

CONSENT TO TREAT FORM



NATUROPATHIC TREATMENT

Naturopathic care focuses on holistic medical treatment and proactive prevention of diseases. By using protocols that minimize the risk of harm, naturopathic physicians help facilitate the body's inherent ability to restore and maintain optimal health.

Care provided by the doctors and staff at Taylor Health encompasses routine diagnostic procedures, examination and medical treatment including, but not limited to routine laboratory work, intravenous therapies, injections procedures, spine and other structural manipulation/physical medicine, and administration of medications and/or supplements prescribed by the doctor.

I understand and am informed that, as in the practice of naturopathic/integrative medicine, there are some risks to treatment, including, but not limited to: pain, discomfort, blistering, minor bruising, discoloration, infections, burns, itching, loss of consciousness, allergic reactions, and aggravations of pre-existing symptoms. Patients may experience temporary symptoms such as an increase in soreness following spine and other structural manipulations/physical medicine therapies. There have been a few cases where spine or other structural manipulations may aggravate a bulging or herniated disc or cause a rib fracture. On extremely rare occasions, manipulations to certain areas of the cervical spine have been related to a compromise of the vertebral artery and create conditions for a possible stroke. In addition, physical medicine therapies such as ice, heat, or ultrasound may irritate the skin.

By signing below, I agree to treatment using but, not limited to: nutrition, lifestyle, homeopathy, herbs, aesthetic, hormones, pharmaceuticals, supplements/nutraceuticals, spine and other structural manipulations/physical medicine, intravenous, and injection therapies.

MEDICAL RECORDS PROTOCOL AND NOTICE OF PRIVACY PRACTICES

Taylor Health, in accordance with Arizona state law, maintains medical records for a period of at least six (6) years after the last treatment date. Minor patient's records are maintained for a period of at least three (3) years after the child's 18th birthday, or for at least six (6) years after the patient's last treatment date, whichever occurs later. Taylor Health has a protocol for the secure storage, transfer, access, and disposal of medical records at our office.

I understand that my records may be released for professional consultations with other health providers as necessary. I understand that my records may be released for payment purposes to insurance companies, attorneys, and/or other third parties as necessary to obtain payment. By signing below, I authorize the release of my records for these purposes. I understand that my records will be kept confidential and will not be released without my written consent.

Taylor Health, in accordance with HIPAA regulations, protects your rights and privacy as a patient. We will not provide your medical records to any outside third party for independent marketing purposes. All medical records are stored in compliance with Arizona state law.

ACKNOWLEDGEMENT AND CONSENT TO CARE

By signing below, I authorize Taylor Health to provide such care. Parent/Guardian signature required if patient is under 18 years of age.

Patient Name (Print)

Patient Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date