



## INFORMED CONSENT FOR TREATMENT

I understand that Root Causes Holistic Health and Medicine LLC is an Integrative Medicine practice focusing primarily whole body health and wellness through the use of naturally occurring compounds as much as possible, while using pharmacologic interventions when necessary and in the best interest of the client. Integrative Medicine is personalized care that blends the best of conventional medicine with evidence-based complementary/integrative therapies. Therapies that are recommended in an Integrative Medicine consultation are individualized to the patient. Recommended therapies may include traditional prescription medication, mind-body modalities, such as meditation, yoga, and guided imagery, biologically based therapies such as vitamins, herbs and other supplements in oral, injectable and intravenous forms, MESO therapy, PRP treatments, injections of various prescriptive compounds for therapeutic purposes, nutritional recommendations, exercise recommendations, other systems of medicine-based therapies such as homeopathy, and oxygen therapies including hyperbaric, ozone insufflation and intravenous ozone.

\_\_\_\_\_ Taking time for an individualized approach insures that treatment plans are evidence-based, safe and custom-designed to meet the patient's needs and goals. It is important for you to know that the evidence base changes frequently for Integrative Medicine and that recommendations given to you are done with the evidence base available at that time for your particular condition, and that evidence and recommendations can change over time. Root Causes Holistic Health and Medicine LLC never recommends stopping conventional Western medical care or treatment.

\_\_\_\_\_ I understand that Doreen DeStefano is currently a BSN with a Doctorate in natural health and that she is not Medical Doctor. The Medical Director for Root Causes Holistic Health and Medicine is Barry Butler MD.

\_\_\_\_\_ An integrative medicine consultation may include, but is not limited to, the following: Individualized consultation with lifestyle and nutrition recommendations, Individualized recommendations for supplements/vitamins/herbs including checking for drug/supplement/herb interactions, bio-identical hormone evaluations, individualized treatment protocols for you specific concerns, lab testing of blood, sputum, stool or urine, a physical examination and referral to other therapeutic providers for care not provided by Root Causes Holistic Health and Medicine.

\_\_\_\_\_ I understand a consultation by Doreen DeStefano may include recommendations for various treatments as above, that evidence and recommendations may change over time, and that recommendations may also change as my individual medical condition and/or treatments change.

\_\_\_\_\_ I understand that I have the right to choose which recommendations to incorporate into my treatment plan and that I should always communicate any new treatments, including vitamins/herbs/supplements to my entire healthcare team.

\_\_\_\_\_ I understand that Root Causes Holistic Health and Medicine, LLC implies no guarantee of services concerning the results intended from any treatment and/or recommendations provided to me, that I have the right to choose my treatment plan and that I may refuse any or all treatment suggestions at any time.

\_\_\_\_\_ I understand that not following the entire protocol recommended to me may affect the results of my treat plan and that I may not achieve the stated goals if the protocol is not followed.

\_\_\_\_\_ I acknowledge that I have not been asked to stop/discontinue care provided by my specialty or primary care medical teams.

\_\_\_\_\_ I understand that this is a fee for service practice and Initial consultations may be up to \$425.00 and payment is expected at the time of service.

\_\_\_\_\_ I understand that integrative medicine information, data and drug/herb/supplement interactions databases are constantly updated as new information becomes available and that Doreen DeStefano may not be able to anticipate and explain all potential risks and complications due to the ever-changing nature of the field. I agree to allow Doreen DeStefano to exercise her best clinical judgment in my case based on the information available at my time of visit.

\_\_\_\_\_ I understand all the facts given to me in this form. I give my consent to Doreen DeStefano and Root Causes Holistic Health and Medicine, LLC to provide Integrative Medicine initial consultation and follow up services for me. I acknowledge that no guarantee of services have been made to me concerning the results intended from any treatment and/or recommendations provided to me. I attest with my signature below that Doreen DeStefano has discussed all the information on this form, that I have had the chance to ask questions and that all of my questions have been answered.

\_\_\_\_\_ I acknowledge that Root Causes Holistic Health and Medicine has a 24 hour cancellation policy. If it is necessary to cancel my appointment, I will do so with more than 24 hours' notice. I acknowledge and give my permission that on the third time I cancel within 24 hours, or do not show up for my appointment Root Causes Holistic Health and Medicine LLC will charge my card the full amount of the scheduled visit.

Patient's Name (Please print) \_\_\_\_\_

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_