

Utah Natural Medicine

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INFORMED CONSENT FOR MEDICAL TREATMENT AND PROCEDURES

This document is a binding agreement (the "Agreement") between Utah Natural Medicine ("the Doctor" "UNM") and the individual whose name and signature appears below ("I" "the Patient") or the legal guardian thereof. In consideration of the health care services provided to the Patient by Utah Natural Medicine at the present and at all times in the future, I agree as follows (agreement is indicated by placing Patient initials on the lines following each section and by signing in the space provided at the bottom of the page):

1. **Consent For Treatment:** I, _____, the undersigned, do hereby authorize and give consent to UNM to provide health care, medical treatment and procedures to the Patient which may include but is not limited to the following:

- a) General Diagnostic Procedures: Including, but not limited to, venipuncture (phlebotomy), x-rays, ultra sound, blood & urine lab work, pap smears, and physical exams.
- b) Prescriptions: Including, but not limited to, pharmaceutical drugs, nutritional supplements, homeopathic remedies, plant, mineral, and animal materials/products for internal or external use. These products may contain diluents, solvents, or carrier mediums such as alcohol in tinctures.
- c) Lifestyle & Dietary Counseling: Including, but not limited to diet regimens, exercise plans, nutritional supplements, psychological and emotional counseling, and advice concerning sleep hygiene, stress reduction, and balance of life activities.
- d) Office Procedures and Treatments: Including, but not limited to, intramuscular injections (e.g. nutritional substances, vaccines, local anesthetics, homeopathic medicines, dextrose and other prescriptive medicines), intradermals and subcutaneous injections, intravenous therapy, mesotherapy, prolotherapy, scar infiltration, acupuncture, trigger point injections, nerve blocks, joint injections, dressing of wounds, ear cleansing (lavage), cryotherapy, escharotic treatment, and minor surgery.
- e) Physical Therapies: Including, but not limited to, massage, neuro-muscular technique, muscle energy stretching, craniosacral therapy, visceral manipulation, cupping & Gua Sha (Chinese techniques involving manual instruments for scraping & suction to increase circulation), as well as manipulation of extremities and spine.
- f) Thermal and Electrical Therapies: Including, but not limited to, ultrasound, high & low volt muscle stimulation, interferential, transcutaneous electrical stimulation, microcurrent stimulation, diathermy, infrared and ultraviolet therapies, hydrotherapies (hydrocolators, hyperthermia, contrast baths) and moxabustion.

I understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk of injury or death. I acknowledge that UNM has not made any guarantees or promises as to the outcome, the safety or the efficacy of the Treatments. (Initial) _____

2. **Experimental Nature of Treatment.** I acknowledge and agree that the Treatments may consist in whole or in part of experimental procedures and methods, on which no governmental (including the U.S. Food and Drug Administration [FDA]), scientific or medical authority has issued any guidelines or statements as to the safety or efficacy thereof. I acknowledge that I am choosing an alternative treatment instead of the conventional standard of care. I acknowledge that the safety record of the Treatments may be based only on empirical and anecdotal evidence, which only shows that the Treatments appear to be relatively safe. I have been informed that the treatments MAY alter, address or decrease my symptoms or complaints, but also may have NO effect. (Initial) _____

3. **Potential Risks, Side Effects, Complications.** I agree and acknowledge that there are certain unavoidable risks, side effects, and complications to the Treatments including, but not limited to infection, swelling, allergic reaction, increased pain, aggravation of existing conditions, bleeding, scarring, scar or wound enlargement, keloid formation, blistering, burns, itching, discoloration, temporary or permanent alteration in sensation, permanent skin contour irregularities at the site of Treatments, need for additional surgery or treatment, internal or external leaking of fluids,

pneumothorax (air on the outside of lung), paralysis, dizziness, loss of consciousness, serious or debilitating injury, and death. (Initial)_____

4. **Information I Have Provided to UNM.** I hereby verify that I have provided UNM with a complete list of all prescription and non-prescription medications and substances I am currently or have recently been taking; and I agree to update such list whenever a change is made. I have also provided a list of all known allergies including medications, dietary/nutritional substances, and plant and animal substances. I have also provided a list of all medical, surgical and/or psychological conditions I currently have, and any such major conditions I have had in the past. I covenant that all the information I have provided including but not limited to the information required by this Section 4, is true, accurate, complete and up-to-date to the best of my, the Patient's, knowledge. (Initial)_____

5. **Assumption of Risk.** I hereby verify that I have not been legally adjudged as incompetent. Furthermore, I attest that I am fully capable of understanding the risks and benefits of the above mentioned procedures and treatments, that I have carefully read and understand fully the terms of the Agreement, and after having adequate time to ask any questions about this Agreement or the Treatments that I have, I am willing to assume any and all risks associated with the Treatments including without limitation those described in this Agreement. I also acknowledge that no explanation or description of Treatment can ever fully explain every possible risk, side effect or complication that may or could arise from Treatment, but that by initialing and signing this Agreement, I nevertheless, acknowledge my, the Patient's, willingness to assume such risks and that my, the Patient's, consent to Treatment is willing, voluntary and informed. I furthermore acknowledge and understand that IT IS MY RIGHT TO DETERMINE THE EXTENT OF THE TREATMENT AND THAT I MAY DECLINE TREATMENT AT ANY TIME BEFORE OR DURING TREATMENT. (Initial) _____

6. **Miscellaneous.** I agree that this Agreement constitutes the entire agreement between UNM and the Patient regarding the subject matter hereof. No promise, representation, guarantee or warranty not included in this Agreement has been or is being relied upon by the Patient. This Agreement shall be binding on the Patient, their successors, heirs, legal representatives and assigns. This Agreement shall be governed by the laws of the state of Utah without regard to any choice of law principal. (Initial)_____

BY SIGNING THIS AGREEMENT, I INDICATE THAT I HAVE READ, UNDERSTAND AND AGREE TO ITS TERMS, THAT I AM THE PATIENT, GUARANTOR, THE PATIENT'S LEGAL REPRESENTATIVE OR GUARDIAN, OR LEGALLY AUTHORIZED TO SIGN THIS AGREEMENT AND ACCEPT ITS TERMS.

Patient/Legal Guardian

Witness

Interpreter
(If necessary)

Signature

Signature

Signature

Print Name

Print Name/Title of Witness

Print Name/Title of Interpreter

Relation, if signed by other than patient

Date

Date
