

CONSENT FOR TREATMENT

I am requesting and hereby authorize services offered to me by Mackenzie Collins N.D, LAc, including naturopathic medicine, primary care services, acupuncture and other Oriental medicine procedures. As a patient, I am to be fully informed of benefits and possible complications, as well as alternatives to the proposed treatment. I have been informed that I have the right to refuse treatment.

I recognize that the clinician is a licensed naturopathic physician and acupuncturist in the state of Oregon, and that she has been trained to act on my behalf as a general practitioner and/or primary care physician. I understand that methods of treatment may include but are not limited to homeopathy, nutritional supplements, acupuncture, cupping, moxibustion, bodywork, nutritional counseling and the use of botanical medicine.

I have been informed that acupuncture is a safe and effective method of treatment but can occasionally cause complications. Minor complications include bruising or bleeding at the site of puncture, which may last a few days after the treatment. There have been rare instances reported of fainting, infection and possible scarring. Major complications such as pneumothorax or spontaneous miscarriage are very rare but have occurred.

I understand that I am responsible for all fees at the time of service, regardless of insurance coverage or treatment outcome.

Nourish Natural Family Medicine requires a 24-hour cancellation notice for all appointments. Missed appointments will be charged a \$50.00 cancellation fee.

I confirm that I have read and fully understand the above prior to my signing.

Signature of Patient (Parent or Guardian if patient is a minor)

Date

Nourish Natural Family Medicine
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