



## **Disclosures, Informed Consent and Request for Naturopathic Treatment**

Naturopathic Medicine focuses on treating the whole person and consists of a customized approach to health care. The true source of the disease/imbalance is sought in order that healing may proceed from the most foundational levels for the greatest long-term benefit. The medicine is tailored to the client and emphasizes prevention and self-care. Our services include the prevention, evaluation, diagnosis, and treatment of injuries, diseases, and conditions through education, lifestyle counseling, nutrition, natural medicines, physical medicine, hydrotherapy, common diagnostic procedures, and other therapies and modalities designed to support the body's natural healing processes. Pharmaceutical agents listed on the Oregon Formulary that are permitted for use by naturopaths will only be employed if it is deemed there are no natural alternatives better suited to the task.

As a human being I exercise the right to be informed about my health condition(s) and recommended treatment. This disclosure is to help me become better informed so that I may make the decision to give, or withhold, my consent as to whether or not to undergo naturopathic care with Dr. Kunkel.

I, \_\_\_\_\_, hereby request and consent to examination and treatment with Naturopathic Medicine by Dr. Kunkel, knowing that there is no guarantee of results. I also understand that Dr. Kunkel will answer my questions and provide care to the best of his ability using the information known at the time care is rendered. I understand that I have the right to ask questions and discuss to my satisfaction with Dr. Kunkel my suspected diagnosis(es) or condition(s), the nature, purpose, goals and potential benefits of the proposed care, the inherent risks, complications, potential hazards or side effects of treatment or procedure, the probability or likelihood of success, reasonable available alternatives to the proposed treatment procedure, and potential consequences if treatment or advice is not followed.

I understand that naturopathic care has the following potential risks: pain, discomfort, minor bruising, discoloration, infections, deep tissue injury from topical procedures, burns from

hydrotherapies, allergic reaction to prescribed herbs, supplements or prescription medications, soft tissue or bony injury from physical manipulations as well as aggravation of pre-existing symptoms. I do not expect Dr. Kunkel to be able to anticipate and explain all risks and complications, as each person is unique. If I am pregnant, suspect that I may be pregnant, or am trying to become pregnant, I will immediately notify Dr. Kunkel as some therapies prescribed could present a risk to the pregnancy.

I wish to rely on Dr. Kunkel to exercise all judgment during the course of my care based on the known facts. I also understand that it is my responsibility to request that Dr. Kunkel explain therapies and procedures to my satisfaction. I further acknowledge that no guarantee of services have been made to me concerning the results intended from any treatment provided to me. By signing below I acknowledge that I understand the contents and meaning of this document. I give my oral and written consent for evaluation and treatment. I understand that this consent form covers the entire course of treatments for my present condition and any future conditions for which I seek treatment and that I am free to withdraw my consent at any time. I understand that the ultimate responsibility for my health care is my own, and that Dr. Kunkel is here to support me in this. I understand that Dr. Kunkel reserves the right to discontinue his services, with a recommendation of an appropriate referral, where it is apparent that my expectations and what he provides are not in agreement. I also understand that Dr. Kunkel reserves the right to determine which cases fall outside his scope of practice, in which event an appropriate referral will be recommended.

I understand that a record of health services that are provided to me will be kept confidential and will not be provided to anyone without my written consent unless legally and appropriately required by law. I may request a copy of these records by paying the appropriate per page copying fee. I also affirm that I am not an agent of any private, local, county, state or federal agency attempting to gather information without so stating.

I understand that Dr. Kunkel and Rogue Natural Medicine does not contract with any insurance companies and that I am financially responsible for payments in full at the time of service.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Patient: \_\_\_\_\_

Guardian Signature (if patient is under 18 years old): \_\_\_\_\_

Printed Name of Guardian : \_\_\_\_\_