



My ND Informed Consent

I, _____, authorize My ND Integrative Health to provide naturopathic medical care which may include:

- **Lifestyle Counseling**: recommendations regarding exercise, sleep, stress reduction, or topical applications
- **Nutritional Counseling**: recommendations regarding consuming or avoiding certain foods and the application of specific dietary patterns or timing
- **Botanical Medicines**: teas, tinctures, solid extracts, capsules, powders, or tablets.
- **Nutraceuticals**: Vitamins, minerals, amino acids, or other food-based supplements
- **Homeopathic Remedies**: Highly dilute quantities of specific plants, animals, and minerals

I am aware that I am an active participant in determining my treatment recommendations. I will ask My ND to explain recommendations I am not familiar with. My ND will review alternatives to naturopathic care with me. I am free to withdraw my consent and discontinue naturopathic care at any time.

I will alert My ND about any known allergies or sensitivities to drugs, foods, or the environment.

I will inform My ND if I am, or could be, pregnant.

No guarantees have been made to me regarding cure or improvement in my condition. I am aware that any intervention may have the potential for health benefits and side effects, including:

- **Potential Benefits**: restoration of health, optimizing the body's functionality, relief of pain and symptoms of disease, assistance in injury and disease recovery, assistance in disease prevention or progression
- **Potential Side Effects**: Allergic reactions to recommended supplements or foods, aggravation of existing symptoms, inconvenience of lifestyle changes



My ND Informed Consent

I am aware that although a law was passed regulating the practice of naturopathic medicine in Pennsylvania in 2016, statutes regulating the practice of naturopathic medicine have not yet been adopted. As such, Marie Winters, ND holds a license to practice naturopathic medicine in Connecticut.

I am aware that naturopathic doctors are distinct from medical doctors and osteopathic doctors. In Pennsylvania, naturopathic doctors are not considered to be physicians and they cannot prescribe pharmaceuticals, administer injections, administer IV therapies, and they do not have hospital privileges.

As such, all My ND patients are strongly recommended to maintain an active relationship with their primary care doctor and other members of their medical team. Patients with a cancer diagnosis must have a consulting oncologist or physician in conjunction with naturopathic care. I understand that:

- Any advice given by My ND Integrative Health constitutes a naturopathic recommendations and not a medical prescription.
- I should seek care elsewhere if I require a pharmaceutical prescription.
- I should seek care elsewhere if I require a medical diagnosis.

Acknowledgement of Privacy Practices

I, _____, acknowledge that I have either read or have access to My ND Integrative Health's Notice of Privacy Practices. If I have concerns about the privacy of my medical records I will bring my concerns to Marie Winters ND.

Patient Name: _____

Patient Signature: _____

Date: ____ / ____ / ____