

# Consent to Treat Form



I, the undersigned, acknowledge that I am seeking naturopathic care from Salud Natural Wellness/ Gemma Coronel, ND and understand that naturopathic doctors (NDs) focus on holistic and natural approaches to health. I understand that the services provided are not a substitute for conventional medical care and that I should consult my primary care physician for any serious or urgent medical conditions.

I hereby consent to receive naturopathic treatment from Gemma Coronel, ND. I understand that the treatment may include, but is not limited to, dietary recommendations, herbal medicine, homeopathy, physical medicine, and lifestyle counseling. I acknowledge that I have been informed about the nature of the treatments and any potential risks involved.

I consent to participate in telemedicine visits with Gemma Coronel, ND. I understand that telemedicine is not a substitute for in-person visits and that I should seek immediate medical attention from my primary care provider or emergency services if I experience a medical emergency. I acknowledge that telemedicine may involve the use of technology to facilitate communication and that my privacy will be protected in accordance with HIPAA regulations.

I understand that while naturopathic treatments can provide benefits, they may also carry risks. I have been informed of the potential risks associated with the treatments I may receive, including but not limited to: allergic reactions to herbal supplements, interactions with prescription medications, and delays in seeking conventional medical care.

I understand that my personal health information will be kept confidential and will only be shared with authorized personnel in accordance with

HIPAA regulations. I have been informed of my rights regarding my health information.

I acknowledge that I have read and understood this waiver and consent form. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily consent to the treatment and telemedicine services provided by Gemma Coronel, ND.

## Patient Information

Legal first name

Last name

Street

Unit

City

State/Province

Postal code

Date of birth

Today's Date

**Patient/ Guardian Signature**

X

**Print name:**

**Date:**