

Naturopathic Healthcare INC
(206) 517-4748

NATUROPATHIC MEDICINE
INFORMED CONSENT FOR DIAGNOSIS AND TREATMENT

TO OUR PATIENTS

This is an important document. I have attempted to make it easy-to-understand. I have tried to use type-size that will enable you to read it if you have normal vision. This effort has resulted in this document being 4 pages instead of one; but, please read it carefully! If, for any reason, you have any trouble reading or understanding anything in this document, please ask me or a member of my staff before signing this document. You are entitled to and will receive a copy of this document soon after it is signed by you.

PATIENT'S UNDERSTANDING, PROMISES AND CONSENT

My name is _____.

In my opinion, I am competent to read, understand and sign this document; to the best of my knowledge, I do not have any condition, whether of a physical, emotional or mental nature, including the use of OTC, prescription or recreational drugs, that is interfering with my ability to understand, read and sign this document.

(A) I recognize that Dr. Jeff Harris is a specialist and does not do primary care practice. If medically necessary, I am wanting one or more of the following procedures for which Dr. Harris, is deemed a specialist. I expect him to exercise of his professional judgment within his specialty with respect to the diagnosis and treatment of my condition. I am not coming to see him as my PCP (Primary Care Physician):

Neural Therapy (NT): A specialty injection therapy that treats: trigger point injections, scar injections, segmental injections, ganglion injections with Procaine as a treatment for autonomic nervous system dysfunction, but not limited to this.

Perinural Injection Treatment (PIT): A specialty injection therapy which uses dextrose (D5W) in intradermally, subcutaneously as near nerve injections and to nerve entrapments and compartment syndrome areas, but is not limited to these methods. Usually PIT is used as a pain treatment.

Autonomic Response Testing (ART, ART-neural or BERT): A specialty diagnostic tool using the balance of the nervous system and muscular system to determine interference in the Autonomic Nervous System and to help determine and guide treatments and recommendations.

Ozone Therapy: this is performed as injection or in the form of major autohemotherapy with UV blood irradiation (MAH with UBI), minor autohemotherapy. This can be an

adjunctive to the neural therapy or injected directly into the affected tissues. This is done for the healing benefits of ozone including but not limited to immune stimulation, anti-infective qualities. It can increase the local inflammation in the area which can be important to healing and the area can be painful for up to five days after the treatment is given.

Five Levels of Healing: A way at looking at the patients healing process and procedures and making sure they are working as holistically as they can to achieve their goal of health. This includes: Physical level, Electrical/emotional level, Mental level, Archetypal level and the Light level or 5th level which comprise the totality of our being. By recognizing the missing level and addressing it in the treatment there is a better chance of healing occurring.

Chelation Therapy: The use of EDTA, DMSA and natural products for the removal of heavy metals from the body. These may require urinalysis and or hair analysis to manage treatment.

Manual therapy: Energy healing, deep trigger point release, deep muscle and facial release (NMR, Neuro-Muscular Re-Education), Cranial Sacral and full body adjustments and (NCR, NeuroCranial Restructuring). Hydro therapy as he recommends.

Medicinal use of nutrition: nutritional supplements and intramuscular injections.

Botanical Medicine: botanical substances may be prescribed as teas, alcohol tinctures, pills, capsules, tablets, crèmes, plasters or suppositories.

Homeopathic Medicine: the use of dilute quantities of products from mostly plant, animal and minerals to stimulate the body's vital force to induce healing responses. In same forms as botanical medicines. Also, pleomorphic homeopathic remedies.

Common diagnostic procedures: e.g. venipuncture, kinesiology, laboratory, x-ray, physical examination as preparation for specialized treatments, urinalysis or other body substances deemed needed of testing.

Lifestyle counseling and hygiene: diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction.

Minor office procedures: dressing a wound, ear cleaning

Psychological Counseling: stress management and emotional release.

Electrical Therapy: use of electronic devices to promote healing, relaxation and sleep.

(B) I have had full opportunity, before signing this Informed Consent document, to ask any questions of Dr. Harris and his staff about the various diagnostic alternatives and procedures that he uses and to ask for alternatives.

(C) I acknowledge that I have had and will always have the opportunity to, among other things, ask Dr. Harris for:

(1) An explanation for technical or medical terms and language such as, but not limited to the language of each of the procedures described above;

(2) An explanation of why he has recommended to me or chosen a particular(s) method of diagnosis for treatment or both or how he decides upon a particular method of diagnosis and treatment;

(3) An explanation of all reasonable, foreseeable risks to my well-being during the course of diagnosis and treatment.

(4) An explanation about each of the medicines, dietary supplements and other substances that are likely to be used in my diagnosis and treatment.

(D) I promise that I will ask Dr. Harris any questions that I have or may have about my diagnosis or treatment that I believe are important for me to have answered.

(E) I have been informed by Dr. Harris or his staff that Herxheimer Reactions, detox reactions, “die off” reactions and or cleansing reactions can happen with any of the treatments or products described in paragraph (A); also, each of these has been explained to me. I understand that these reactions can be the worsening or creation of physical, emotional and or mental symptoms and that these reactions can be very uncomfortable and can last an undeterminable amount of time. There are risks of allergic reactions and or side effects to the products used and that there can be inconvenience of lifestyle changes, death, also injury from injections, bruising and pain but, not limited to these.

(F) I acknowledge that I have been informed that female patients must alert Dr. Harris if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

(G) I acknowledge that I have been informed that a female patient may need to bring someone of adult age to be present at the office visit, if Dr. Harris does not have staff present. Or Dr. Harris may refer female patients to a female doctor for any reason. If the female patient decides to do treatment without another adult present then she will need to do a written exit interview report and sign it each office visit.

(H) I acknowledge and understand that no guarantees have been given to me by Dr. Harris or any personnel regarding the cure or improvement of my condition.

(I) I promise that I will contact Dr. Harris or one of his staff, as soon as possible, if I believe that I am experiencing any unexpected or unusual symptom or

unfavorable adverse event or condition as a result of or connected with any diagnosis or treatment provided by Dr. Harris.

(J) I understand that I am free to withdraw my consent and to discontinue participation in my treatment procedures at any time.

(K) Dr Harris has not made any promises that the treatment he provides will get the results we want.

(L) MEDIATION

We encourage open communication and ask our patients to sign this mediation agreement. While we do not anticipate any issues or concerns during the course of your treatment, if any arise, you (and/or your legal counsel) and your healthcare provider (and/or their legal counsel) agree to meet with a neutral mediator and work toward a solution. Whether or not a solution is found, mediation may postpone but does not remove or block your legal rights. Importantly, you agree that any usage or inference to a "claim" will be understood and read as "potential claim" until the mediation is complete. This designation allows us to begin in a less formal manner that has been shown to expedite the resolution process. Your signature on this page confirms that should a concern arise in any aspect of the care provided by this office, staff, and affiliated healthcare professionals, you agree to mediate first before pursuing legal action.

____ (Initials) I understand that Dr. Harris is a specialist and not a Primary Care Provider.

Date: _____

Signature of Patient

Signature of Patient Representative or Guardian

Jeff Harris, ND _____ Date: _____