



FORM-7: Patient Waiver

I fully understand that the physicians and health care clinicians at Huber Personalized Medicine are integrative care practitioners that combine traditional medical treatments with nutritional and integrative medicine alternatives. The physicians and clinicians understand the benefit of homeopathic and naturopathic philosophies and may choose to adopt these elements in my treatment plan.

I fully understand that the practitioners seek to improve my overall health and wellness and that the process or modalities used may not be in line with the "standard of care" of traditional medicine but that my practitioners here are selecting therapies that they feel to be equal or superior to the standard of care based on their past experience and/or based on the medical literature. I understand and accept that traditional medicines "standard of care" may not be optimal care for my situation. Traditional drug therapies employed by traditional medical practice may or may not be employed to address my particular issues. They will be considered as an option but ultimately a decision may be made to pursue a more beneficial, less harmful, natural approach to address my medical issues. I will be involved in all decision making in this regard. As such, I will not hold the practitioners at Huber Personalized Medicine accountable to practice the "standard of care" as defined by traditional medicine. I fully expect that all staff members will operate in my best interest and work to promote my health.

If at any point I prefer to be treated with traditional drug therapy for the treatment of any health issue such as hypertension, diabetes, heart disease, or any medical condition, then I will make this desire known and my clinician will be more than happy to discuss the pros and cons of traditional versus alternative therapy and offer guidance with whichever approach I am most comfortable with. Often these approaches can be blended or combined. The goal at Huber Personalized Medicine is always to serve my needs in the safest fashion possible.

I fully understand the services provided by the attending consultants may not be generally accepted and / or recommended by my traditional doctors or other conventional health professionals. The attending consultants are in no way encouraging me to terminate any previous and or current therapies that other doctors have started. I am encouraged to maintain a relationship with my primary care physician as this office functions more as a consultant and is not available 24 hours a day for emergencies. Should I desire any services not provided by Huber Personalized Medicine or outside of the scope of this wellness practice, then I am encouraged to seek needed services elsewhere. The staff here will always work with me to find the services I need or be available to answer any questions my other health care providers may have about my treatment here.

If I am accompanied by and am signing for a minor or other family member who is unable to offer competent consent, I give full faith that I am legally and totally responsible.

I have read and understand this document entirely and I have been given the opportunity to receive a verbal explanation of the same from the attending consultants and they have satisfactorily answered all of my questions and or doubts.

I understand and agree to the information contained here, on this date: _____

Client's Name: (PRINT) _____

Client/Responsible Party Signature:

Client Parent or Guardian Signature:
