

# 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.

In certain physiological conditions and in certain vulnerable populations (such as pregnancy, those taking multiple medications, young children and elderly), some therapies may have complications. I agree to inform my provider about changes to my health or new medications to make sure they are as safe as possible such as kidney disease, pregnancy, diabetes, liver disease, and others. Some complications may include allergic reactions and temporary aggravation of pre-existing symptoms.

I expressively give consent for my provider to evaluate me using a diverse range of diagnostic and treatment techniques including Traditional Naturopathic Modalities which are preserved from the [Carroll Institute of Healing](https://www.thecarrollinstitute.org/) (<https://www.thecarrollinstitute.org/>), [The Naturopathic Medicine Institute](https://naturopathicmedicineinstitute.org/), (<https://naturopathicmedicineinstitute.org/>) and [Accredited Naturopathic Doctorate Programs](https://aanmc.org/naturopathic-schools-usa/). (<https://aanmc.org/naturopathic-schools-usa/>) Nutrition Response Testing (NRT)/Applied Kinesiology/ MRT (Matrix Reflex Testing) technique may be utilized to better inform the approach to health. Other eclectic forms of Naturopathic clinical evaluation are also used to inform the individualized treatment approach. The extensive training and rationale for these therapies and interventions re based on many continuing medical education hours and clinical experience. I understand that I do not expect my physician to be able to anticipate and explain all possible risks, complications, and explanation of medicine but they will do their best to answer questions and direct you to resources and training.

I can request that students or professional observers not be present during my evaluation and treatment.

Allow extra time for your appointments: Due to the complex and humanistic narrative style of medicine practiced, appointments typically last longer than the scheduled time. To avoid undue stress, it is common to go run 15-30 minutes longer than the scheduled visit. Also, please factor in additional time for the check out process (such as scheduling, invoicing, payment, superbills, etc). For this reason, we recommend that you use the public parking lots to avoid a parking ticket.

Healing Reactions: The Natural and Slow Medicine approach means that we are trying to bring a chronic, deep lying illness to the forefront for proper healing. This can be experienced as a Healing Reaction where one temporarily (and/or acutely) feels worse BUT will have a sensation of peace during it. After a healing reaction

passes, there is general improvement of many symptoms compared to before the reaction. This phenomenon is expected and encouraged in order to heal chronic symptoms by bringing them back to the acute state for proper and efficient restoration of health. Sometimes this needs more guidance. Please, therefore, call the office for more attention and guidance.

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

☐ I hereby agree to the document above.

#### **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.

#### **Signature**

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