

Informed Consent Form

Naturopathic Medicine

I, _____, a mature adult of sound mind, bring my child to Jennifer Phillips, N.D. for holistic health counseling.

I understand that although Jennifer Phillips, N.D. is a Doctor of Naturopathy, the state of New Jersey does not recognize Naturopathic Doctors as primary care physicians, therefore, Jennifer Phillips cannot diagnose or treat any health condition.

I understand that the herbs, nutritional supplements, and homeopathic remedies are neither a treatment for any condition nor replacement for medication. I agree to inform Jennifer Phillips immediately if any adverse reactions develop while taking these substances. I understand that in all circumstances I should continue to consult with my regular physician in regard to all medical concerns that I may have.

Accordingly, I sign this Informed Consent, to express that it is my own decision without undue persuasion to see Jennifer Phillips, N.D. for naturopathic counseling. I hold no other party responsible for my own actions. I hereby release Jennifer Phillips, N.D. from liability for any results that may occur to me thereafter.

In an effort to best serve all, at least 24 hours notice must be given when canceling an appointment. In the event that an appointment is cancelled with less than 24 hours notice, a \$20 fee will be charged. Thank you for your cooperation.

Finally, I understand that Jennifer Phillips, ND does not accept insurance and that I am responsible for payment in full upon services rendered. The fee for the visit is based on a rate of \$200 per hour.

Child's Name: _____

Signature of Parent or Guardian: _____

Date: _____