

Every Season Health
125 CambridgePark Drive, Suite 301
Cambridge, MA 02140
Phone: (617) 286-2612

Informed Consent

Elizabeth Orth, ND is a licensed Naturopathic Doctor, including in MA and NH, and follows the scope of practice of the states she is licensed in. This form only applies for appointments and treatments where the patient is located in MA or NH. It is the patient's responsibility to inform Elizabeth Orth, ND if they are located outside of those states prior to the appointment or receiving treatment.

The scope of practice of Naturopathic Doctors in accordance to the MA DOH includes but is not limited to the following:

- 1) The prevention and treatment of human illness, injury or disease through education, dietary or nutritional advice and the promotion of healthy ways of living.
- 2) The performance of noninvasive physical examinations and the ordering of clinical and laboratory procedures from licensed clinics or laboratories to evaluate injuries, illnesses and conditions in the human body.
- 3) Dispensing, administering, ordering and prescribing natural medicines of mineral, animal or botanical origin, including food products or extracts, vitamins, minerals, enzymes, digestive aids, natural hormones, plant substances, homeopathic preparations, natural antibiotics, topical medicines and nonprescription drugs, therapeutic devices and barrier contraceptives to prevent or treat illnesses, injuries and conditions of the human body.
- 4) The use of manual mechanical manipulation of body structures or tissues in accordance with naturopathic principles.
- 5) The use of naturopathic physical medicine to maintain or restore physiological functioning of the human body.

The scope of practice of Naturopathic Doctors in accordance to the NH DOH includes:

- 1) Doctors of naturopathic medicine shall be authorized to use for preventive and therapeutic purposes the following natural medicines and therapies: food, food extracts, vitamins, minerals, enzymes, digestive aids, whole gland thyroid, plant substances, all homeopathic preparations, topical medicines, counseling, hypnotherapy, biofeedback, dietary therapy, naturopathic physical medicine, therapeutic devices, and barrier devices for contraception. [There is a list of prescription medications which may be prescribed in NH. Please ask if you would like to see the list of allowed prescriptions.]
- 2) Doctors of naturopathic medicine may use for diagnostic purposes physical and orifical examinations, X-rays, electrocardiograms, ultrasound, phlebotomy, clinical laboratory tests and examinations, and physiological function tests.
- 3) Doctors of naturopathic medicine may prescribe nonprescription medications and therapeutic devices or use noninvasive diagnostic procedures commonly used by medical practitioners in general practice. Doctors of naturopathic medicine shall not:
 - (a) Prescribe, dispense, or administer any legend or controlled substances as defined in RSA 318 and 318-B, except those natural medicines as authorized by this chapter.
 - (b) Perform surgical procedures.
 - (c) Practice emergency medicine, except as a good samaritan rendering gratuitous services in the case of emergency and except for the care of minor injuries.
 - (d) Practice or claim to practice medicine and surgery, osteopathy, dentistry, podiatry, optometry, chiropractic, physical therapy, or any other system or method of treatment not authorized in this chapter.
- 4) Doctors of naturopathic medicine with specialty certification in naturopathic childbirth pursuant to RSA 328-E:12 shall be authorized to use oxytocin and pitocin.
- 5) Doctors of naturopathic medicine shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

I hereby authorize Elizabeth Orth, ND to obtain information, including using case taking and diagnostic means such as physical exam, labs (e.g. blood, stool, urine and saliva) and imaging to assess health and then advise use of the following therapies:

Dietary recommendations: food and diet plans.

Nutritional supplementation: concentrated doses of vitamins, minerals, and other substances naturally occurring in food.

Botanical medicine: concentrated or unconcentrated dosages of herbs, plants, and/or their constituents. Botanical substances may be prescribed as granules, teas, alcoholic tinctures, glycerite tinctures, capsules, tablets, creams, plasters or suppositories.

Homeopathic remedies: highly diluted quantities of plant, animal, and mineral substances delivered on sucrose pellets or in 25% alcohol liquid preparations.

Lifestyle recommendations and hygiene: changes in diet, exercise, sleep, and balancing of work and social activities.

Psychological: stress reduction techniques and lifestyle modifications.

Physical medicine: e.g. hydrotherapy (use of hot and cold water)

Medication (when in NH): certain prescription and nonprescription medications.

I recognize the potential risks and benefits of these therapies as described below:

Potential risks include, but are not limited, to allergic reactions to recommended herbs, supplements and medications, side effects of natural or conventional medicine, inconvenience of lifestyle changes, and venipuncture for lab evaluation.

Notice to Pregnant Women: All female patients must inform Elizabeth Orth, ND if they know or suspect that they are pregnant, as some of the therapies and/or procedures described above may present a risk to the pregnancy.

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Notice to Nursing Mothers: All female patients must inform Elizabeth Orth, ND if they are breastfeeding, as some of the therapies and/or procedures described above may present a risk to the nursing child or impact the breast milk supply.

Potential benefits include, but are not limited to, restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

I understand that the therapies and/or procedures recommended by Elizabeth Orth, ND may not all be accepted by the United States Food and Drug Administration. I understand that, as with drugs, nutritional/herbal supplements and homeopathic remedies may cause some side effects in certain sensitive individuals, may interact with certain prescription medications or lab tests, or cause symptoms due to certain pre-existing disease conditions. I do not expect Elizabeth Orth, ND to be able to anticipate and explain all risks and potential complications. I wish to rely on her to exercise judgment in recommending therapies she feels are in my best interest, based on the available knowledge. I have the opportunity to ask questions and discuss with Elizabeth Orth, ND; 1) my condition 2) the nature, purpose, and potential benefit of the proposed therapies 3) the material risks inherent in the therapies 4) the probability of those risks occurring 5) the likelihood of success 6) reasonable available alternatives to the proposed therapies 7) the material risks inherent in such alternatives and the probability of such risks occurring 8) the possible consequences if advice is not followed and/or no therapies are undertaken.

I have read and understand the above qualifications and scope of practice of Elizabeth Orth, ND. I understand Elizabeth Orth, ND does not function as a primary care physician, and that she offers her services in addition/supplementary to other services I receive from other providers. I understand she does not replace the services of my primary care physician or specialist (e.g. Oncologist, Cardiologist, Rheumatologist, OB-Gyn, etc). I understand that naturopathic therapies do not replace conventional medical advice/care. I will discuss all my prescription medication questions and changes with my primary care doctor and/or specialist. **I understand that any change(s) to treatments or recommendations from other providers is my own decision and that I will inform the other practitioner of doing so.**

With this knowledge, I voluntarily consent to the above therapies and/or procedures, realizing that no guarantees have been given to me by Elizabeth Orth, ND or any of her personnel/students, regarding prevention, treatment, or cure of my condition or any condition. I recognize that there are potential risks and benefits of the therapies and/or procedures. I understand it is my right and responsibility to ask questions and discuss, to my satisfaction, the potential risks and benefits as well as reasonable alternatives to the therapies and/or procedures before I begin any therapies and/or procedures offered to me by Elizabeth Orth, ND. I understand that Elizabeth Orth, ND may recommend changes to my therapeutic plan as necessary to facilitate my treatment. I intend this informed consent form to cover the entire course of treatment(s) for my present condition and any future conditions for which I seek treatment at Every Season Health. I understand that I am free to withdraw my consent and to discontinue participation in these therapies and/or procedures at any time. I certify that I have read and fully understand this consent. I further certify that I have full authority and accept full responsibility to execute this consent and that I am signing freely and voluntarily.

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 my representative or unless it is required by law. Exceptions to confidentiality are: danger to yourself, danger to another, or child abuse. There are also certain infections which require mandatory reporting. The privileged nature of communication with Elizabeth Orth, ND ceases under these circumstances. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. I understand my medical record will be kept for a minimum of seven years from the date of my last treatment if I am an adult OR minimum of seven years from the date of last visit of my last treatment or three years from the date I reach 18 years old, whichever is later if I am a minor. I understand that information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential.

Patient's Signature

Date

Guardian/ Representative's Signature and Relationship

Date