

# NATURE'S PATH OF INTEGRATED HEALTH

## Kim D. Furtado, N.D.

### INFORMED CONSENT FOR TREATMENT

I, as a patient, have the right to be informed about my condition and recommended care. 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 care having had the opportunity to discuss the potential benefits, risks, and hazards involved.

I, \_\_\_\_\_, hereby request and consent (or for the patient named the below for whom I am legally responsible) to examination and treatment with naturopathic medicine by Kim D. Furtado, N.D. and/or other naturopathic physicians or students training at the office. I can request students and preceptors not be included in my evaluation.

I understand that I have the right to ask questions and discuss to my satisfaction with Kim Furtado, N.D.:

1. my suspected diagnosis or condition
2. the nature, purpose and potential benefits of the proposed care
3. the inherent risks, complication, potential hazards, or side effects of treatment or procedure
4. the probability or likelihood of success
5. reasonable available alternatives to the proposed treatment or procedure
6. the possible consequences if treatment or advice is not followed and/or nothing is done.

I understand that naturopathic evaluation and treatment may include, but is not limited to:

**Physical exam:** e.g. general, musculoskeletal, cardiovascular, gynecological, abdominal, respiratory.

**Common diagnostic procedures:** laboratory evaluation of blood, urine, stool and saliva

**Dietary advice and therapeutic nutrition:** use of foods, diet plans, nutritional supplementation.

**Botanical medicine:** botanical substances may be prescribed as teas, alcoholic tinctures, capsules, tablets, creams, powders, plasters, washes or suppositories.

**Homeopathic medicine:** the use of highly dilute quantities of naturally occurring plants, animals and minerals to gently stimulate the body's healing responses.

**Lifestyle counseling and hygiene:** diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities.

**Psychological counseling** mind-body spirit techniques and basic counseling interactions including but not limited to guided imagery, visualization, relaxation response, breathing exercises

**Hydrotherapies:** use of hot and cold water e.g., hydrocolator, contrast treatments, wet sheet wrap.

**Soft tissue manipulation:** massage, neuro-muscular technique, muscle energy stretching..

**Contraception** non-hormonal, cervical cap.

**I recognize the potential risks and benefits of these procedures as described below:**

**Potential risks:** allergic reactions to prescribed herbs and supplements and prescription medications; side effects of natural medications, inconvenience of lifestyle changes, injury from procedures or soft tissue manipulation; an aggravation of pre-existing symptoms.

**Potential benefits:** restoration of the body's maximal functioning capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

**Notice to Pregnant Women:** All female patients must alert the doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

**Notice of individuals with bleeding disorders, pace makers and cancer.** For your safety, it is important to alert the provider of these conditions.

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## INFORMED CONSENT FOR TREATMENT (page 2)

I understand Dr. Furtado is not licensed by the state of Delaware to practice naturopathic medicine. There is not currently a naturopathic license available in Delaware. The use of the word doctor reflects Furtado's level of training (doctorate of naturopathic medicine), and the practice of naturopathic medicine is not specifically regulated by the state of DE. Furtado is a District of Columbia licensed naturopathic physician, in order to indicate that the training requirements and continuing education requirements for naturopathic practice are upheld.

I understand the U.S. Food and Drug Administration has not evaluated or approved nutritional, herbal and homeopathic supplements, and therefore should not be taken as such. However, they have been widely used in Europe, China and the U.S.A for years.

I understand that (as with drugs) nutritional supplements, herbal and homeopathic remedies may exhibit some side effects in certain sensitive individuals, may interact with certain allopathic medications or lab tests, or show symptoms due to certain pre-existing disease conditions.

**I understand that it is not being recommended to me to discontinue any other treatment or care being provided by any other health care professional.** I understand Dr. Furtado does not function as a primary care physician, and that she offers her services in addition to other services I receive. I understand she does not replace the services of my primary care physician. The consultee(s) understand(s) that Dr. Furtado cannot manage the overall care of the person for whom the consultation is occurring, and it is my responsibility to seek conventional medical care for my health concerns.

I understand that if I refuse to be examined and/or diagnosed by a conventional medical doctor, this refusal of care is directly against the advice of Dr. Furtado. The consultee(s) understands that naturopathic doctors are not licensed to diagnose in Delaware.

I understand that Dr. Furtado is not licensed to prescribe any controlled substances. I understand that Dr. Furtado will only prescribe medications (natural or over the counter) if she thinks it is in the best interest of the patient. Appropriate referrals will be provided to manage the patient's prescriptive medication needs.

I understand that Dr. Furtado is not a psychologist or psychiatrist. Counseling services are for the improved lifestyle strategies and wellness.

I understand that a record will be kept of the health services provided to me that is compliant with HIPAA regulation to the best of Dr. Furtado's knowledge. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless it is required by law. Exceptions to confidentiality are: danger to yourself; danger to another; or child abuse. The privileged nature of our communication ceases under these circumstances. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. I understand my medical record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that my clinical information may be analyzed for research purposes, and that my identity will be protected and kept confidential.

I understand that the practitioners at Quakertown Wellness Center may periodically hold clinical case reviews, and Dr. Furtado may choose to present my case to the group of practitioners to obtain clinical insights on my case. I understand if my case is chosen that my identity will be protected and my information be kept confidential.

## **INFORMED CONSENT FOR TREATMENT (Page 3)**

I understand I will discuss **all** my prescription medication questions and changes with my conventionally trained doctor , and that naturopathic remedies do not replace that conventional advice.

**I understand that there are risks associated with disease, whether the disease is treated with conventional or naturopathic medicine.** Also, in the medical/legal climate of the US, there are risks associated with seeking care outside the standard conventional medical community.

**Arbitration Agreement** By signing this consent, I am agreeing to have any issue of medical malpractice decided by neutral arbitration, and I am giving up my right to a jury or court trial. It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process except as state and federal law provides for judicial review of arbitration proceedings. Both parties, NPIH and patient, by entering into this consent, are giving up their right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise all judgment in recommending the treatments that the doctor feels at the time, based on the facts then known, are in my best interest. I also understand that it is my responsibility to request that the provider explain therapies and procedures to my satisfaction.

I further acknowledge that no guarantees or services have been made to me concerning the results intended for the treatment, but that the naturopathic doctor and I are working together to attain my health care goals.

By signing below I acknowledge I have been provided ample opportunity to read this form or that it has been read or explained to me. I understand the above and give my oral and written consent to the evaluation and treatment. I intend this consent form to cover the entire course of treatments for my present condition and any future conditions for which I am seeking treatment.

I understand that full disclosure of information has been made to me and all my questions have been answered to my full satisfaction. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Print Patient Name: \_\_\_\_\_

Signature of Patient \_\_\_\_\_ DATE: \_\_\_\_\_

Print Guardian's Name: \_\_\_\_\_

Signature of Patient Representative or Guardian : \_\_\_\_\_ DATE: \_\_\_\_\_

Provider: Kim D. Furtado, ND

Initials: \_\_\_\_\_ DATE: \_\_\_\_\_

Original to: Chart Copy to: Patient (if requested) Form revised: October 20, 2017