

FUNCTIONAL MEDICINE INFORMED CONSENT

FUNCTIONAL MEDICINE: Functional medicine identifies genetic, environmental, and lifestyle factors that influence health and complex, chronic disease. We work with you to support and correct nutritional, biochemical, or physiological imbalances with the goal of restoring normal function to the human body. Care plans include lifestyle modifications and dietary changes and may include nutritional supplements.

LABORATORY TESTING: The purpose of functional medicine laboratory testing is to evaluate nutritional, biochemical, or physiological imbalances. These lab tests are not intended to diagnose disease and purely for educational purposes.

These labs are designed to assist doctors and other healthcare providers in finding the underlying causes of a condition. Functional medicine has evolved through the efforts of scientists and clinicians from the fields of clinical nutrition, molecular biology, biochemistry, physiology, conventional medicine, and a wide array of scientific disciplines. Functional medicine looks at the body as a whole, with special attention to the relationship of one body system to another and the nutrient imbalances and toxic overload that may adversely affect these relationships.

NUTRITIONAL AND HERBAL SUPPLEMENTS: According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201(g)(1), the term “drug” is defined as an “article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.” Technically, vitamins, minerals, trace elements, amino acids, herbs, or homeopathic remedies are not classified as drugs. However, these substances can have significant effects on physiology and must be used rationally. In this office, we provide nutritional counseling and make individualized recommendations regarding use of these substances in order to upgrade the quality of foods in a client’s diet and to supply nutrition to support the physiological and biomechanical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support given aspects of metabolic function.

Use of nutritional supplements may be safely recommended for clients already using pharmaceutical medications (i.e. drugs), but some potentially harmful interactions may occur. For this reason, it is important to keep all of your healthcare providers fully informed about all medications, nutritional supplements, herbs, and hormones you may be taking. You must get your doctor’s approval before starting any new supplement, food or exercise program.

RISKS, BENEFITS, AND ALTERNATIVE TREATMENT OPTIONS: A variety of treatment options are available for most health conditions. Clients have the right to be fully informed of their options and should discuss the relative risks and benefits of each with their healthcare provider and medical doctor.

RESULTS: As with any healthcare option, treatment results cannot be guaranteed and may result in unexpected adverse events.

TELEHEALTH: We are pleased to offer telehealth services for those clients who do not live within reasonable driving distance. We utilize interactive video, audio, and telecommunication tools to provide telehealth services. All existing laws regarding your access to medical information and copies of your medical records apply to services provided via telehealth. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any client- identifiable images or information for telehealth interactions to researchers or other entities shall not occur without your consent. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telehealth services, and all existing confidentiality protections under state and federal laws apply to information gathered or disclosed during telehealth interactions. You may withhold or withdraw consent to telehealth services at any time without affecting your right to future care.

By signing this form, I acknowledge I have carefully read and understand this document. I give my permission and informed consent to receive care.

_____ *Client Name (printed)*

X_____ Client Signature

_____ Date

X_____ Parent/Guardian/Legal
Representative Signature