

Consent Form

PLEASE READ CAREFULLY BEFORE INITIALING OR SIGNING.

Consent To Treatment

Naturopathic therapeutic procedures are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are small, it is the practice of this clinic to inform our patients about them. These complications may include, but are not limited to soreness, inflammation, soft tissue injury or bruising, dizziness, burns, temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side effects and complications is available upon request. It is also our policy to inform you of the procedure being performed and the risks and alternative treatments available. If your physician does not explain to your satisfaction, please ask for more information.

I have read and understand the above statements regarding treatment side effects and I also understand that there is no guarantee for a specific cure or result.

Print Name

Signature of Patient

Date

Agreement to Payment Policy of Family Tree Medicine Clinic

By signing below, I understand that full payment for all services and products I receive from Family Tree Medicine Clinic and its practitioners is required at the time of service, except that portion billed to my insurance company. Further, I understand that Family Tree Medicine may submit my bill to my insurance carrier, if I so request, and that I am responsible for any services not covered by my insurance company, as well as, any co-pay, coinsurance or deductible required by my insurance. There is a \$40 fee for appointment cancellations with less than 24 hour notice.

Signature of Patient

Consent Regarding Use of Information – Please initial if you consent to the statement below, or leave blank if you do not consent.

_____ Some physicians at Family Tree Medicine use email to correspond with patients as a convenience. However, these emails are not encrypted and could theoretically be read by a malicious outside party with the technical skills to intercept such correspondences. By initialing this line, you are consenting to allow Family Tree Medicine Clinic and its physicians to correspond with you via email in spite of these potential risks.

_____ Family Tree Medicine is engaging in research into the efficacy of the therapies used by practitioners working here. To gather sufficient data it is necessary to collect information about conditions treated, therapies used and outcomes observed from patient charts. In this process, no information that could be used to specifically identify individuals is ever used; only general demographic information is attached to the clinical data. By initialing this line, you are consenting to allow Family Tree Medicine to include this anonymous data from your chart to conduct research to be published in the appropriate medical literature.

_____ Some practitioners at Family Tree Medicine have an interest in writing about alternative medicine and health care for the general public, either as fiction or nonfiction. By initialing this line, you are consenting to allow your medical history and care in our clinic to be used as an example or case history in such writing, with the understanding that all identifying information would be altered.