



Renee Awad, N.D.
Doctor of Naturopathic Medicine

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General Informed Consent

I have sought the health care services of Renee Awad, ND for my personal healthcare or for my child or children who are minors. I understand that this health care practice uses methods that are known as complementary, alternative, or holistic, and may not be covered by my insurance plan, or generally accepted by mainstream medicine. The terms complementary, alternative, and holistic refer to therapies that may include, but are not limited to, dietary and nutritional supplement advice, homeopathy, botanical, physical, and mind-body medicine, and various diagnostic/testing procedures. Furthermore, the information gained from laboratory and evaluation tests may be interpreted differently from mainstream medical doctors. Approaches for improving general health and nutrition may be based upon the tests/evaluations and philosophies of complementary medicine and may or may not be consistent with mainstream medical tests/evaluations and philosophies.

Although prescriptions and over-the counter medications are recommended when the health care provider deems necessary, foods, vitamins, minerals, enzymes, herbs, and other nutritional approaches may also be chosen as therapy or as adjunctive to medical therapies.

I run an exclusively office-based practice. I am not affiliated with a local hospital. As a result, I strongly recommend that in addition to my care you maintain a relationship with one or more physicians qualified to care for health condition(s). For example, in the case of children I advise that you seek the advice of a pediatrician; if you have cardiovascular disease, consult with a cardiologist; and if you cancer, consults with an oncologist, etc. I routinely refer patients to these and other health care professionals when it is deemed necessary. These physicians can provide you and your family with emergency care if hospitalization is needed and ongoing follow-up care. I am happy to cooperate and communicate with your doctor(s) regarding your medical condition(s), treatment options, or any other health related issues.

I makes no representations, claims, or guarantees regarding the efficacy of treatment recommendations. The treatments I recommend are based upon a combination of my clinical experience and knowledge of scientific and medical literature. With this information, individualized treatments may be offered and applied as either adjunctive (complementary) or primary treatments for various symptoms and disease states.

By signing this informed consent you agree to hold harmless Renee Awad, ND from all professional and personal liability. You agree to be responsible for all legal costs and fees that may result from action(s) on your part or on the part of your representative(s) against us. If a legal case is brought against us, you agree that we shall be judged by the standards and principles of complementary, alternative, and/or holistic medicine and not the standards and principles of consensus conventional medicine. You have the right to have this consent review by your lawyer before accepting any health care services from this office.

My office may make available nutritional supplements and other health products. You are in no way obligated to purchase these products from my office or any other specific location or company. You may freely choose to purchase such products from any source(s) as you wish. I, Renee Awad, ND may profit from the sale of supplements and other products we make available to our patients.

While I maintain a license to practice naturopathic medicine in Washington State, naturopathic medicine is not a licensable profession in the state of Pennsylvania. As an unlicensed naturopath in Pennsylvania, I may not refer to myself as doctor or physician and my services are generally not covered by most insurance plans. My office does not accept insurance assignment. By signing this form you accept full financial responsibility for all non-covered services; including consultations, laboratory tests, and treatment procedures. Furthermore, my office does not participate in the Medicare system. As I am considered outside of the Medicare system, I do not submit claims to Medicare on the patient's behalf.

Your signature verifies that you have not been told to discontinue treatments with any other medical specialists or other health care providers. Your signature is being given prior to rendering any service, advice, and/or recommendations whatsoever from Renee Awad, ND.

It is the responsibility of the patient to follow up with my office for results of all testing and laboratory procedures. It should not be assumed on the part of the patient that if they are not contacted by me, or if the patient does not schedule or keep a consultation, that test results are normal (or without abnormalities), and may not require further medical treatments or advice. Health/medical recommendations and/or possible referral and additional follow-up may be warranted based upon laboratory testing and evaluations.

The patient is further notified that some tests, or all, may not be covered by their insurance company. The patient assumes full responsibility for the costs of non-covered tests. I, Renee Awad, ND, do not assume responsibility for costs incurred regarding non-covered and/or potentially-covered services, including procedures, laboratory tests (blood, urine, saliva, etc.) and consultations.

By entering your signature below you are acknowledging that you understand all terms, verbiage (language) and concepts herein.

I understand this consent agreement and have executed it freely and willingly.

(Signature)

(Date)

(Printed name)