

Consent For Treatment at Tahoe Natural Medical Center

I (Print Name) _____ hereby authorize medical treatment for myself by Dr. Jeff Hanson NMD, ND and the medical staff at Tahoe Natural Medical Center. I am aware that Dr. Hanson is a Naturopathic Medical Doctor licensed by the state of California to practice Naturopathic Medicine.

Naturopathic Medicine is an integrative approach to health care that uses modern diagnostic assessments, referral to specialist physicians, and the use of alternative, natural, non-drug treatments to manage chronic disease and restore optimal wellness. These treatments may include the use of herbs, high dose vitamins and minerals in the form of oral, intravenous, and injection therapies, natural hormones applied topically to the skin or injected into the muscle; among many other natural treatments. Some medical authorities consider these natural therapies to be unproven, ineffective, experimental, and even unsafe. Clinical experience by many doctors that use these therapies has shown them to be effective and safe. Yet, any medical treatment has a potential for adverse reactions and harm.

I understand that certain risks are associated with any form of medical treatment and I accept those risks in order to receive treatments by Dr. Jeff Hanson NMD, ND and staff at Tahoe Natural Medical Center and shall hold them harmless of any consequences thereof. I understand that Dr. Jeff Hanson NMD, ND at the Tahoe Natural Medical Center does not make any claims for cure or guarantees of improvement with my medical condition by undergoing treatments at the Tahoe Natural Medical Center.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient Signature _____ Date _____