

Informed Consent

This form is designed to present benefits and risks of the therapies offered by Health Matters and must be signed before treatment is rendered. Ask your doctor if you have any questions or concerns regarding your consent to treat prior to signing this Informed Consent form.

Treatments, procedures and/or products used in your treatment at Health Matters may or may not be FDA approved. Treatments may include one or more of the following:

- Dietary and nutritional counseling
- Nutritional and other supplementations administered orally, topically or as injection/IV therapy, such as vitamins, minerals, enzymes, amino acids, essential fatty acids, homeopathic remedies, homotoxicological preparations and others
- Physical medicine (manipulation), acupuncture, trigger point injection, nutritional or other IV therapy, mesotherapy, chelation ('detox') therapy, hormone-replacement therapy, therapeutic massage, and more

I am seeking medical health care services, including alternative medical therapies at Health Matters. I hereby request and consent to the performance of physical medicine (including, but not limited to, various modes of physical therapy and diagnostic testing/examination), acupuncture (including, but not limited to, needle puncture, point injection and infrared therapy), and/or naturopathic procedures (including, but not limited to, examination, diagnostic testing and the use of prescription drugs and natural substances such as vitamins, minerals and botanical medicines) on me (or on the patient named, for whom I am legally responsible) by the doctors and staff of Health Matters.

I understand and am informed that results from treatments may vary and are not guaranteed. In addition, I understand my compliance with diet recommendations, supplements, prescribed medications, prescribed exercises and lifestyle modification will increase the effectiveness of my care and enhance or maintain the results.

I understand a referral to another physician or specialist may be necessary due to the nature of my condition and limitations in the scope of practice of Naturopathic Medicine.

I acknowledge the scope of practice of a Naturopathic Physician has limitations including limited prescription privileges and lack of hospital privileges. Consequently, a referral to a specialist or emergency room may be deemed necessary under certain circumstances and is in my best interest. Referrals may not be covered by your insurance carrier.

I understand this medical practice uses diagnostic and treatment methods known as investigational, complementary, alternative, holistic, nutritional and herbal oriented. Some of these methods have not been accepted by consensus mainstream medicine or the FDA.

I understand I am in no way obligated to purchase the products or run labs recommended by physicians or staff at Health Matters. I am free to purchase these products from any source I choose.

I do not expect the doctor to anticipate and explain all the risks and complications that could possibly happen during or because of treatment, and I wish to rely on the doctor to exercise judgment during the course of the procedure based upon the facts known at that time.

I understand and am informed that, as in the practice of medicine, in the practices of naturopathic medicine, spinal manipulative care, intravenous therapy, acupuncture, prolotherapy, nutritional and other supplementation, hormone therapy, and of any treatment we administer or order, there are some risks.

Some of the potential side-effects to treatments and therapies include, but are not limited, to:

- Bruising/Local tenderness (with venipuncture, acupuncture, manipulation and other)
- Allergy (with drugs, supplements, anesthesia, nutritional IVs, chelation and other)
- Drug side-effects (with drug, supplements, herb-drug interactions)
- Fainting (with supplements, acupuncture, nutritional IVs, chelation and other)
- Infection (with acupuncture, minor surgeries, venipuncture, implants, injections and other)
- Burns (with cryosurgery)
- Scars (with acupuncture, venipuncture, hormone implants, minor surgery, and other)
- Vaginal bleeding in females (with hormone balancing and replacement therapy)
- Fractures, dislocations, sprains, disc injuries (with manipulation and other)
- Strokes (with manipulation and other)
- Organ puncture (with acupuncture, prolotherapy, minor surgery and other)
- Organ failure (with IV chelation, detox and other)
- Dizziness, weakness, lightheadedness (with injections, IV, prolotherapy, PRP, hormone implants and other)

Below is a more in-depth explanation of some of the various therapeutic modalities used at Health Matters:

Naturopathic Medicine | A naturopathic physician is trained as a general family practitioner. Naturopathic physicians combine modern laboratory and physical diagnostic tools with natural, nontoxic therapies that encourage the body's inherent healing abilities. Some of the treatments may include nutrition, herbal medicine, homeopathy, counseling, hormone replacement therapy, hormone pellet insertion, hormone reduction therapy, heavy metal chelation, natural supplementation and other natural remedies.

Nutritional and Herbal Supplements | At times, your organ systems and tissues may need nutritional and/or herbal support. Make sure to tell your doctor about any medication you are currently taking so drug/herb/supplement interactions are minimized. Potential side-effects of any herb/supplement recommended to you will be discussed by your doctor.

Acupuncture and Traditional Chinese Medicine | Acupuncture is a 2000-year-old medical tradition based on clinical observation and treatment. Diagnosis in traditional Chinese medicine and acupuncture is based on observation, interview, pulse, tongue diagnosis and other tools. Following an assessment, treatment may involve acupuncture, TDP heat lamp or other traditional treatments. Acupuncture involves the placement of sterile, single-use, disposable needles into specific points on the body. As with any technique that pierces the skin, infection, although extremely rare with sterile acupuncture needles, is possible. Also extremely rare, permanent nerve damage from acupuncture is possible.

Homeopathy | A system of medicine based on the Law of Similars that was founded over 200 years ago by Samuel Hahnemann, MD (1755-1843). A homeopathic remedy is an FDA-approved medicine that consists of a very dilute substance. When given to someone who is healthy, a homeopathic remedy can bring about the same symptoms it can cure. When given to someone suffering from those symptoms, the body is stimulated to heal on its own and the symptoms resolve. Hence the name, the Law of Similars, or like cures like. There are no known side-effects when using homeopathic remedies and no known interactions with any other medication or herb/supplement. These remedies are safe to use on the youngest and most elderly of patients.

Prolotherapy and PRP | Injection of nutrients, precursors and/or a patient's own growth factors into a tendon, ligament or joint needing repair.

Alternatives

We have a wonderful referral network. Your doctor will inform you of alternatives to the above-mentioned therapies. Your health/wellbeing is our first concern. Please inform your doctor of any medication change, new allergies or if there is a possibility of pregnancy at any time during your treatment.

PATIENT RIGHTS

- You have the right to be treated with courtesy, respect and dignity.
- You have the right to know the process through which services are offered, including the general course of treatment, and with whom you will be working.
- You have the right to full confidentiality. All transactions and records within this office are kept strictly confidential. Your records may be released to other parties only when requested in writing by you, or when required by law.
- You have access to and may request copies of your information at any time.

- You have the right to know and understand the practitioner's assessments and recommendations. These will be given to you at each visit including therapeutic goals, success of treatment and proposed duration of treatment. If this is unclear please ask.
- If a medication is prescribed, or any other specific treatment is recommended, you have the right to know what the medication or treatment is, why it is being prescribed, the expected outcome and general side-effects which might be reasonably expected. Please ask your physician to explain prior to treatment.
- You have the right to access other community services and also the right to select and change practitioners. If you are interested in other practitioners or therapeutic modalities, please ask.
- You have the right to refuse service.
- You have the right to opt-out of newsletter service.
- You have the right to assert your rights as described within this document at any time without retaliation or fear of negative consequence.
- You as a patient have the right to full knowledge of fees.
- You have the right to know of any changes to services or charges.

HORMONE REPLACEMENT THERAPY

All medical treatments have potential side-effects. The most common side-effects are generally mild and temporary and may include overproduction of red blood cells, decreased testosterone and/or sperm production and testicular shrinkage, fluid retention, acne and hair thinning.

I acknowledge, understand and agree testosterone is intended to lessen or eliminate the signs and symptoms of low testosterone, and to lessen the risk of diseases associated with testosterone deficiency. I acknowledge, understand and agree that testosterone therapy is not accompanied by any guarantees, promises or warranties.

I hereby consent to get a full physical exam including PSA lab testing, digital rectal exam, PAP, mammogram, complete wellness panel as my doctor recommends.

I acknowledge and understand hormone replacement therapy, specifically testosterone, is DEA Schedule III controlled substance and will require a follow-up with my physician every six months to continue the prescription.

I have read this document and understand it. The staff has answered all my questions. I consent to use controlled substances, and I understand my treatment with them will be carried out in accordance with the conditions stated above. I understand if I do not follow the conditions of this consent I can endanger my health as well as my life.

INTRAVENOUS THERAPY

I give consent to the doctors and staff at Health Matters to perform intravenous nutrient therapy, intravenous chelation therapy, intravenous arteriosclerosis therapy and/or any other intravenous therapy deemed by my Health Matters physician to be beneficial to my care. I understand the intravenous treatment may contain vitamins, minerals, amino acids, chelating agents (such as DMPS and/or EDTA), glutathione, N-Acetyl-Cysteine, DMSO, procaine, H₂O₂, alpha lipoic acid, preservative agents, and/or other ingredients as deemed beneficial by my doctor. I understand any or all of these ingredients may or may not be FDA approved for use intravenously or otherwise.

I have been informed of possible risks and side-effects of intravenous therapy including, but not limited to, severe allergic reactions, discomfort at the injection site, painful and long-lasting inflammation of the vein (thrombophlebitis), muscle aches or cramps, bone pain, body odor, low blood calcium, transient dizziness, hypoglycemia, mineral loss, skin rash, kidney irritation and inflammation, nephrotoxicity, congestive heart failure and liver disease. I have disclosed to my physician any known significant clinical conditions including liver, kidney, heart disease, allergies or current pregnancy. I understand it is my responsibility to report to my treating physician any adverse reactions to the treatment and any changes in my health condition.

I understand the benefits of intravenous therapy are greater if I eat a healthy diet, drink plenty of water, take extra fiber, get appropriate exercise, get proper sleep and do not smoke. I have not been guaranteed any specific outcome. I understand I am free to discontinue therapy at any time. I am aware conventional medicine has other drugs and treatments used for my condition that may differ from the approach I am choosing to use at Health Matters. I understand I am free to consult with other health care providers at any time regarding my condition. I have not been asked to discontinue care with any other physician or specialist.

I have read this consent and have had the chance to have my questions answered to my full satisfaction regarding the prescribed treatment. I have considered the information given to me in this document, verbally by my provider and Health Matters staff, that which I may have researched outside of this office, including on the Internet, and I understand the risks of intravenous and/or chelation therapy. I desire to undergo intravenous and/or chelation therapy as prescribed by my Health Matters provider. I understand what I am signing and consent to receive intravenous and/or chelation treatments at Health Matters as prescribed by my physician. This signed consent is to remain in effect indefinitely unless revoked by me in writing.

CONSENT FOR USE OF CONTROLLED MEDICATIONS

Health Matters is a primary-care facility that occasionally finds it necessary to prescribe medications deemed “controlled” by the Drug Enforcement Agency (DEA). They have been given this designation because of their risk for causing dependency. For your own protection, it is important you understand these types of medicines can be used safely and can improve your ability to complete your daily activities. However, all medications have possible side-effects. Please understand these potential side-effects before starting any medication, and especially any controlled substance.

The potential side-effects of controlled medications include:

- Tolerance – you need more of the medication to get the same effect.
- Physical dependence – abrupt stopping of the medication can trigger “withdrawal” syndrome (also, physical dependence in newborns of mother taking opioids while pregnant)
- Psychological dependence – stopping the medications could cause you to miss/crave it

To be prescribed controlled medications, you must agree with the following statements:

- I will take medications only as prescribed by my Health Matters provider.
- I will not allow other individuals to take my medications.
- I will report all prescriptions for other medications (analgesics, antidepressants, etc.) to my Health Matters provider.
- I will inform Health Matters if I see another physician in an emergency or for any other medical reason when controlled substances are prescribed.
- I do not use addictive substances or tobacco.
- I am not involved in the sale, illegal possession, diversion or transport of controlled substances.
- I agree to participate in a program for chemical dependency should a problem be identified.
- If I am a female of childbearing age, I will inform Health Matters I may be pregnant.

I understand treatment with controlled substances WILL BE DISCONTINUED if any of the following occur:

- My physician feels the controlled substance is no longer the correct medication for me.
- I give away or sell the medication.
- I lose/misplace the prescriptions or medications.
- I do not follow instructions and do not take the medications as prescribed.
- I obtain controlled medications from other sources.
- I abuse other substances (narcotics, alcohol, tobacco, etc.).

ALL CONTROLLED MEDICATION REFILLS REQUIRE AN IN-OFFICE VISIT WITH A PHYSICIAN AT LEAST EVERY SIX MONTHS. I MAY ALSO BE REQUIRED TO TAKE A URINE TEST AS LONG AS I AM ON PRESCRIPTION MEDICATION.

CANCELTION POLICY

If you need to cancel or reschedule your appointment, please call at least 24 hours before your scheduled time. Our goal is to provide high-quality, individualized care in a timely manner, and appointments are in high demand. No-shows and late cancellations (less than 24 hours’ notice) prevent us from offering the appointment to another patient and are subject to a \$150 fee.

Signature:

Patient (or responsible guardian if patient is a minor)

Date