Tom's Tonics-A Modern Apothecary, LLC 6384 Mill Street, Rhinebeck, NY 12572
phone: 845-876-5556 fax: 845-876-5559 email: info@drfrancescott.com

INFORMED CONSENT

Tom Francescott, ND: *New York State practice*

Tom Francescott, ND graduated in 1999 from a five-year Naturopathic Medical Program at an accredited Naturopathic Medical School, Bastyr University, in Seattle, Washington (**see BASTYR.EDU)**. He attained a Doctorate of Naturopathic Medicine. Dr. Francescott is licensed as a Naturopathic Physician in Vermont State, while NY state does not currently recognize or license Naturopathic Physicians. He also received his Bachelor's Degree Of Science in 1991 in Accounting from Syracuse University, in Syracuse, New York.

New York State currently *does not* license Naturopathic Physicians to practice medicine. Please see our ongoing licensure efforts to support getting NDs licensed in NY state **(see NYANP.ORG)**. The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition. Tom Francescott, ND is not an MD or DO and *does not practice medicine* in the state of New York. Furthermore, his services are not meant to replace or to be a substitute for those of a licensed medical practitioner. If you seek the care of Tom Francescott, ND in New York, he advises that you seek the concurrent care of a health care provider licensed in New York State.

In New York State, Tom Francescott, ND functions as a health consultant and focuses his practice on optimizing the health and wellness of his clients. He uses his education and experience to give you suggestions. You agree to the physical contact necessary for assessment of your case and you make decisions that are right for you about whether to use his suggestions.

In Vermont, Dr. Francescott is a licensed Naturopathic Physician. He is licensed to diagnose and treat, perform physical exams and order labs and imaging. We may discuss substances that have not been subject to double blind clinical studies or FDA approval or regulation. You assume the responsibility for the decision to take any natural remedy. If you feel you are having any adverse reaction then stop taking all supplements immediately. If you are pregnant or nursing, confirm the safety of any supplements with your obstetrician or pediatrician. Recognize that, as an effect of the suggestions provided by Tom Francescott, ND, the signs and symptoms of your medical condition(s) may diminish or disappear.

Informed Consent for Treatment:

I hereby authorize and consent to a naturopathic consultation for the purposes of promoting wellness. Tom's Tonics-A Modern Apothecary, LLC has explained to my satisfaction common procedures and natural remedies such as the use of nutrition, nutritional supplements, botanical substances, homeopathic remedies, lifestyle counseling, hygiene, life coaching. I recognize there are potential risks and benefits of the care I will receive and I have been given the opportunity to ask questions about the treatment plan and procedures. It is important that I understand the benefits, risks, and alternatives associated with each health recommendation described to me and as described more generally below:

POTENTIAL RISKS: Allergic reactions to herbs, supplements, side effects of natural remedies, inconvenience of lifestyle changes, and possible prescription drug interactions with recommended natural products.
POTENTIAL BENEFITS: Recovery and restoration of health and the body's optimal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

ALTERNATIVES: I understand that Tom Francescott, ND is not a primary care physician in New York State, and the procedures that I receive at Tom's Tonics-A Modern Apothecary, LLC are supplementary care to my primary care physician and/or specialist. It has been recommended to me that I consult with a primary care physician and/or specialist to obtain information about all of the conventional medicine treatment available to me.

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NOTICE TO PREGNANT WOMEN: All female patients must inform Tom's Tonics-A Modern Apothecary if they know or suspect that they are pregnant as some of the therapies recommended may present a risk to pregnancy.

CONSENT: With this knowledge, I voluntarily consent to the above, realizing that no guarantees or warranties have been given to me by Tom's Tonics-A Modern Apothecary, LLC or any of its personnel regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation at any time.

CONFIDENTIALITY: 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 my lawful representative, or me or unless law permits or requires it. I understand that I may request to view my medical record and can request a copy of it by paying the appropriate copying fee.

I understand that my medical record will be kept for a minimum of seven years after the date of my last visit. I understand that information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that my practitioner will answer any questions I have, to the best of his ability.

I certify that I have read and fully understand this content and the matters, which have been explained to me. I further certify that I have full authority and accept full responsibility to execute this consent for and on behalf of the above-named client and that I am signing freely and voluntarily.

X Signature of Client: _____ **Date:** _____

Signature of Guardian:_____

Authorization for phone messages

Do we have permission to leave detailed personal messages on your answering machine or voicemail? Please provide appropriate numbers and sign below:

Phone:_____/_____

X Signature:_____

Authorization & Billing

I have read all the office policies and procedures of Tom's Tonics-A Modern Apothecary, LLC. I understand that payment for services is due at time of services and that Dr. Francescott does not accept insurance and that I am responsible for all fees incurred under his care. If I wish to have insurance payment, I will submit my receipts (with proper codes) for reimbursement myself. I also acknowledge all financial responsibilities and that there is a full visit fee for no-show appointments and less than 24 business hours notice of missed appointments.

X Signature: _____ **Date:** _____