

### Declaration and Consent for Naturopathic Treatment

Patient Name  Date of birth / /   
Address  City   
State  Zip code  Phone

The undersigned understands that any advice provided by The Center for Integrative Wellness, LLC is not mutually exclusive from any treatment or advice that the undersigned may now be receiving or may in the future receive from a healthcare provider. No person has suggested or recommended that the undersigned refrain from seeking or following the advice of a healthcare provider.

The undersigned understands that the advice rendered by The Center for Integrative Wellness, LLC may differ from those usually offered by allopathic medical doctors or other healthcare providers. The undersigned is aware that the practice of naturopathic medicine is not an exact science and acknowledges that no guarantees have been made as to the results of treatment.

The undersigned also understands that the recommendations made by The Center for Integrative Wellness are of a naturopathic/integrative practice and can be used as complementary healthcare along with allopathic medicine. The Center for Integrative Wellness employees may suggest a referral to another practitioner if they find it appropriate, including an allopathic practitioner.

I have received copies of the following documents from The Center for Integrative Wellness, LLC., and have read and fully understand the contents of these documents.

- Welcome Letter with Policy Statement
- Michigan Patient Rights and Responsibilities
- HIPAA Privacy Practice Notice
- Declaration and Consent for Naturopathic Treatment

Signature (Guardian if under 18)  Date

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### Billing Policy (credit card information not required)

Billing will occur through The Center for Integrative Wellness, LLC accounting office. Services rendered will be invoiced and available for your immediate review. Full payment of services is due at the time of your visit. A credit card on file is not required but makes it more convenient if we need to order supplements on your behalf or you have virtual appointments.

- I prefer not to keep my credit card on file and to provide my credit card at the time of service.
- I prefer to be invoiced for services so that I can send payment by mail.

- Visa
- MasterCard
- Discover
- American Express

Credit Card #  -  -  -  Expiration Date /   
Credit Card Zip Code  CCV   
Signature  Date