

Consent Form: Woodstock Natural Health Clinic

Consent to Treatment

Naturopathic medicine 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. A common complication includes but is not limited to temporary worsening of symptoms before steady, lasting improvement is seen. This is termed a "healing crisis" and is considered by naturopathic physician a normal process of healing. More serious complications are extremely rare. Additional information on side effects and complications for particular treatments 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
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Agreement to Payment Policy of Woodstock Natural Health Clinic

By signing below, I understand that full payment for all services and products I receive from Woodstock Natural Health Clinic and its physician is required at the time of service, except that portion billed to my insurance company. Further, I understand that Woodstock Natural Health Clinic 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.

_____ 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.

_____ Dr. Caruso sometimes uses email to correspond with patients as a convenience. However, these emails are not encrypted and could theoretically be read by an outside party with the technical skills to intercept such correspondences. By initialing this line, you are consenting to allow Woodstock Natural Health Clinic and Dr. Caruso to correspond with you via email in spite of these potential risks.