

CONSENT FOR TREATMENT

Methods, Procedures, and Therapeutic Approaches: Clinicians may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

General Diagnostic Procedures: Including but not limited to venipuncture, pap smears, radiography, and blood and urine labwork, general physical exams, neurological and musculoskeletal assessments.

Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions

Topical Treatments and Prepping: anesthesia, liquid nitrogen

Herbs/Natural Medicine: Prescribing of various therapeutic substance including plants, minerals, and animal materials. Substances may be given in the form of teas, pills, powders, tinctures-may contain alcohol; topical crèmes, pastes, plasters washes; suppositories, or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may also be used.

Dietary Advice and Therapeutic Nutrition: use of foods, diet plans, or nutritional supplements for treatment-may includes intramuscular vitamin injections and intravenous therapy.

Soft tissue and Osseous Manipulation: use of massage, neuro-muscular technique, muscle energy stretching or visceral manipulation, as well as manipulations of the extremities and spine including traction.

Electromagnetic and Thermal Therapies: includes the use of ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent stimulation, ionic footbath, and low volt galvanic therapies.

Minor Surgery procedures: removal of cysts, moles (nevi), lipomas, skin tags, and other skin lesions using medical devices such as hypercator, cautery, and liquid nitrogen.

Potential Risks: Pain, discomfort, blistering, discolorations, infection, burns, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic and hydrotherapies; allergic reactions to prescribed herbs or supplements, soft tissue or bone injury from physical manipulations, and aggravation of pre-existing symptoms.

Potential Benefits: Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

Notice to Pregnant Women: All female patients must alert the doctor if you know or suspect you are pregnant, since some of the therapies used could present a risk to the pregnancy. We do not use labor-stimulating or inducing substances unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

Terms of Admission

Financial Terms: I understand that if I am providing insurance billing information that I am responsible for all charges whether or not they are covered by my insurance. I understand that finance charges will begin accruing on accounts that are 60 days past due for payment at a rate of 1.5% per month. I further understand that excessively overdue accounts will be forwarded to an outside collection agency and I will be responsible for any fees generated as a result of collection efforts. I understand that any guarantor listed above is subject to the same financial terms as outlined in this paragraph and that my payment history, account balance and due dates may be disclosed to the guarantor for the purposes of securing payment. I understand that the guarantor, if someone other than me, is not authorized to receive my medical information unless expressly authorized by me in writing.

Notice of Privacy Terms: We keep a record of the healthcare services we provide you. Applicable state and federal laws protect the confidentiality of your medical information and grant you the right to see or obtain a copy of the record we keep. We will not disclose your medical information to others unless you direct us to do so or applicable laws authorize or compel us to do so. The All Naturopathic Clinic is required to provide you with a copy of its Notice of Privacy Practices and to obtain written acknowledgement that you have received it. The notice outlines the types of uses and disclosures that may occur involving your protected health information, describes your rights and explains how you may exercise those rights. Please read it carefully.

Cancellations and No Show: Please notify us if you are unable to make your appointment or make any changes within 24 hours of your appointment to avoid a late fee of \$20.

X	_____	_____
	Patient Signature	Date
X	_____	_____
	Guardian/Representative's Signature	Date
X	_____	_____
	Relationship to Patient/Representative Authority	Date