The Natural Health Improvement Center
4466 Heritage Court SW Unit D, Grandville, MI 49418

GENERAL INFORMED CONSENT

Patient Name: _____ Date: _____
(Please Print) (M/D/YR)

I have sought the health care services of Ann Auburn, DO of the *Natural Health Improvement Center* for my personal care (or that of my family). I understand that this health care practice uses diagnostic and treatment methods that are known as complementary, alternative, or holistic as an integrated part of the family practice services which are also available here.

The terms *complementary*, *alternative*, and *holistic* refer to therapies that may include, but are not limited to, dietary and nutritional supplement advice, homeopathy and various diagnostic/testing procedures in conjunction with outside laboratories. Furthermore, the information gained from laboratory and evaluation tests may be interpreted differently from mainstream medical doctors. Approaches for improving general health and nutrition may be based upon the tests/evaluations and philosophies of complementary medicine and may or may not be consistent with mainstream medical tests/evaluations and philosophies.

Although prescriptions and over-the-counter medications are used when the health care provider deems necessary, foods, vitamins, minerals, enzymes, herbs, and other nutritional approaches may also be chosen as therapy or as adjunctive to medical therapies.

Many of the services, products, and outside laboratory tests that this office uses or recommends, are not covered by traditional medical or health insurance and/or benefits. Although we employ only those treatments, therapies, and diagnostic approaches we feel represent the most efficient and effective way to restore and maintain health, many of these would be considered as "experimental" or "unproven" or not of the consensus of medical opinion.

The doctor(s) here are not affiliated with any hospital. If you need to be hospitalized, the doctors at the hospital can reach Dr. Auburn if needed. Patients needing hospital care are instructed to go to the Emergency Room if their condition needs hospital attention.

By choosing to be a patient at our office, you are financially responsible for all services and products rendered at the office. If you have any financial concerns about the costs of your care, please discuss them with the Front Desk Receptionist or ask to speak to the Office Manager.

Dr. Auburn and Associates believe in a holistic approach. Therefore, she and her other practitioners will not recommend or condone the use of the following categories of medications at this practice: anti-psychotics, antidepressants, anti-anxiety meds, and some of the more harmful sedatives. There are many studies and reports that confirm addiction and harm to the human body with short and prolonged use of the above meds. If you are currently on any of these categories of drugs, then ensure that you maintain a relationship with the doctor who is currently prescribing these. Prescriptions for these meds will NOT be written nor managed through this office. This type of treatment is out of the scope of this office. IF however, you wish to use natural means to manage pain, anxiety or other difficulties, then discuss this with your practitioner here. There are many natural remedies that one can use as an option which not only work, but are not addictive, nor harmful in the long run to your brain or your body. Dr. Auburn understands the benefits of cannabinoids from hemp and marijuana and agrees with the use of topical CBD, however, she does not condone the use of THC. The physicians of the Natural Health Improvement Center will not write for a medical marijuana card. If you are questioning the use of medical marijuana, your physician may have other recommendations.

We are pleased you have decided to partner with us in the goal of improving your health. We feel that offering the best of conventional and complementary medicine in an integrated approach, is in the best interest of our patients.

Signed: _____ Date: _____
(Patient Signature)

Witness: _____ Date: _____