

Informed Consent for Telehealth Naturopathic Treatment

I, _____, hereby authorize Dr. Targhi to perform diagnosis, consultation, treatment, education, care management, self-management via information and communication technologies otherwise known as Telehealth. I understand that I will not be seeing her in an office setting.

Notice to Women: all female patients must inform the doctor if they know, suspect, or may be pregnant as some of the therapies used could present risk to the pregnancy and fetus.

I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment in recommending the treatments that the doctor feels at the time, based on the facts then known, are in my best interest. I have had the opportunity to ask questions and discuss with Dr. Targhi:

- 1) my suspected diagnosis or condition
- 2) the nature, purpose and potential benefit of the proposed care
- 3) the inherent risks, complications, potential hazards, or side effects of the treatment
- 4) the probability or likelihood of success
- 5) reasonable available alternatives to the proposed treatment
- 6) the possible consequences if treatment or advice is not followed and/or nothing done.

With this knowledge I voluntarily consent to the above procedures realizing that no guarantees have been given to me by Dr. Targhi regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and discontinue participation at any time.

Signature of Patient: _____ Date: _____