

Consent Form

I request that Sarah LoBisco, ND do a nutritional evaluation and to set-up a diet, nutritional supplements and lifestyle changes for the purpose of reducing stress and enhancing my life. I authorize Dr. LoBisco, ND to discuss and/or provide information about my case to any referring practitioner or to any other health care referral that I agree to consult with per my consent. This is in order to provide me with a more integrative approach to my wellness. If at any time, I decide that I would not like my information shared, it is my responsibility to inform Dr. LoBisco of this choice.

I understand the research, work, and time Dr. LoBisco puts into my individualized treatment plan prior to my appointment and following it. Therefore, clients are subject to a \$65 cancellation fee for rescheduling or cancellations 72 hours or less prior to their appointment. Clients who give no notification of cancellation of appointments or less than 48 hours' notice of a change in appointment will be responsible for the full service fee of the appointment and will be billed via PayPal. Prepayment and service fees are required 72 hours prior to tele-appointments. Clients who are rescheduling should pay at time of booking. Clients who have more than one no-show may be referred to another practitioner to continue their wellness care in conjunction with their PCP.

Disclosure Form

I understand that Dr. Sarah LoBisco has a degree in naturopathic medicine from the University of Bridgeport, College of Naturopathic Medicine, a federally accredited school in CT. I understand she/he has over 10 years' experience with natural healing modalities and 1300 clinical internship hours of training and additional functional medicine training, but is not a licensed naturopathic doctor in the state of NY due to NYS laws. I understand she holds her license from Vermont but does not serve as a PCP in NYS. Client confidentiality is upheld; however, Dr. LoBisco's wellness notes should not be construed in any way as "medical records." Although she holds a license in VT, her current role is to provide support for wellness education and technical support on natural products, exclusive of any medical or diagnostic consultations or services. As noted, she is not considered a primary care provider; therefore, is not able to accept insurance. HIPPA notice will be enacted and sent with licensure.

Disclaimer & Client's Continuum of Wellness Care

I understand that naturopathic medicine is not intended as diagnosis, treatment, prescription or cure for any disease, mental or physical, and is not intended as a substitute for regular medical care in the state of NY. I realize that I am a willing participant responsible for my health care and acknowledge that Dr. LoBisco, ND is a partner of my wellness team.

This consent form is binding until I no longer wish to be in Dr. LoBisco's care, in which I will inform her in writing, or as stated above regarding missing my scheduled

appointments. I understand that if a client consistently ignores a ND's wellness advice, persistently makes choices that may be harmful to themselves or the ND, and/or is not achieving reasonable benefit from naturopathic care, as decided by either the ND or the client, the ND may discharge the client from his or her practice and the reason for discharge will be presented in writing, along with suitable referrals for wellness care, as per naturopathic medicine guidelines.

ARTICLE IX, U.S. CONSTITUTION

“The enumeration in the constitution, of certain rights, shall not be construed to deny or disparage others retained by the People.”

Under the Ninth Amendment to the Constitution of the United States of America, I retain the right to freedom of choice in health care. This includes the right to choose my diet, and to obtain, purchase and use any therapy, regimen, modality, remedy or product recommended by the doctor of my choice.

The enumeration in this declaration of these rights shall not be construed to deny or disparage other rights retained by me, or my right to amend this declaration at any time.

Constructive Notice

Notice is hereby given to any person who receives a copy of this Declaration and who, acting under the color of the law, intentionally interferes with the free exercise of the rights retained by me under the Ninth Amendment, as enumerated in this declaration, that they may be in violation of my civil and constitutional rights, Title 42, U.S.C 1983 et seq. and Title 18, Section 241.

Date: _____

Signed: _____