

**Green Oaks Medical Center, PC
Dr. Christine Green**

Informed Consent

1) INTRODUCTION AND PHILOSOPHY

Welcome. Our philosophy of practice is integrative, oriented toward finding the least harmful approach to reaching health. We focus on removal of pathogens, nutritional therapy and bio-identical hormone balancing. Our philosophy of health is that of balance of internal environment i.e. hormonal and immune systems and external environment, i. e. infections, toxins, and stressors.

Dr. Green views herself as an expert consultant and wants to work interactively with you, the patient to achieve health. She views the patient as the expert in terms of knowledge of medical physiology and physiochemistry. Our job is to strive to provide the best information and give you enough knowledge to make informed choices about therapy and treatment.

2) WHOLISTIC MEDICINE IN CALIFORNIA

In California in compliance with Business and Professions Code 2234.1(a), such alternative and/or complementary services may only be provided after;

- 1) Informed Consent
- 2) A good-faith prior examination of the patient
- 3) Medical indication exists for the treatment of advice, or it is provided for general health and well-being

Business and Professions Code 2234.1 (a) (3) and (4) states that the alternative and/or complementary treatments not cause a delay in or discourage traditional diagnosis of, a condition of a patient, nor cause death or serious bodily injury to the patient. By signing this form, I acknowledge I have been apprised of Business and Professions code 2234.1.

3) INFORMED CONSENT

I recognize that I will be able to ask questions and clarify any concerns with Dr. Green prior to beginning any recommended treatment. I recognize that I am a partner in treatment decisions and will be informed of the risks and benefits of recommended treatments by Dr. Green. After being duly informed by Dr. Green of my conditions and the risk and benefits of conventional allopathic and alternative and/or complementary treatments. It is also my choice whether or not to combine any alternative and/or complementary treatment I choose to undergo with conventional/allopathic treatment. My physician will respect my ability to make my own decisions and will not discourage me from seeking conventional/allopathic treatment.

4) CONFIDENTIALITY POLICY

We will only share your health information with others after we have received your written consent to do so or in the event that you have submitted a claim to your health insurance company and that company requests that we share health information relevant to the claim. You can request a copy of your medical records from the clinic at any time for your personal use.

I understand that approach to health and wellness offered by Dr. Green. I acknowledge that I have been apprised of California State Business and Professions Code 2234.1. I understand that some of the treatments recommended may be considered alternative or experimental by those in conventional/allopathic or IDSA medicine. With that knowledge, I choose to participate in the holistic/integrative approach to medicine and the treatments recommended.

Name_____Signature_____Date_____