

Informed Consent for Naturopathic Evaluation and Treatment

Dr. Stephanie Berg ND

NPI _____

This Informed Consent Naturopathic Evaluation and Treatment provides important information regarding the services being provided and should be carefully reviewed before beginning your work with Dr. Berg. It is designed to inform you about Dr. Berg's practices, to ensure that you understand the professional relationship between doctor and patient, and to obtain your informed consent in this relationship. Your informed consent is important not only because it protects both parties in this relationship, but also because it helps you to feel empowered in your own healing process, which in turn encourages healing at all levels of your being. When you sign this document, it will authorize Dr. Berg to initiate care and commence treatment in accordance with this document. Please ask any questions you have regarding this document and Dr. Berg's services before signing this document.

By signing below, I acknowledge and agree to the following:

I hereby request and consent to receive naturopathic medical care, treatment, procedures and/or other naturopathic services ("Naturopathic Medical Treatments"), as more fully outlined below, by Dr. Stephanie Berg, ND ("Dr. Berg")

Naturopathic Medical Treatments: I understand that the methods of treatment employed by Dr. Berg may include but are not limited to: nutritional counseling, western herbs, homeopathy, nutritional supplements, bioidentical hormone therapy, prescription medications, lifestyle counseling, mind-body medicine and stress management.

I understand that all treatments, whether those listed above or any others, will be discussed with me before treatment begins and I am encouraged to ask questions.

Potential Benefits of Naturopathic Medical Treatments: I understand that potential benefits of Naturopathic Medical Treatments include, but are not limited to: 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.

Potential Risks of Naturopathic Medical Treatments: I am aware that all existing methods of diagnosis and treatment, including naturopathic medical care, pose some level of risk. Within the general healthcare setting, the possible outcomes of these practices by a naturopathic doctor range from minor to fatal. I understand that potential risks of Naturopathic Medical Treatments include, but are not limited to: allergic reactions to prescribed supplements, medications, and herbs, which may be severe such as anaphylaxis, cardiac arrest and death; unpleasant side effects from and between natural medications and pharmaceuticals; inconvenience of lifestyle changes; and aggravation of present conditions.

I am aware that unforeseeable complications could occur, and that while Dr. Berg will make every reasonable effort during the examination to screen for contraindications to care, I do not

expect Dr. Berg to be able to anticipate and explain all possible risks and complications, and I wish to rely on Dr. Berg to exercise judgment in recommending the Naturopathic Medical Treatments that she feels at the time, based on the facts then known, are in my best interest.

I understand that in order to properly treat my medical condition, Dr. Berg must be contacted promptly if an adverse reaction or condition occurs. I agree that I will immediately inform Dr. Berg if I experience any gastrointestinal upset (e.g., nausea, gas, stomachache, vomiting or similar condition), allergic reactions (e.g., hives, rashes, tingling of the tongue, headache or similar condition), or any unanticipated or unpleasant effects associated with any of the Naturopathic Medical Treatments prescribed by Dr. Berg.

In any event, if an emergency medical condition arises for any reason due to a Naturopathic Medical Treatment from Dr. Berg or for any other reason, I agree to seek treatment immediately from an emergency center or call 9-1-1.

I understand the above overview of Naturopathic Medical Treatments and the potential benefits and risks of such treatments.

Following Doctor Instructions: I understand that the Naturopathic Medical Treatments including herbs, homeopathic medicines and nutritional supplements (which are from plant, animal, mineral and other sources), prescriptions and other treatments that may be recommended by Dr. Berg, are considered safe when taken as instructed in the practice of naturopathic medicine. I am aware that it is extremely important that I follow the Dr. Berg's prescribed recommendations when taking any prescriptions, herbs, homeopathic medicines and nutritional supplements because they may be toxic when taken in large doses. I understand that following all instructions, whether orally and/or in writing, helps to improve the safety and outcomes of treatment.

Complete Medical History: I understand that some herbs, medications, supplements, diets, or treatments may be inappropriate if I have certain health conditions or take certain medications or supplements, whether prescribed or over-the-counter, and I agree that I will notify Dr. Berg of all of my pre-existing health conditions, medications and supplements as well as keep Dr. Berg updated as to any changes.

I have truthfully and accurately disclosed to Dr. Berg all personal medical history information including but not limited to:

- all of my health conditions,
- my use of all medications, drugs, herbs, vitamins, and other supplements of any kind; and
- all known allergies to drugs or other substances or any past reactions.

I understand that failure to do so may negatively affect my treatment outcome and the safety of any treatments I receive. I agree to keep Dr. Berg updated as to any changes in my medical profile and understand that there shall be no liability on Dr. Berg's part should I fail to do so.

Notice to All Female Patients: I understand that some treatments, including without limitation, herbs and supplements, could present a risk during pregnancy and breastfeeding, and I agree that

I will notify Dr. Berg immediately if I am pregnant, if I become pregnant, if I am planning to become pregnant in the next three (3) months or if I am breastfeeding.

Notice to All Patients Receiving Bio-Identical Hormone Therapy: I understand that it is Dr. Berg's policy that:

- (1) all female patients must see a gynecologist for a gynecological pelvic exam including PAP smear as well as have breast imaging within three months prior to starting hormone therapy and must agree to continue to have gynecological pelvic and breast exams, as well as breast imaging, annually thereafter during the course of hormone therapy, and
- (2) all male patients must have a Digital Rectal Exam and PSA test within the three months prior to starting hormone therapy and must agree to have a Digital Rectal Exam and PSA test annually thereafter during the course of hormone therapy.

I understand that all patients being placed on bioidentical hormone replacement agree to follow-up appointments with Dr. Berg as well as blood work every 3-6 months and a urinary hormone monitoring test annually during the course of hormone therapy.

Notice to All Cancer Patients: I acknowledge and understand that Dr. Berg does not treat cancer, but that the treatments and procedures provided by Dr. Berg may help to optimize the immune system to be able to respond better to cancer. Therefore, if I have cancer, or suspect I have cancer, I understand that I am required to be under the ongoing care of a board-certified oncologist or other MD or DO with experience working with malignant conditions, and I agree that my relationship with this MD or DO shall be the primary therapeutic relationship and that the care I receive from Dr. Berg shall be secondary and supportive of my general health and shall not be understood as treatment of a malignancy.

Relationship with Other Healthcare Providers: Naturopathic Medicine may be a complement to traditional allopathic medicine. I acknowledge that I have been informed and I understand that:

- Any treatment or advice provided to me by Dr. Berg as a patient is not mutually exclusive from any treatment or advice that I may now be receiving, or may in the future receive, from any other licensed health care provider.
- I am at liberty to seek or continue medical care from a physician or surgeon or other qualified health care provider.
- Neither Dr. Berg nor any employee or other practitioner under Dr. Berg's direction or control is suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider.
- The treatment and therapies rendered or recommended by Dr. Berg may be different than those usually offered by a medical doctor or other licensed health care provider.

I also understand that it is my responsibility on an ongoing basis to inform Dr. Berg of the name of and contact information for my primary care physician and treating specialists, of any diagnoses I have received, and of any treatments I have had or am now undergoing for current conditions. And I also understand that it is important for me to let my primary care physician know about any recommendations and/or treatments performed by Dr. Berg in order to ensure that my care is properly coordinated.

No Guarantee and Patient Responsibility: I understand that results from the Naturopathic Medical Treatments are not guaranteed and that Dr. Berg does not make any representations, promises, claims, warranties, assurances or guarantees that my medical problems or conditions will be helped by undergoing any of the Naturopathic Medical Treatments. I understand that my failure to comply with any treatment recommendations may impede results. I am responsible to disclose to Dr. Berg all medication, care, and assessments that I receive elsewhere and to provide medical records from other providers to ensure that care is coordinated and compatible.

I understand that the focus of naturopathic care is to alleviate the underlying conditions that can bring about illness rather than the treatment of symptoms. While I may experience some immediate improvement from the Naturopathic Medical Treatments, I understand that the most effective results occur when I make a long-term commitment to rebuild my health. It is my responsibility as a patient to follow-up with Dr. Berg within a recommended time period for evaluation of treatment results or to change treatment protocols as necessary.

Dispute Resolution: Disputes pertaining in any way to this document shall be decided not in court of law but through arbitration with the American Arbitration Association. Whoever initiates the arbitrations will be responsible to pay all costs of initiating it with the remainder to be paid by the non-prevailing party. The decision and award of the arbitrator shall be final and binding upon the parties.

CERTIFICATION OF CONSENT TO PROCEED WITH TREATMENT: I certify that I have read the foregoing Informed Consent for Naturopathic Evaluation and Treatment and including the nature of the proposed Naturopathic Medical Treatments and the potential risks, benefits and alternatives, and I have had the opportunity to ask questions about its contents. By voluntarily signing below I state that I have weighed the risks and benefits involved in undergoing the above listed Naturopathic Medical Treatments and consent and agree to receive the Naturopathic Medical Treatments as determined in my best interest by Dr. Berg. I intend this Informed Consent to Naturopathic Evaluation and Treatment to cover the entire course of my naturopathic care with Dr. Berg for any present or future conditions. I understand that I am free to withdraw my consent and to discontinue participation in the Naturopathic Medical Treatments with Dr. Berg at any time but that discontinuing consent does not remove past consent for therapy or treatments already consented to, or participated in with Dr. Berg.

PRINTED NAME Patient or Patient Representative (Indicate relationship)

PATIENT SIGNATURE

Date