insurance companies, etc. or we are asked to write letters on behalf of patients. We will comply with these requests in a timely basis. Please allow for 7 business days for us to complete letters and forms. We charge a minimum fee of \$35.00 for copying charts, writing letters and completing paperwork. Charges will vary depending on the size of the chart and the complexity of the correspondence requested. Standard letters and forms are a minimum of \$35.00 and may vary based on the length and time spent to complete.

Notice of Privacy Practices

Effective April 14, 2003, we are required to post an updated copy of our notice of privacy practices. A copy is enclosed with this packet for you to keep for your records.

What you need to know about our practice:

We will make every attempt to respond to your questions in a timely manner. We understand that it can be frustrating waiting for a response but please be assured we will get back to you as soon as possible. Please limit the use of the backline for when and if you experience one of the following urgent events:

- An allergic reaction that could be caused by your treatment.
- A medical emergency that may require you to be hospitalized.
- A severe neurological incident, such as a stroke.
- Severe diarrhea that does not resolve after following the practitioners' advice.
- A PICC line emergency, such as clotting or infection.
- The practitioner specifically asks you to call the backline.

If you experience any of these urgent events, call the practitioner directly on the backline. The number is 310-907-6614. ALWAYS CALL 911 FIRST OR GO TO THE NEAREST HOSPITAL IF YOU EXPERIENCE A LIFE-THREATENING EMERGENCY. Our office can later be contacted regarding the details of your status. **Please Note: If you call the backline after hours and it is NOT an emergency, you will be charged the normal phone consultation rates.**

The office is not always able to answer every received call due to high volume of calls that the office receives on a daily basis. We do however have a reliable voicemail system and we retrieve messages frequently throughout the day. **Please note that leaving multiple messages about the same questions/requests only slows down the process of getting a reply back to you.**

We also know from experience that we are better able to reply quickly when patients leave short and clear messages containing the following information:

- A clear statement of your first and last name- please spell both
- A brief summary of the issue/problem
- A brief summary of what you need our office to do
- A clear statement of your call back number

Please help us improve our turn-around time by using the guideline when you call our office. Please always leave a call back number even if you think we have it. We also appreciate if complicated questions are faxed to us at 650-445-0912 rather than leaving a voicemail.

Our office uses Electronic Medical Records (EMR) to document visits and store all your medical information securely. At the end of your appointment, you will get a printed-out treatment plan. We also have the access to invite you to use our elations passport (using your email and cell phone number) to securely send you medical information (labs, messages, etc.). This is only a one-way communication. You will not be able to send us anything through the elations passport. If you would like to be signed up, please let our staff know.

Threats, aggressive behavior or other forms of "Lyme rage" against a practitioners, staff or other patients will not be tolerated. Anyone displaying this behavior will receive a written warning subsequent offence will result in removal from the practice. We take this very seriously.

The practice does NOT prescribe Schedule II narcotics such as Morphine, Oxycodone, Ritalin, etc. Prescriptions for other scheduled medicines will require an office visit. This includes certain pain medicines, muscle relaxants and sleep aids.

Prior to your office visit, we find it helpful if you begin to gather as much information as possible regarding your illness and past medical history. Please put together chronological diary beginning from the time you first became ill to present. List in order, the onset of symptoms, tests completed (blood tests, imaging, etc.) and in order, treatment received, including the name of the medications, dose and the dates or duration of therapy, plus any comments on how these treatments affected you. Please bring copies of your medical records with you. Please provide us with names and phone numbers of all physicians who have seen you in the past and all physicians who are currently seeing you; both your primary care physician and the physician who is currently treating you for Lyme (if any).

Patient Expectations and Guidelines for Treatment

Duration of the disease battle

Lyme disease treatment can vary from patient to patient. In general, the more time that has elapsed from infection to treatment, the longer the patient will require treatment. Please see the website www.ILADS.org for further information.

Side Effects, worsening symptoms

Many people will have a flare-up of symptoms when beginning treatment. This reaction, referred to as a Jerisch-Herxheimer (Herx), is quite common and can last several days. We will be careful to distinguish between side effects of medications, treatment failure and symptoms of a herx reaction. Please contact our office if symptoms should arise or if you need guidance on how to manage such symptoms.

Types of Treatment

These include oral antibiotics and supportive medicines, intramuscular injections and intravenous infusions. Herbal supplements, homeopathic and drainage remedies and other modalities are often employed depending upon the situation. There are advantages and disadvantages to each of the various types of treatment. These will be discussed during your office visit if they apply to you.

What we expect from patients

Patients must play a large role in their own fight against Lyme disease. The following is a short list of expectations we have for all patients within the practice:

- Patients who smoke must agree to quit smoking or remain actively involved in a smoking cessation program.
- Some nutritional supplements are an integral component in the treatment, and therapies such as acidophilus are essential while you are taking antibiotics. Patients must do their part in protecting themselves against the harmful side-effects of long-term antibiotics.
- Payment (in full) is required at the time of the appointment. If you cannot pay in full, arrangements must be made with the practice manager ahead of time. Patients who continually fail to make timely payments may be removed from the practice.
- Alcohol is detrimental to patients with Lyme disease and interacts with many medications. Alcohol usage should be limited.

- Please discuss with the practice any plans of dental work, surgeries or steroid use. Your treatment may be affected.
- We are unsure of the extent that the disease may be horizontally or vertically transmitted. In general, we do not recommend treatment for partners prophylactically.
- Patients who are being treated with Intravenous (IV) antibiotics **MUST** be seen by one of our practitioners **every 4 weeks** or as directed by the practitioners.

Test Results

When the practitioner's order lab tests, our office keeps track of the tests that were ordered and the testing lab. Each lab and each test have different turn-around time and our office has no way of accurately predicting when lab results will be submitted back to our office. We understand that patients are often anxious to receive their results for a variety of reasons. Becoming familiar with our internal lab process is the best way to ensure that you understand our office capabilities. Our internal process is as follow:

- Patient leaves appointment with written orders for tests at one or more labs.
- Patient has blood or other samples collected and mailed directly to the testing lab(s) or has blood drawn in our office and sent to the appropriate lab(s).
- Our office receives a faxed and/or mailed copy of the lab result from each separate lab and often for each separate test as the results become available.
- The practitioners review all labs results and make notations if the results are abnormal.
- Patients are contacted by phone if results are **out of normal range** that may require an immediate intervention. **We do NOT call back patients with normal results- these will be discussed at your next appointment.**
- If patients require a copy of any given lab report, they must call/fax our office and specify the lab, test and the test date for the results they need. We strongly recommend you use a dedicated fax line for any faxes you want us to send you.
- If you are signed up for our Elations passport, we can securely send you your labs through that portal.

Antibiotic Doses and Side Effects

The use of medicine in general and antibiotics in particular have several side effects and can lead to possible complications. These include, but are not limited to, allergic reactions, stomach and intestinal disorders, antibiotic resistant bugs which can turn otherwise mild infections into catastrophic events, nausea, rashes, visual or hearing loss, drug interactions, liver and kidney damage, nerve damage, immune system dysfunction and yeast infection. If you are diagnosed with Lyme disease and choose to receive antibiotic treatment, you are accepting and assuming the risk. Several techniques will be used to avoid these complications, but sometimes they are unexpected and unavoidable.

LABORATORIES

New patients who have not recently been tested for Tick-Borne disease may be asked to have several tests completed after their first appointment. The labs frequently utilized are:

IgeneX, Inc.

795 San Antonio Rd
Palo Alto, CA 94303
Phone: 800-832-3200
Fax: 650-424-1196
www.IgeneX.com

IgeneX accepts checks, credit cards and bills Medicare. However due to Dr. Harris relationship with IgeneX, we cannot order testing for Medicare patients. Your primary care physician may be willing to order the tests for you if you have a good relationship.

Special Note: IgeneX, Inc. is an affiliated entity where Dr. Harris holds the position of "Clinical Consultant".

MDL

2439 Kuser Rd
Hamilton, NJ 08690
Phone: 609-570-1000
Fax: 609-570-1050
www.mdlab.com

MDL accepts checks, credit cards and bills insurance.

Stony Brook Lab- Laboratory for the Diagnosis of Lyme Disease

University Hospital L3 - 508
101 Nicolls Road
Stony Brook Medicine
Stony Brook, NY 11794-7300
Phone: 631-444-3824
Fax: 631-444-7526

Armin Labs

Zirbelstraße 58, 2nd floor
86154 Augsburg - GERMANY
Info: 0049 821 780 931 50
www.arminlabs.com

After your appointment the practitioner will decide which, if any tests are most appropriate for you. At that time, the practitioners will give you an instruction sheet for each lab and test that is ordered.

Thank you for your interest in becoming a patient in our practice. We hope to help you navigate through this journey to wellness. Please don't hesitate to contact us with any questions.



Patient Demographics:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB (mm-dd-yyyy): _____ Age: _____ Sex: _____

Phone: Primary: _____ Mobile: _____

Alternate #: _____ Fax (if applicable): _____

Email Address: _____

Emergency contact Name: _____ Relation: _____

Emergency Contact Phone #: _____

Patient Occupation: _____

If Disabled; Previous Occupation: _____

Referring Physician (if applicable) : _____

Referring Physician's Phone #: _____

Primary Care Physician Name: _____

Primary Care Physician Phone #: _____

Doctors who have treated you for Lyme in the past (if applicable)- please include Naturopath's ect.

Please answer the following questions: (If more space is needed please attach separate sheet)

Present well being: Poor Below average Average Fairly good Good

Overall how do you feel today? _____

Have you been diagnosed with Lyme disease? Yes No

If yes, by whom? _____

Most Prominent Symptoms: _____

Are you on antibiotics? Yes No

If yes, please list all antibiotics, dosage and duration: _____

List previous antibiotics, dosage and duration: _____

List other medications, dosage and duration presently taking: _____

Do you take supplements? Yes No If yes, What do you take? _____

List any medication allergies: _____

List any other allergies: _____

Are you pregnant: Yes No If yes, how many months? _____

Have you had problems with previous pregnancies? Yes No

If yes, please explain: _____

Are you taking contraceptives? Yes No

Do you smoke? Yes No If yes, how long?_____Quantity:_____

Do you exercise? Yes No If yes, type:_____

Diet/Eating habits:_____

Outdoor activities?_____

Do you have pets? Yes No If yes, what type?_____

How long?_____ Are they sick? Yes No

If yes, please explain:_____

States Previously Visited:_____

Areas Travelled to outside of United States:_____

History of Tick Bite(s)

Do you remember getting a tick bite? Yes No

If yes, date of bite:_____ City/State where bitten:_____

Was the tick attached to your body when found? Yes No If yes, Where?_____

How long before it was removed? _____

Was the tick identified? Yes No If yes, what type of tick?_____

Symptoms after the tick bite:_____

Generalized date of onset of symptoms?_____

Dermatological

Was there a rash at the bite site? Yes No

If yes, describe the rash:_____

How long after the bite did the rash occur?_____

Duration of rash? _____

Was there a "Bullseye" lesion? Yes No If yes, Duration? _____

Have you been diagnosed with the following?

Please circle all the pertains to you:

ALS	Encephalitis
Alzheimer's Disease	Fibromyalgia
Anemia	Iritis
Asthma	Meningitis
Autism	Multiple Sclerosis
Bakers Cysts (behind knee)	Polymyalgia Rheumatica
Bell's Palsy	Prostatitis
Bursitis (where? _____)	Psoriasis/eczema
Carpel Tunnel Syndrome	Stroke (Permanent / Temporary)
Depression	Tendonitis
Diabetes	TMJ
PANS/PANDAS	

Special Children's Questions:

Decreased interest in playing? Yes No

Poor school performance? Yes No

When did he/she start whimpering or whining? _____

Clinical Signs and Symptoms:

Please circle all the pertains to you:

General

Fatigue
Fevers- high/low
Flu-like symptoms
Loss of voice/hoarseness
Loss of appetite
Hair Loss
Sore throats
Night sweats
Unexplained chills
Unexplained weight change
Other _____

Heart and Lung

Abnormal Echocardiogram
Chest pain/tightness
EKG abnormalities
Heart attack
Heart Palpitations
Skipped heart beats
Increase blood pressure
Mitral valve prolapse
Shortness of breath
Cough (dry/productive)
Other _____

Ear & Eye

Blind spots
Blurred vision
Conjunctivitis
Diminished peripheral vision
Double vision (horizontal/vertical)
Drooping eyelids
Flashing lights
Floaters
Lazy eye
Light sensitivity
Optic atrophy
Pressure behind the eyes
Retinal damage
Uveitis (inflammation of the eye)
Ringing in the ears
Hearing loss/deafness (one or both ears)
Other _____

Musculoskeletal

Muscle pain/aching
Muscle cramps/stiffness
Loss of muscle tone
Jaw pain/stiffness
Back pain/stiffness
Neck pain/stiffness
Joint pain/stiffness
Hand pain/swelling
Elbow pain/swelling
Shoulder pain/swelling
Hip(s) pain/swelling
Knee pain/swelling
Feet/ankle pain/swelling
Leg aches
Other _____

Neurological

Abnormal EEG
Anxiety attack
Burning sensation (internal/external)
Change in smell/taste
Confusion
Decreased concentration
Dementia
Depression
Difficulty chewing/swallowing
Dizziness/fainting
Fatigue
Hallucinations
Headache (mild/severe)
Involuntary jerking
Irritability
Memory problems
Meningitis
Mood swings
Motion sickness
Muscle twitching
Nightmares
Numbness (Where? _____)
Obsessive/compulsive behavior
Panic attacks
Paranoia
Partial paralysis (Where? _____)
Personality change
Poor Balance or difficulty walking
Seizures
Sleep disturbance
Suicidal
Tearfulness
Tingling (Where? _____)
Tremors or shaking
Weakness of limbs
Unusual clumsiness
Other _____

Gastrointestinal & Urinary

Abdominal pain
Constipation
Diarrhea
Diverticulosis
Irritable bladder
Liver enlargement
Nausea
Spleen enlargement
Tenderness in abdomen
Urinary frequency/retention
Vomiting
Other_____

Reproductive

Breast (infections/ discharge)
Loss of Libido
Menstrual irregularities
Pelvic pain
PMS
Other_____

Abnormal Lab Results (Circle all that apply and document date and lab)

	Date	Lab
Positive Lyme ELISA/IFA	_____	_____
Positive Lyme Western Blot/Immunoblot	_____	_____
IgG	_____	_____
IgM	_____	_____
Positive Lyme PCR	_____	_____
Positive Lyme Culture	_____	_____
Positive LDA	_____	_____
Other Positive Lyme test(s)	_____	_____
_____	_____	_____
_____	_____	_____
Positive Babesia test	_____	_____
Positive Ehrlichea test	_____	_____
Positive Bartonella test	_____	_____
Positive Mycoplasma	_____	_____

List all other tests to substantiate diagnosis:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other information that would be pertinent to your symptoms or diagnosis:

Pacific Frontier Medical, Inc.
Patient Consent to Leave Messages

Date: _____

Patient Name: _____

Date of Birth: ____/____/____ (MM/DD/YYYY)

I, _____ grant authorization for Dr. Steven J. Harris and the staff of Pacific frontier medical, Inc. to leave confidential medical information specifically as follows: (items checked indicate my consent)

All Medical Information:

Phone _____ Answering Machine or Voicemail _____ Fax _____ Email _____

Only selected Medical Information:

A) Lab/test results

Phone _____ Answering Machine or Voicemail _____ Fax _____ Email _____

B) Chart Information

Phone _____ Answering Machine or Voicemail _____ Fax _____ Email _____

C) Medical Information

Phone _____ Answering Machine or Voicemail _____ Fax _____ Email _____

Please use the following number(s) and email to relay any messages:

Home Phone: _____ Mobile Phone: _____

Other Phone: _____ Fax Number: _____

Email Address: _____

By signing, the patient or the legal guardian is confirming that the above reflects their request of how our office communicates medical information regarding this patient.

Print Patient Name: _____ Date: _____

If Minor, Print Parent Name: _____

Signature: _____

Pacific Frontier Medical, Inc.
Patient Consent to Release Medical Information

This form allows other medical providers to release your medical information to Pacific Frontier Medical, Inc. in the event you require us to have your medical historical information.

Patient Name: _____

Other Names Used: _____

Patient Date of Birth: ____/____/____ (MM/DD/YYYY)

Social Security Number: ____ - ____ - ____

Medical Record Number (If applicable): _____
(i.e. Kaiser member #, hospital #, ect...)

I HEARBY AUTHORIZE THE RELEASE OF ANY AND ALL MEDICAL RECORDS
OBTAINED IN THE COURSE OF MY DIAGNOSIS AND TREATMENT INCLUDING
SUMMARIES, LABORATORY AND DIAGNOSTIC STUDIES, MEDICATIONS AND
IMMUNIZATIONS TO:

Pacific Frontier Medical, Inc.
Dr. Steven J. Harris, MD
1098 Foster City Blvd. Suite 305
Foster City, CA 94404
Phone: 650-474-2130
Fax: 650-445-0912

A COPY OF THIS RELEASE IS AS EFFECTTIVE AS THE ORIGINAL

Patient Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

***This form is valid from date signed and up to five years after date signed.

Pacific Frontier Medical, Inc.
Consent to Speak to Others About Care

Date: _____

Patient Name: _____

DOB: _____

I, _____ grant authorization for Pacific Frontier Medical, Inc. including all providers and staff to discuss, leave confidential medical information, and/or talk about my care and treatments as specifically follows:

____ All Medical information

____ Only selected information:

- Appointments dates and times
- Questions and answers regarding medical care
- Lab results
- Other _____

With the following people only:

1) _____ Relationship: _____

2) _____ Relationship: _____

3) _____ Relationship: _____

By signing, the patient or legal guardian is confirming that the above reflects their request of how our office may communicate medical information with this patient.

Patient Signature: _____ Date: _____

Guardian Signature (if applies): _____ Date: _____

Pacific Frontier Medical, Inc.
Patient Pharmacy Information

Date: _____

Patient Data

Patient Name: _____

Other Names Used: _____

Patient Date of Birth: ____/____/____ (MM/DD/YYYY)

Pharmacy Information

Company Name: _____

Street Address: _____

City, State: _____

Phone Number: _____

Insurance Information

***Please bring insurance card with you so we may copy it to have on file for laboratory and pharmacy purposes.**

Company: _____

Member ID: _____

Group No.: _____

Pre-approval contact phone number: _____

Pacific Frontier Medical, Inc.
Acknowledgement

The patient or guardian acknowledge receipt of all 8 pages of this attached document that details office policies of Pacific Frontier Medical, Inc. last revised July 11, 2018. By signing, the patient and all patient's guardians agree to the "patient expectations" listed and acknowledge being informed of treatment and practice expectations, guidelines, cancellation policies, antibiotic side effects, posted privacy practices and conditions that would cause patient removal from the practice.

By signing, the patient and all patient guardians are confirming their receipt of knowledge that Dr. Steven Harris is an employee of IgeneX, Inc. and acknowledge receipt of the resume of Steven J. Harris, MD.

Print Patient Name: _____ Date: _____

Signature: _____

If patient is a minor, all legal guardians must sign below:

Print Parent Name: _____ Date: _____

Signature: _____

Print Parent Name: _____ Date: _____

Signature: _____

Pacific Frontier Medical, Inc.
Notice of Practice Policies

Please initial the following Practice Policies as a sign of you understanding of each policy.

1. Patients being treated with antibiotics must be seen every 4 to 12 weeks during treatment as recommended by the practitioner. Patients who live 6 or more hours away from the practice may have a phone consultation between follow up visits to obtain their prescription renewal.
Initial_____
2. Prescription renewals (other than antibiotics) can only be filled if the patient has had a follow up appointment or phone consultation within the past 3 to 6 months, as recommended by the practitioner. We will require a patient to have follow up appointments to receive a prescription renewal if the patient has not been seen within the past 3-6 months.
Initial_____
3. Payment is due at the time of service. If you cannot make full payment; other arrangements must be made with our Practice Manager prior to the appointment or service. We do not bill insurance and we are not a Medicare provider.
Initial_____
4. Supplements purchased from out office cannot be returned after they leave the office since we cannot monitor the environmental exposure they may encounter.
Initial_____
5. The backline phone is for emergencies only.
 - Do not call the backline during office hours. Please call the nurses line for any questions or concerns since the practitioners are seeing other patients.
 - The backline is available after hours and on weekends for true emergencies. Abusing the emergency line with non-emergency calls will result in the privilege being suspended.Initial_____
6. Current patients who fail to call or cancel and appointment within 48 business hours prior to the appointment will be assess a late fee. New patients must cancel or change their appointment 7 business days prior to their appointment in order to receive a refund of their deposit.
Initial_____
7. For safety of our staff and other patients, we will not tolerate threatening and/or aggressive behavior or sexual advances. Anyone exhibiting this type of behavior(s) will be immediately dismissed from our practice.
Initial_____

Print Patient Name:_____ Date:_____

If Minor, Print Parent Name: _____

Signature:_____

Pacific Frontier Medical, Inc.
IV Lounge Procedures

As the IV lounge continues to grow and evolve, it has become necessary to formalize processes and procedures to ensure patient safety. Please read and sign this document.

- For patient's safety, you must have an appointment to be seen in the IV lounge. Walk-ins can no longer be accommodated. Please schedule your IV appointment with the receptionist.
- We will make every effort to keep the appointment schedule on time but please understand that treatment can be complicated, and some patients require more time than others.
- Many patients have light and sound sensitivities. Please silence your cell phones and electronic devices. If you must make or receive a call, please remove yourself from the IV lounge. You may use our balcony or the hallway.
- No video recording or photography is allowed in the IV lounge.
- Please do not bring aromatic food into the lounge. Many patients have food allergies, difficulty with smells and/or have food restrictions. Food can be consumed in the waiting room or on the balcony. NO eating is allowed in the IV lounge or the Private IV room.
- Visitors are welcome but are not allowed to accompany the patient in the IV lounge. Visitors may wait in the waiting room or on the balcony. If the patient is a minor, one parent must accompany the patient. If the patient needs assistance one person may assist the patient.
- Please refrain from using colorful language and/or discussing sensitive topics such as religion, sex, politics. This is not the time or place to do so. We take this policy very seriously. Failure to comply will result in removal from the IV lounge.
- If you show up late for your scheduled procedure, you will have to wait until the nurses are able to fit you in. If the IV lounge is too busy to accommodate you, you will need to reschedule.
- Payment is due at the time of service unless other arrangements have been made prior to the appointment with the practice manager.
- We cannot start any IV's after 3:00pm.
- If you do not show up to your scheduled IV appointment, there will be a \$35 no show fee.

Note: Patients who miss a scheduled IV appointment or show up more than 1 hour late will be charged an additional administration fee.

I have read the IV Lounge Procedures and understand them.

Print Patient Name: _____ Date: _____

If Minor, Print Parent Name: _____

Signature: _____

Pacific Frontier Medical, Inc.

Chemical Sensitive Patient Form

In consideration of sensitive patients and our staff members, please **do not** wear any perfumes, colognes, fragrances, lotions or scents in this office. Patient's and/or family member with strong fragrances may be asked to leave our office and reschedule their visit to ensure the safety of our other patients.

By signing this form, I have read and agree to comply with the above:

Print Name: _____ Date: _____

Signature: _____

PHYSICIAN-PATIENT ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or services provided by the physician including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the physician, and the physician's partners, associates, associations, corporation or partnership, and the employee, agents and estates of any of them, must be arbitrated including, without limitations, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the physician or patient to collect or contest any medical fee shall not waive the right to compel arbitration of any malpractice claim. However, following the assertion of any malpractice claim, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties, each party shall select arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expense and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expense incurred by a party for such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, Code of Civil Procedure Sections 340.5 and 667.7 and Civil Code Sections 3333.1 and 3333.2. Any party may bring before the arbitrators a motion for summary judgment or summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure section 1283.05; however, depositions may be taken without prior approval of the neutral arbitrator.

Article 4: General Provisions: All claims based upon the same incident, transaction or related circumstances shall be arbitrated in on proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedure provisions relating to arbitration.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the physician within 30 days of signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (including, but not limited to, emergency treatment) patient should initial below:

Effective as of the date of first medical services.

Patient's or Patients Representative's Initials

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

By: _____ By: _____
Physician's or Authorized Representative's Signature (Date) Patient's or Patient Representative's Signature (Date)

Print name of Physician or Medical Group

By: _____
Print Patient's Name

(If representative, Print Name and Relationship to Patient)

Understanding of PFMI as Non-Medicare Provider

I, _____
understand that Pacific Frontier Medical, Inc. (PFMI) and Dr. Steven J. Harris, MD are not Medicare providers. As a result, if I am under their care, per Medicare rules, I will not be allowed to submit claims to Medicare or PFMI.

I understand: (please initial each item)

- 1) That I accept full responsibility for payment of PFMI's charges; _____
- 2) That Medicare limiting charges does not apply to what PFMI may charge for items or services provided; _____
- 3) That I agree not to submit a claim to Medicare or ask PFMI to submit a claim to Medicare; _____
- 4) That Medicare payment will not be made for any items or services furnished by PFMI that otherwise would have been covered by Medicare if no private contract existed; _____
- 5) That I enter into this contract knowing that I have the right to obtain Medicare-covered items and services from physicians who have not opted out of Medicare, and that I am not compelled to enter into private contracts that apply to other Medicare-Covered services furnished by other physicians or practitioners who have opted out. _____

Signature: _____

Date: _____

CHECK ONE:

- I DO NOT HAVE MEDICARE
- I DO HAVE MEDICARE

Pacific Frontier Medical, Inc.

Notice of Privacy Practices

Effective Date: April 14, 2003

Required by Federal Regulation 45 CFR 164.520

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Your Health Information

We understand that information about you and your health are confidential. We are committed to protecting the privacy of this information. Each time you visit the doctor(s) in person or via a phone consultation, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care created by any of our health care personnel or your physician. This notice describes your health care information privacy rights and the obligations of Pacific Frontier Medical, Inc. has regarding how we may use and disclose you health information.

Our Responsibilities

Federal and California law makes us responsible for safeguarding your personal health information. We must provide you with this notice of our privacy practices and follow the terms currently in effect.

Changes to this notice: we reserve the right to change this notice. We reserve the right to make the revised or changes notice effective for health information we already have on file about you as well as any information we receive in the future. We will post a copy of the current notice throughout our organization. A copy of this notice will be available at the office location of your doctor visit.

How we may use and disclose health information about you

The following categories describe different ways that we use your health information within the practice of Pacific Frontier Medical, Inc. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses disclosures that will require your specific authorization.

Treatment: Your health information may be used to provide or coordinate our medical treatment and services. We may disclose health information to doctors, nurses, technicians, medical students, interns and other allied health personnel who are involved in providing for your well-being during your visit(s) with us. We also may communicate information to another health care provider for the purpose of coordinating your continuing care.

Payment: We may use and disclose your information for billing and to arrange for payment from you, an insurance company, a third party or a collection agency. This also may include the disclosure of health information to obtain authorization for treatment and procedure from your insurance plan.

Health Care Operations: Uses and disclosure of health information are necessary to operate our practice and to make sure all our patients receive quality care. We may also use and disclose relevant health information about you for health care operations. Examples include quality assurance credentials, administrative activities including Pacific Frontier Medical, Inc.'s practice and business planning and development, customer service activities including investigation of complaints, and certain marketing activities such as health education options for treatment and services.

Business Associates: There are some services provided in our organization through contracts with business associates. Example of business associates include accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement stating they will appropriately safeguard your health information.

Appointment reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care with our organization. These appointment reminders may be in the format of a phone message, a text message, an email, a postcard or a letter.

Special Situations That Do Not Require Your Authorization

Federal and California law permits the following disclosures of your health information without and verbal or written permission from you:

Organ and Tissue Donations: we may release health information to organizations that handle organ, eye or tissue procurements or transplantations.

Research that does not involve your treatment: When a research study does not involve any treatment, we may disclose your health information to researchers after an Institutional Review Board has reviewed the research proposal, established appropriate procedures to ensure the privacy of your health information, and waived the need for your authorization.

Military & Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Averting a serious threat to health or safety: When necessary, we may use and disclose health information about you to prevent a serious threat of your health or to the health and safety of another person or the public.

Health oversight activities: We may disclose health information to a health oversight agency for activities authorized by law. The oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor health care systems, government programs and compliance with civil rights laws.

Public health activities: We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births or deaths
- To report child and adult abuse or neglect
- To report reactions to medications, problems with products or other adverse events
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

Lawsuits and disputes: If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law enforcement: We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant summons or similar process
- To identify or locate suspect, fugitive, material witness or missing person

- To identify the victim of a crime if, under certain circumstances, we are unable to obtain the person's authorization
- To release medical information about a death we believe may be the result of criminal conduct
- To provide information about criminal conduct at our facility
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of a person who committed the crime.

Coroners, medical examiners and funeral directors: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about patients at our facility to funeral directors as necessary to carry out duties.

National security and intelligence activities: We may disclose health information about you to authorized federal officials for intelligence, counter intelligence and other national security activities authorized by law.

Inmates: if you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care to protect your health and safety and the health and safety of others, and to protect the safety and security of the correctional institution.

Legal requirements: We will disclose health information about you without your permission when required to do so by federal or California law.

Your Verbal Agreement

Individuals involved in your care or payment for your care: With your verbal agreement, we may disclose health information about you to a family member or friend who is involved in your medical care. In addition, we may disclose health information about you to an entity assisting in disaster relief efforts (such as the Red Cross) so that your family can be notified about your condition, status and location.

Situations requiring your written authorization

If there are reasons we need to use your information that has not been described in the sections above, we will obtain written permission. This permission is described as written "authorization". If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization we will no longer use or disclose your health information about you for the reasons stated in your written authorization. Please understand we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care we provided you.

Your rights regarding health information about you

You have the following rights regarding health information we maintain about you. You may contact our health information representative, (reception) to obtain additional information and instructions for exercising the following rights:

You have the right to:

1. Obtain a copy of the Pacific Frontier Medical, Inc. **Notice of Privacy Practices**
2. Request a restriction on certain uses and disclosures of your information. This request must be in writing. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment. However, if our system capabilities will not allow us to comply with your request, then we are not required to do so. We can only address requests for the practice of Pacific Frontier Medical, Inc. Your request will not extend to other external organizations that work with our practice.

3. Inspect and request a copy of your health record. This request for inspection or copies must be in writing and directed to the medical records department of Pacific Frontier Medical, Inc. A reasonable fee for copies will be charged. We may deny your request under limited circumstances.
4. Request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be made in writing and it must include a reason to support the request. We may deny your request if the information was not created by our health care team, if it is not part of the information kept by our entity, if it is not part of the information which you are permitted to inspect and copy, or if the information is accurate and complete as stated.
5. Obtain an accounting of disclosure to others of your health information. The accounting will provide information about disclosures made for purposes other than treatment, payment, health care operations. Disclosures excluded by law or those you have authorized.
6. Request confidential communication. You have the right to request that we communicate only with you about health issues in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will accommodate all requests that are reasonable based on our system capabilities. Your request must be in writing and specify the exact changes you are requesting.
7. Revoke your authorization. You have the right to revoke your authorization for us to use or disclosure of your health information except to the extent has already been taken.
8. Complain about any aspect of our health information practices to us or to the United States Department of Health and Human Services. Complaints about this notice or how Pacific Frontier Medical, Inc. handles you health information should be directed in writing to:
Pacific Frontier Medical, Inc
Privacy Officer
1098 Foster City Blvd. Suite 305
Foster City, CA 94404

You may also submit a formal complaint in writing to the Secretary of the United States Department of Health and Human Services.

Steven J. Harris, M.D.
1098 Foster City Blvd, Suite 305 Foster City, CA 94404
Tel: 650-474-2130 / 310-907-6614
Fax: 650-445-0912

SUMMARY Board Certified Family Practitioner with a focus on Lyme disease and associated tick-borne illnesses as well as international medicine and underserved populations. Experience includes training in rural medicine of the developing world; urgent care; integrative medicine; and public health.

TRAINING

UNIVERSITY OF ILLINOIS/RAVENSWOOD FAMILY MEDICINE: CHICAGO, IL

- Board certified in Family Medicine Sept. 2000. Recertified Aug. 2007, 2014
- Permanent medical license in California #A72195.

INTERNATIONAL LYME & ASSOCIATED DISEASES SOCIETY

- Training grant: worked with Dr. Charles Ray Jones, pediatric Lyme disease, 2005.

EDUCATION

HOWARD UNIVERSITY/ HOWARD UNIVERSITY COLLEGE OF MEDICINE

- Completion of requirements for Doctor of Medicine, **June 1997**.

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

- Bachelor of Arts degree in development studies and history, Dean's List, **June 1992**.

PORTLAND STATE UNIVERSITY / FOREIGN STUDY PROGRAM: BARCELONA, SPAIN

- Four month period of studies in international economics, Spanish and Portuguese history and advanced Spanish language, June 1990.

DOMESTIC EXPERIENCE

Private Practice

PRIVATE PRACTICE, Foster City, CA	2017-present
PRIVATE PRACTICE, Redwood City, CA	2007-2017
PRIVATE PRACTICE, Nevada City, CA	2004-2007
PRIVATE PRACTICE, Fairfield, CA	2002-2004
PRIVATE PRACTICE, San Diego, CA	2001-2002
PRIVATE PRACTICE, Long Beach, CA	2001-2006
PRIVATE PRACTICE, Palo Alto, CA	2005-2007
PRIVATE PRACTICE, Malibu, CA	2001 - 2010

IGENEX, INC., Palo Alto, CA

- Clinical consultant for a highly specialized Lyme reference laboratory. Created practice protocols for physicians to induce antigenuria in patients, enabling greater detection of infection.

DR. YANG'S FAMILY CARE, INC., Santee, CA

2000 - 2001

- Anchored the nation's only non-profit Lyme and other tick-borne disease clinic. Functioned as a primary care provider to high-risk populations.
- Received training in Lyme disease from Dr. Therese Yang, Dr. Richard Horowitz, Dr. Greg Bach, Dr. Nick Harris, & Dr. Joseph Burrascano.

Urgent Care KAISER PERMANENTE MEDICAL GROUP,

Walnut Creek, Vacaville, CA

2003 - 2004

SHARP REES-STEALY MEDICAL GROUP, San Diego, CA

2000 - 2003

- Staff physician in a high-volume urgent care network. Managed various orthopedic, ophthalmologic, cardiopulmonary, mental health and common complaints.

ADVOCATE HEALTH SYSTEMS, Chicago, IL

1999 - 2000

- Staff physician. Treated occupational injuries, minor trauma, dermatological problems and pediatric diseases.

INTERNATIONAL EXPERIENCE

Rural Medicine

DE SALUD DE RIO BENI, Rurrenabaque

PROYECTO

Bolivia

- Administered primary health care to indigenous, rural populations in the Amazon basin, acting as their principle link to health services. Duties also included preventive care training and coordination with other development organizations. Annual month-long trip 1999-2003.

ECOFORESTRY SERVICES FOR FARMERS, Santo Domingo

Paraguay

- Performed physical exams and instruction on health education and emergency preparedness to villagers of a remote community, October 1996.

SOTUTA AND YAXCABA RURAL HEALTH CLINICS, Yucatan

Mexico

- Assisted rural physicians in primary care of Mayan Indians. Participated in home visits, national health drives, grassroots women's health groups and regional health surveys for eight months, 1992-93.

RESEARCH

Lyme Disease Polymerase Chain Reaction, 1992, 1994-5

- The application of newly utilized primers in clinical PCR tests.
- Procedure for inactivating PCR replicons using ultraviolet light.

Neuroborreliosis, 2006

- Pilot study to establish predicted clinical outcomes with IV antibiotics in patients with apparent Multiple Sclerosis.

Western Blot, 2006

- Antibody band specificity to *Borrelia burgdorferi* as antigens in CDC characterized samples.

Bcell Activation, 2011-current

- Assessing HLA subpopulations who have current symptoms of Lyme, a clear diagnosis of Lyme in the past and extensive treatment for immune patterns of B cell activation.

Lyme Treatment Study 2014-

- Evaluating Bio markers and response to treatment of loratidine and antibiotics in treatment of Lyme disease patients. Jayakumar Rajadas, Stanford University

Comprehensive Omics CFS Study 2017-

- Assisting Stanford Center for Genomics and Personalized Medicine in data collection and evaluation of comprehensive metabolomic and mitochondrial data on CFS patients.

International Medicine

Training Program Curriculum, 1999-2000

- Created and conducted a survey to leaders in the field in order to develop legitimate curriculum for family practice residency program training in international medicine.

Herbal Medicine

Yucatan, Mexico: Independent Research, 1993

- Investigated utilization patterns of medicinal herbs by Mayan Indians. Interpreted community attitudes toward traditional practices. Compiled ethnobotanical lists and cross-catalogued medicinal herbs in Mayan, Spanish and scientific nomenclature.

Nutrition

Yucatan, Mexico: Center for Advanced Investigations (CINVESTAV), 1993

- Worked with Gilberto Balam, M.D., Ph.D. Assessed cross-generational malnutrition in several villages in the milpero region of the Yucatan. Analyzed consumption practices and prevalence of horizontal enamel hyperplasia in frontal incisors. Conducted key informant interviews and focus groups. Processed data, tabulated results and helped advance further hypotheses.

Publications

1. Harris SJ. Lyme disease update: Treating the outdoorsman. *Men's Total Health Digest*. Sept/Oct 2002; 2(4):22-24.
2. Shah JS, Du Cruz I, Wronska D, Harris SJ, Harris NS. Comparison of specificity and sensitivity of IGeneX Lyme western blots using IGeneX criteria and CDC criteria for a positive Western blot. *Townsend Letter*. Apr 2007:129-135.
3. Harris SJ. In Strasheim, C (Ed.), *Insights into Lyme disease treatment* (pp. 31-54). 2009; South Lake Tahoe, CA: BioMed Publishing Group.
4. Kuhn M, Grave S, Bransfield R, Harris SJ. Long term antibiotic therapy may be an effective treatment for children co-morbid with Lyme disease and Autism Spectrum Disorder, *Medical Hypotheses*, 2012; 78(5): 606-615.
5. Cincotta A, Diprose E, Harris SJ et al. Tick-Borne infections: a possible link to chronic fatigue syndrome, Paper Presentation at the Pharmacy Australia Congress 2013 (Pac13), October 2013
6. Fass N et al. Dialogue: An Overview of Lyme Testing and Treatment. *Townsend Letter*. July 2015: 86-91
7. Harris SJ. In Strasheim, C (Ed.), *New paradigms in Lyme disease treatment* (Foreword). 2016; South Lake Tahoe, CA: BioMed Publishing Group.
8. Shah JS, Du Cruz I, Harris SJ. A Panel Approach for Diagnosing Borreliosis? *Townsend Letter*. Jan 2017: 44-46.

Selected Presentations

1. Harris SJ. "Lyme Disease and Multiple Sclerosis." Presented at the International Lyme and Associated Diseases Society (ILADS). November 2003, Philadelphia, PA.
2. Harris SJ. "Neuroborreliosis." Presented at the Multiple Sclerosis vs Lyme disease Seminar. June 5, 2004. Motel Eindhoven, Netherlands.
3. Harris SJ. Lyme disease presentation before the California Senate Select Committee on Health and Human Services. February 2004. Sacramento, CA.
4. Harris SJ, Caoli E, Lin Y, Shah JS. "Case Report: Patient with Babesia in Bone Marrow." Poster Presentation at the International Lyme and Associated Diseases Society Eighth Annual Scientific Conference. October 2007. Boston, MA.
5. Harris SJ. "Lyme Disease: Considerations in Diagnosis and Management." Presented at the Lyme-Induced Autism (LIA) Second Annual Lyme-Autism Connection Conference. June 27-29, 2008. Indian Wells, CA.

6. Harris SJ. "New advancements in Lyme Disease: Implications for Diagnosis and Treatment. Getting Healthy Again." California Lyme Disease Association (CALDA) Patient Community Conference. April 18, 2009. San Ramon, CA.
7. Harris SJ. "Psychiatric Manifestation of Lyme Disease." Presented at Department of Psychiatry and Behavioral Sciences Grand Rounds, Stanford University School of Medicine. April 2009.
8. Harris SJ. "Interpretations of the Western Blot." Presented for the Klinghardt Academy of Neurobiology. October 2009. Seattle, WA.
9. Harris SJ. "Lyme Disease: Considerations in Diagnosis and Management." Presented for the Klinghardt Academy of Neurobiology. October 2009. Seattle, WA.
10. Harris SJ. "Co-infections of Lyme Disease." Presented at the Academy for the Advancement in Medicine Lyme Disease Workshop. April 2010. San Diego, CA.
11. Harris SJ. "Lyme disease: Advanced Treatment Strategies." Presented at the International Lyme and Associated Diseases Society Annual Scientific Conference. October 2010. Jersey City, NJ.
12. Harris SJ. "The use of Parenteral Antibiotics in Lyme Disease." European International Lyme Disease Society, May 2012, Klagenfurt, Austria.
13. Harris SJ. "The Non-Pharmaceutical Management of Lyme Disease and Co-infections." Academy of Comprehensive Integrative Medicine. June 2013. Dallas, TX.
14. Harris SJ. "Management of Lyme Disease Patients." Presented at the International Lyme and Associated Diseases Society Conference Annual Scientific Conference. October 2013.
15. Harris SJ. "Three Standard Approaches to the Diagnosis and Treatment of Lyme Disease Patients." McManus Foundation. March 2015. Sydney, NSW.
16. Harris SJ. "Lyme Disease Diagnosis and Treatment." National Institute of Integrative Medicine. March 2015. Melbourne, Victoria.
17. Harris SJ. "A Team Approach to the Management of Lyme Disease." Forum for Integrative Medicine. March 2016. San Diego, CA.
18. Harris SJ. "Lyme Disease: The Challenges in Diagnosis and Treatment of a Devastating Disease." Cavendish Global Health Impact Forum. February 2017. San Diego, CA.

Memberships/Service

- American Academy of Family Physicians
- International Lyme and Associated Diseases Society (ILADS)
- Co-facilitator Board Building Offsite – ILADS 2004
- Physician Trainer/preceptor in Lyme Disease for ILADS training grant recipients. California Medical Association
- California Lyme Disease Association
- Board of Directors – California Lyme Disease Association 2003-2010
- American College for the Advancement of Medicine
- Scientific Advisory Committee QMEDRX 2004-2012 Chairman 2012

Additional Academic/Professional Experience

- Adjunct Professor, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine 2017-present
- Consulting Associate Professor, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine 2008-2017
- Have trained doctors from US, Canada, and Australia on two standards of care in persistent Lyme disease and on an integrative approach to the management of Lyme and co-infections.
- Contributor Patient Talk series on Lyme disease, 2017