

# *Maxwell Family Medicine*

## **Informed Consent for Naturopathic Medical Treatment Received at Maxwell Family Medicine, and Nicole Maxwell, ND**

I, \_\_\_\_\_, have sought medical care from Nicole Maxwell, ND. I have chosen to do this of my own free will. I am aware that Dr. Maxwell is licensed as a naturopathic physician. Dr. Maxwell emphasizes the importance of nutrition, exercise, attitude and non-toxic remedies as the therapeutic mainstays for restoring a patient to his or her optimal state of health.

I realize that Dr. Maxwell's integrated approach to medical therapy may not be as rapid as pharmaceutical or surgical therapy, that it may require more effort from me than the simple administration of a symptomatic medication for each complaint, and that some medical authorities consider it to be unproven, ineffective and even unsafe. I also understand that since every individual is inherently unique, Dr. Maxwell cannot warrant or guarantee that her treatment programs will always result in an improvement of the condition being treated.

I also understand that many insurance plans have clauses that limit coverage to "usual and customary fees for reasonable and necessary services". I realize that some of the services provided by Dr. Maxwell will not fall under this description, and I do not hold her responsible for the decision by an insurance company that services provided to me are not covered under a specific insurance contract.

I am consulting with Dr. Maxwell solely for reasons concerning my own health. I am not consulting Dr. Maxwell in order to provide information to any enforcement, regulatory, or investigative agency of any kind.

By my signature below, I certify that I have read and understand the above.

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

I, Nicole Maxwell, ND consider it a privilege and an honor to be a physician to \_\_\_\_\_, and I promise to provide him/her the best medical care that I am capable of, in the safest, least toxic and most cost effective way that I know. I promise to listen carefully to his/her needs and desires, and to treat him/her with dignity and respect. I promise to stay knowledgeable and current in my profession, and to focus my attention not only on his/her presenting complaints, but also on preventive measures to keep him/her healthy in the years to come.

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