

**HeartSong Health In Community**  
36 Old Town Road Putney VT 05346

**POLICY STATEMENT: INFORMED CONSENT**

Informed consent refers to a process of communication between you and your physician that allows you to actively participate in your care. Your physician discusses diagnosis, risks, and treatment options prior to initiating any therapy. You are encouraged to ask questions and express any concerns that you have.

Informed consent gives you the right to *accept or decline* treatment *at any time*. You will be asked to sign a statement acknowledging that you have read this statement and that you understand your rights and responsibilities as a health care consumer *prior to receiving any medical treatment at HeartSong*.

**ACKNOWLEDGEMENT**

**I understand that I am free to choose the physician from whom I would like to receive care. If I do not want to work with the physician(s) at HeartSong, I am free to transfer to another medical practice.**

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or when law requires it. See Health Information Practices handout for more details on the release of health information.

I understand that I am free to review my medical record at any time and that I can request a copy, or have a report drawn up upon payment of a designated fee. I understand that I must sign a Release of Records form prior to any release of my records. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that my naturopathic doctor will answer any questions that I have to the best of his or her ability, regarding all therapies with respect to financial costs, expected benefits, potential risks and side effects as well as the likely consequences of not following the recommended treatment plan and the alternative courses of action available to me.

I understand the results are not guaranteed. I recognize that my naturopathic physician may not be able to anticipate and explain *all* risks and complications that might arise in response to a particular therapy, nutraceutical (supplement), diet change, herb or homeopathic remedy.

I will rely upon the physician to exercise her best judgment during the course of my treatment, based upon what is known about the therapy and its possible benefit for me at the time that makes the decision to treat.

I understand that the informed consent form that I sign will cover all care that I receive at HeartSong. I understand that I am free to withdraw my consent and to discontinue participation in these therapies at any time.

I ALSO ACKNOWLEDGE that I have been informed and I understand that:

- I. Any treatment or advice provided to me as a recipient of medical care at HeartSong is *not* mutually exclusive from any treatment or advice that I may now be receiving, or may in the future receive from another licensed health care provider.
- II. I am at liberty to seek or continue medical care with a physician or surgeon or other health care provider qualified to practice in Vermont.
- III. I am expected to designate a personal clinician. I am at liberty to designate a HeartSong physician as my personal primary care provider, according to Acts 59 (2007) and 96 (2012) of the State of Vermont.
- IV. I am also at liberty to designate another clinician at another medical office as my primary care provider.
- V. No employee, student or anyone else under HeartSong's direction or control is suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider.
- VI. I am free to ask that any student interns present at HeartSong absent themselves from any part of my appointment.
- VII. The treatment and therapies rendered or recommended by HeartSong may be different from those offered by a medical doctor or other licensed health care provider, including another naturopathic physician.