



## INFORMED CONSENT

1) At Dhillon Naturopathic Clinic, we manage your health concerns by taking into consideration your physical, mental and emotional aspects. We offer a variety of modalities and procedure to assess, treat and otherwise address your health concern. The modalities used may include but are not limited to:

- **Therapeutic Nutrition:** prescribing of nutritional supplements, which may include intramuscular and subcutaneous injections of vitamins
- **Botanical Medicine:** prescribing of botanical substances such as teas, tinctures (contain alcohol), glycerites, solid extracts, powders, creams, plasters, suppositories and other forms.
- **Physical Medicine:** soft tissue massage, stretching, traction, Bowen Therapy
- **Homeopathy:** prescribing of dilute quantities of plants, animals and minerals
- **Lifestyle Counseling:** recommendations on the use of food, dietary plans, exercise, sleep hygiene and stress reduction for benefits to health.
- **Naturopathic Manipulation:** techniques of physical manipulation to correct the musculoskeletal structure.
- **IV therapy:** intravenous vitamin injection therapy: *complete separate consent form*
- **Prolotherapy:** regenerative injection techniques: *complete separate consent form*
- **Injections:** trigger points injections
- **Chelation Therapy:** heavy metal detoxification using chelating agents
- **Diagnostic Procedures:** including but not limited to: venipuncture, blood, saliva and urine lab work, spirometry and complete physical exams.

I understand that the methods utilized in this practice have a proven clinical foundation and may not be an accepted practice by standard (conventional/allopathic) medicine.

## 2) **POTENTIAL BENEFITS AND RISKS**

- **Potential Benefits:** Restoration of Health and the body's maximal functional capacity, relief of pain and other symptoms of disease, assistance in disease and injury recovery, and prevention of disease or its progression
- **Potential Risks:** include but are not limited to: pain, discomfort, bruising, blistering, discolorations, infections, burns, loss of consciousness, or deep tissue injury from needle insertions, heat or frictional therapies, hydrotherapies, allergic reactions to prescribed herbs, supplements, intravenous vitamin injections, regenerative therapy joint and supporting ligament and tendon injections; soft tissue or bone injury from physical manipulations and aggravation of pre-existing symptoms. I also recognize that

even the gentles therapies potentially have their complications in certain physiological conditions or in those on multiple medications. I acknowledge that the information I have provided is complete and inclusive of all health concerns including risk of pregnancy; and all medications, including over the counter drugs and supplements.

- **Notice for pregnant women:** all female patients must alert the doctor if they know or suspect that they are pregnant, as some treatments could present a risk the pregnancy.

**3) CONFIDENTIALITY:**

I understand that a record of the health services provided to me will be kept by the Dhillon Naturopathic Clinic. This record will be kept completely confidential and will not be released without my personal consent or that of my representative, unless it is required by law. I understand that I may look at my medical record at any time and can request a copy of this record by paying the appropriate fee and completing a request form. I understand that my medical record will be kept for a minimum of 7 years after the date of my last visit.

**4) COMMUNICATION and EMAIL POLICY:**

At times, the Dhillon Naturopathic Clinic staff or doctors will need to contact you by phone, for reasons such as reminder calls for appointments, or notification that lab results have arrived. I give Dhillon Naturopathic Clinic consent to leave phone messages regarding my appointments, or a message to return a call to Dhillon Naturopathic Clinic at the phone numbers I have provided. **(please circle) YES or NO**

Email: \_\_\_\_\_

**5) PAYMENT POLICY:**

I accept full responsibility for any fees incurred during care and treatment. I understand that fees are payable at the time of the appointment by the patient or guardian. There is a fee for completion of any insurance forms or reports. 24 hour notice is required for appointment cancellation otherwise you will be responsible for the 50% of the fee. Any special financial agreement may be made with your practitioner.

I understand that the ultimate responsibility for my health care is my own, and that Dhillon Naturopathic Clinic is here to support me in this.

Dhillon Naturopathic Clinic reserves the right to discontinue services where it is apparent that your expectations and services we provide are not in agreement.

I understand that I may ask questions regarding treatment before signing this form and I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to treatment at Dhillon Naturopathic Clinic. I realize that no guarantees have been given to me by the Dhillon Naturopathic Clinic, or its personnel, regarding cure or improvement of my condition(s).

I authorize the doctors at Dhillon Naturopathic Clinic to gather my information and perform procedures as deemed necessary to facilitate my diagnosis and treatment.

Guardian/Personal representative(PRINT)

Patient's name(PRINT)

\_\_\_\_\_  
Signature of Guardian/Personal representative

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Relationship/Representative's Authority

\_\_\_\_\_  
Date(mm/dd/yy)

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**EMAIL** offers an easy and convenient way for patients and doctors to communicate. In many circumstances, it has advantages over office visits or telephone calls. But remember: there are important differences. Email is not the same as calling the office; there is no person at the other end of the call – just a computer. You cannot tell for certain when your message will be read, or even if your doctor is in the office or on vacation. Nonetheless, we believe that the ease of communication email affords is a benefit to patient care. It will further assist us if you could identify the nature of your request in the subject line of your message. Below are our rules for contacting us using email.

- Email is never, ever, appropriate for urgent or emergency problems! Please use the telephone or go to the Emergency Department for emergencies.
- Email is great for asking those little questions that don't require a lot of discussion. Appropriate uses of email also include prescription refill requests, referral and appointment scheduling requests, and billing/insurance questions.
- Emails should not be used to communicate sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- Email is not confidential. It is like sending a postcard through the mail. Our staff may read your emails to handle routine, non-clinical matters. You should also know that if sending emails from work, your employer has a legal right to read your email if he or she chooses.
- Email may become a part of the medical record when we use it; a copy may be printed or digitally saved and put in your chart.
- Email is not a substitute for seeing us. If you think that you might need to be seen, please call and book an appointment!
- Emails may be forwarded to our staff for handling, if appropriate.

I understand that my doctor may not be able to communicate with me electronically about my specific condition if I live outside of the state in which my doctor is licensed.

Finally, either one of us can revoke permission to use the email system at any time.

Thank you