

# Consent To Treatment & Code of Conduct

## Consent To Treatment

### Agreement

I voluntarily consent to outpatient care at Roots & Rivers Naturopathic Medical Center with Dr. Maria L. Gussak, N.D., encompassing routine diagnostic procedures, examination and medical treatment including, but not limited to, routine laboratory work (such as blood, urine and other studies), and administration of medications prescribed by the doctor.

I further consent to the performance of those diagnostic procedures, examinations and rendering of medical treatment by the medical staff and their assistants, including their designees as is necessary in the medical staff's judgment.

I understand that not ALL of the treatment suggestions provided are accepted by the United States FDA and therefore should not be taken as such.

I understand that this consent form will be valid and remain in effect as long as I receive medical care at Roots & Rivers Naturopathic Medical Center or with Dr. Maria L. Gussak, N.D.

In Washington State, though Dr. Gussak may be a primary care provider, her role in my care is adjunctive and does not replace conventional standard form of care. I understand I assume responsibility to seek primary care for screenings and other such needs.

I fully understand this *Consent To Treatment* and agree to its contents.

### CODE OF CONDUCT FOR PATIENTS, GUARDIANS AND VISITORS

Safe and Non-toxic atmosphere is priority therefore unacceptable behaviors that are disruptive, pose a threat, or are disrespectful have a zero tolerance policy. Though a rare occurrence, a provider has the right to discontinue care with a patient for a number of reasons, including but not limited to:

- Non-compliance with recommended treatments.
- Numerous missed appointments
- Non-payment for medical services
- Physical assault, inflicting bodily harm, or sexually inappropriate behavior
- Rude, belligerent, disruptive behavior to providers and/or staff in person or through written, verbal or electronic communication, including but not limited to the following: profanity, harassment, offensive or intimidating statements or gestures and threats of violence, or destruction of property.
- Racial or cultural slurs or other derogatory remarks.
- Requests that would constitute illegal or unethical behavior.
- Repeatedly making demands that cannot reasonably be filled by our providers and/or staff.
- Inappropriate use/abuse of office communication e.g. messaging, phone calls, letters, voicemail, email, or other forms of written, verbal or electronic communication

I hereby agree to the document above.

Parent/Guardian Name (if client is under 18)

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**Signature**

*(This will require your client's signature)*

**Date**