



RESTORATION

NATURAL MEDICINE

CONSENT & DISCLOSURE FORM

CONSENT FOR TREATMENT: You hereby consent to and authorize us to provide you with health care treatment that involves natural health and wellness. You understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk. You have the right, as a patient, to be informed about your condition and the recommended integrative and complementary procedure to be used so that you make an informed decision whether or not to undergo the treatment after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so that you may give or withhold your consent to the treatment or procedure.

SERVICES: Naturopathic Medicine is a branch of the healing arts distinct from other branches. Our services include the prevention, evaluation, diagnosis, and treatment of injuries, diseases, and conditions through education, nutrition, naturopathic preparations, natural medicines, physical medicine, physical agents, and other therapies and modalities designed to support the body's natural healing processes. Our Naturopathic Doctors (ND) are registered by the state to practice naturopathic medicine under the "Natural Doctor Act." They are not permitted to perform the following acts: prescribe, dispense, administer or inject any prescription medications or devices except: epinephrine for anaphylaxis, vitamins B6 and B12, barrier contraceptives (not including intrauterine devices), oxygen for emergency use, vaccines in accordance with ACIP guidelines for patients who are at least eighteen years of age. Perform surgical procedures, including surgical procedures using a laser device, the use general or spinal anesthetics, other than topical anesthetics, administer ionizing radioactive substances for therapeutic purposes. As well as treat a child who is less than two years old or those between the ages of two and eight years old without specific agreements regarding vaccines and relationships with pediatric physicians. Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine. Practice obstetrics. Perform chiropractic services (spinal adjustments, manipulation, or mobilization). Physical medicine, as described in § 12-37.3-102(12)(b), C.R.S., is permitted. The only adjustments, manipulations, and mobilizations we perform are naturopathic manual therapies. Recommended the discontinuation or counsel against a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner.

DISCLOSURE STATEMENT: Dr. Taylor Pronozuk is a Naturopathic Doctor registered under Title 12, Article 37.3 of the Colorado Revised Statutes. She was trained in naturopathic medicine at the National University of Natural Medicine in Portland, OR. Dr. Taylor Pronozuk holds an active ND license in the state of Colorado. No license or certifications issued to Dr. Pronozuk has never been revoked or suspended. I am not a medical doctor nor physician licensed under Title 12, Article 36, of the Colorado Revised Statutes. I recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child less than eight, with a licensed pediatric health care provider. If the patient is a child less than eight, I have recommended that the child's parent/guardian follow the most recent Center for Disease Control vaccination schedule. This schedule is attached. If the patient has a relationship with a licensed physician or pediatric health care provider, I will attempt to develop and maintain a collaborative relationship with that provider. To permit this, the patient (or patient's parent/guardian if patient is a minor) will need to sign a separate release allowing them to exchange information with the licensed physician or pediatric care provider.



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RISKS: I understand that there is no warranty or guarantee has been made to me as the result of care. I realize that just as there may be risks and hazards in continuing my present condition without conventional medical treatment, there are also risks and hazards related to the performance of integrative and complementary treatment(s) planned for me. Naturopathic Medicine is generally considered safe but may not involve some risks including, without limit: all of the risks disclosed with any preparations or medicines; allergic reaction; infection; pain or discomfort; weakness; fainting, or nausea; skin irritation, discoloration, or scarring; aggravation of symptoms and mood changes. Naturopathic Medicine may adversely interact with specific drugs and may be inappropriate during pregnancy.

EMERGENCIES: If you are having a medical emergency, do not wait to seek care. Call 911.

NO GUARANTEE: Every individual responds to care differently and no guarantee or assurance is made as to the results of care in any specific case, as care may not improve your condition.

PAYMENT, INSURANCE, AND REFUNDS: Our fee schedule is attached. Payment for services is not conditional on response to care. There is no guarantee of insurance coverage. Any insurance you have is an agreement between you and your insurance carrier and you are responsible for payment of services, whether or not they are covered by insurance. You may terminate care at any time. Prorated fees for unused, prepaid services will be refunded; however, no refunds are available for product purchases.

Complaints regarding this Naturopathic Doctor must be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, please contact the Division at (303) 894-7414 or find more information at: www.dora.state.co.us/reg_investigations/file_complaint

ATTORNEY FEES: In the event that any suit or action is instituted under or in relation to this Agreement, including without limitation to enforce any provision in this Agreement, the prevailing party in such dispute shall be entitled to recover from the losing party all fees, costs and expenses of enforcing any right of such prevailing party under or with respect to this Agreement, including without limitation, such reasonable fees and expenses of attorneys and accountants, which shall include, without limitation, all fees, costs and expenses of appeals.



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ACKNOWLEDGEMENT OF RECEIPT OF CONSENT AND DISCLOSURE

By signing below, you acknowledge receipt of the above disclosure statements and office policies and give your informed consent for treatment for (circle one) yourself or your child, and that you have read, understood, and agree upon these terms and policies as described.

Signature of Patient/Legal Guardian

Date

Print Patient Name (required)

Print Legal Guardian Name (if necessary)

If the patient is a minor, please complete below:

This patient ___does or ___does not (check one) have a relationship with a licensed physician or pediatric health care provider.

Licensed physician or pediatric health care provider information:

Name: _____

Address: _____

Phone: _____