

## **Informed Consent**

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopaths assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. Therapies used by a Naturopath include: Clinical Nutrition & Diet Therapy, Botanical Medicine, Homeopathy, Traditional Chinese medicine & Acupuncture as well as Lifestyle Counseling & Stress Management.

## **Statement of Acknowledgement**

I, (print your name) \_\_\_\_\_, acknowledge that as a patient of this clinic I have read the information included herein, and understand that the form of care is based on naturopathic medicine and other supportive principles and practices. I also recognize that even the gentlest therapies have potential complications in certain physiological conditions such as pregnancy, lactation, very young children, very elderly patients, or those on multiple medications. I therefore confirm that I have informed and will continue to inform my practitioner fully of my medical history, family history, medications and/ or supplements I am currently taking (prescription and over-the-counter), or was previously taking. If female, I have advised my practitioner of any chance that I am pregnant or if I am breast-feeding, and will continue to do so.

Despite the low incidence, there are some slight health risks to Naturopathic treatments. These include but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from acupuncture
- Bruising from cupping
- Fainting or puncturing of an organ with acupuncture needles
- Accidental burning of the skin from the use of moxa

I understand that my practitioner will answer any questions I have to the best of her ability. I understand that the results are not guaranteed. I do not expect the practitioner to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to therapeutic procedures mentioned above, except for: \_\_\_\_\_.

I understand that my identity will be protected at all times. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others without my consent, unless required by law. I understand that I may look at my medical records at anytime and may request a copy of it by paying the appropriate fee.

I understand that charges are to be paid at the time of the visit unless previous arrangements have been made prior to my scheduled appointment. As the patient, I am responsible for the total charges incurred for each visit, and have been informed for the fee schedule and accepted methods of payment. Please note: if you have coverage for Naturopathic Medicine you are responsible for billing your insurance company- the required information to send your claim for reimbursement will be given to you.

I understand that if I need to cancel or reschedule my appointment, I must provide my practitioner with a 48-hr notice. There will be a \$25.00 fee for missed or cancelled appointments made without a 48-hr notice.

I have read and understand the above-stated policies and information. I intend this consent form to cover the entire course of treatment I receive at Kaizen Healing Arts. I understand that I am free to withdraw my consent with written notice and to discontinue treatment at any time.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_