

Portland Dental and Naturopathic Clinic

Consent to Treatment

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors 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. Your doctor at the Portland Dental and Naturopathic clinic will take a thorough case history, perform a physical examination as appropriate for your case and take blood and urine samples or order other lab tests or imaging if needed.

Naturopathic medicine may encompass such treatments as dietary advice and therapeutic nutrition (the use of foods, diet plans, nutritional supplements), botanical/ herbal medicines, homeopathic remedies (highly diluted quantities of naturally occurring substances), Hydrotherapy (the use of hot and cold water), stress management, lifestyle changes, and over-the-counter and prescription medications (including only those medications on the Formulary of Oregon Naturopathic Physicians). While our practices and procedures are safe and effective, not everyone responds the same way to different treatments, and occasionally side effects or complications may arise. It is our policy to always inform you of the procedure being performed and any risks and alternative treatments available to you. If the explanation is not to your satisfaction, please ask for more information.

While the risk of complications or side effects from any of the above treatments is rare, it is our policy to inform our patients about them. These complications may include, but are not limited to soreness, bruising, inflammation, burns, allergic reactions and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side effects and complications of specific treatments is available upon request.

Potential benefits include the restoration of the body's highest functional capacity, pain relief, assistance with injury and disease recovery, and prevention of disease or its progression.

Notice to pregnant women: all female patients must alert the provider if they know or suspect that they are pregnant, since some of the therapies could present a risk to the pregnancy.

Payment Policies:

I authorize the release of any information, including the diagnosis, labs and records of any treatments or examinations rendered to my insurance company, consulting professionals or others that may request my records.

I understand that I am personally responsible for payment of all fees for services provided in this office for me or my dependents, regardless of insurance coverage. Breach of this responsibility carries the penalty of compensating the practice for any related attorney's and/or collection fees. I understand that payment is due when services are rendered. Any other arrangements for payment must be made before treatment begins.

Payment for all services and medicinary items is due at the time of the visit unless otherwise arranged. We accept cash, checks, Visa, MasterCard, discover and American Express. Returned checks will be subject to a \$35.00 fee. There will be a \$50.00 fee for missed appointments and cancellations of less than 24 hours notice unless in an emergency situation.

I have read and understood this consent-to-treatment form:

Signature of Patient or Responsible Party _____ Date _____