



**Online and Telephone Consultation: Informed Consent  
Dr. Kate Smith, Dr. Joshua Canter, Dr. Sharon Woodard**

My consultations with Prema's licensed naturopathic doctors will not in any way be considered as, or in replacement of a complete, standard medical evaluation. Should I feel my condition warrants such additional investigation, it is my responsibility to obtain such an examination from a qualified physician, acting as a primary care doctor or specialist in the appropriate field. If I am uncertain as to whether or not I need such additional evaluation, I will bring that to the attending naturopathic Dr.'s attention and he or she will help me make that determination as best she can, considering the limitations she has by not having performed standard medical exams or tests on me.

If I have already obtained a medical diagnosis from a qualified physician, it is further understood that my work with the attending naturopathic doctor's is not intended in any way to treat or "cure" that diagnosis. Instead, the eventual recommendations the ND makes are intended to support and encourage optimal function of my body's various systems, and as a result an improved overall state of normal function in my body. While such effects may indeed bring about an improvement in my diagnosed condition, this is not the stated goal of this or any other consultation with the attending naturopathic Dr.

No promise has been made, nor do I expect any guarantee regarding the results of any testing or any natural health, nutrition or dietary programs recommended.

I also understand that these consultations are not billable for insurance reimbursement, and that all fees are to be paid directly to Dr. Smith, at the time of service, unless prior arrangements have been made.

This permission form also applies to subsequent visits and consultations.

I have read and understand this information and specifically authorize Prema's licensed naturopathic Dr.'s to develop a complementary health support program for me which may include dietary and lifestyle guidelines, homeopathy, herbal and nutritional supplements in order to assist me in optimizing the normal function of my body.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name Date: \_\_\_\_\_

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