



Welcome to Naturopathic Care

Informed Consent

Throughout our visits together, I will utilize and apply the principles and practices of naturopathic medicine and other supportive therapies to **empower you to achieve your health goals** and **live your best life**. This is a collaborative process, and I encourage you to be as honest and open as you are comfortable with, to answer questions and provide feedback on the therapies we decide upon together, in order to attain the best results.

As part of your care, you may experience a thorough intake and physical exam. Some lab testing may be suggested, and treatment recommendations will be discussed to determine the most appropriate option for you.

Payment for the visits will be made at the time of the appointment according to the following:

Initial Discovery Visit – 90mins	\$200
45min Extended Follow Up Visit	\$120
30min Follow Up Visit	\$90
Initial Hormone Visit – 90mins	\$225
45min Follow Up Hormone Visit	\$135
Facial Acupuncture – First Visit	\$200
Facial Acupuncture	\$160

Failure to show up for your appointment will result in the full fee being charged. All treatments that take place during the visit are included in these fees, any treatments which require additional payment will be discussed before administration.

Statement of Acknowledgement

Name: _____

I understand, as a patient of Dr. Tiffany Dzugan, ND, that all information I disclose will remain confidential and will only be released with my permission. I understand that some therapies have potential complications and I will provide complete and inclusive information to allow the practitioner to identify and avoid these risks, when possible. This includes current and past medical history, current medications and supplements and concurrent treatments being pursued with other practitioners. I understand that Dr. Tiffany Dzugan, ND will discuss the benefits, risks and alternatives for each treatment recommendation as they arise, as well as costs associated with these.

I understand that I have the authority to accept or deny any treatments or recommendations provided by Dr. Tiffany Dzugan, ND, and I accept the responsibility for any fees incurred during care and treatment.

I am not an agent of any agency attempting to gather information without so stating.

I agree to email communication from Dr. Tiffany Dzugan, ND.

Signature: _____

Date: _____

Witness: _____

Date: _____