

DR. LISA HUNT

AT VALLEY WELLNESS CENTER

A Medical Corporation
Tax ID# 271571391

Patient Informed Consent

1) INTRODUCTION AND PHILOSOPHY

Welcome. Our philosophy of practice is integrative and oriented towards finding the least harmful approach to reaching health. We focus on the removal of pathogens, nutritional therapy and bio-identical hormone balancing. Our philosophy of health is to balance the internal environment (i.e. infections, toxins, and stressors). Dr. Hunt views herself as an integrative consultant and wants to work interactively with you, the patient, to achieve health. You, the patient, are an expert in terms of knowledge of your own body while Dr. Hunt can help interpret signs and symptoms in terms of medical physiology and physiochemistry. Our job is to strive to provide the best information and give you enough knowledge to make informed choices about therapy and treatment.

2) HOLISTIC MEDICINE IN CALIFORNIA

In California, and in compliance with Business and Professions Code 2234.1(a) (1), alternative and / or complementary services may be offered only after:

- 1) Informed Consent
- 2) A good – faith examination of the patient, and
- 3) Medical indication exists for advice on treatment, or to provide general health and well-being

Business and Professions Code 2234.1 (a) (3) and (4) states that alternative and / or complementary treatments should not cause delay in or discourage the traditional diagnosis of a patient's condition, nor cause death or serious bodily injury to the patient. By signing this form, I acknowledge I have been apprised of Business and Professions Code 2234.1.

3) INFORMED CONSENT

I recognize that I will be able to ask questions and clarify any concerns with Dr. Hunt prior to beginning any recommended treatment. I recognize that I am a partner in treatment decisions and will be informed of the risks and benefits of recommended treatments by Dr. Hunt. After being duly informed by Dr. Hunt of my condition and the risks and benefits of conventional allopathic and alternative and / or complementary treatments, I will then decide whether to proceed with alternative and / or complementary treatments. It is also my choice whether or not to combine alternative and / or complementary treatments I choose to undergo with conventional / allopathic treatment. My physician will respect my ability to make my own decisions and will not discourage me from seeking conventional / allopathic treatment.

1300 Mable Avenue, Suite #C, Modesto, CA 95355

Phone: (209) 577-2799 Fax: (209) 571-1994

4) CONFIDENTIALITY POLICY

We will only share your health information with others after we have received your written consent to do so. You may also at any time request a copy of your medical records from the clinic at any time for your own personal use for an appropriate fee.

I understand the approach to health and wellness offered by Dr. Lisa Hunt. I acknowledge that I have been apprised of California State Business and Professions Code 2234.1. I understand that some of the treatments recommended may be considered alternative or experimental by those in conventional / allopathic medicine. With that knowledge, I choose to participate in this holistic / integrative approach to medicine and the treatments recommended.

You will be asked to acknowledge receipt of this form and sign your consent upon your first visit.

Signature _____ Date: _____