

Consent to Naturopathic Care

Name and location of practitioner:

Caitlin O'Connor, N.D, CPM.
All Families Natural Health
2530 W. 29^h Ave
Denver, CO 80214

Licenses

Dr. O'Connor holds a current licensee issued by the State of Oregon Board of Naturopathic Examiners. License numbers #1642.

Naturopathic Doctors are not licensed as primary care physicians in the state of Colorado. There are certain services that our doctors cannot provide, such as writing prescriptions, performing routine screening exams and the diagnosis and treatment of disease. Naturopathic medicine is not a substitute for conventional medical care. It is recommended that you continue services with your primary care physician and/or specialist.

Experience and Training

Dr. Caitlin O'Connor holds her N.D. degrees from Bastyr. Training includes:

- Four years of post-graduate medical instruction

- Studies in basic sciences, conventional diagnosis, pharmacology, and natural therapies including homeopathy, botanicals, nutrition and hydrotherapy

- 1200 hours of clinical training

- Medical degree accredited by the Council on Naturopathic Medical Education (CNME) and The Higher Learning Commission of the North Central Association of Colleges and Schools.

- Two-step licensing exams, including basic science and clinical boards, administered nationally by NPLEX

Rights

You have the right to be informed of the procedure involved in your care, the options and alternatives for treatment and the risks involved. You have the right for your questions to be answered completely.

You have the right to know your doctor's assessment and recommendation.

You have the right to courteous service, free from verbal, physical, or sexual abuse.

You have the right to confidentiality. Your records and transactions with this

office are confidential. This information will not be released unless authorized by you or required by law.

You have the right to access other community services, to change practitioners at any time, and to refuse all services.

Acknowledgement of Consent

By signing here, I acknowledge that I have been informed of the procedure, alternatives and risks of Naturopathic care and that my questions have been answered completely. I acknowledge that neither claims of cure nor promises of outcome have been made regarding my therapy. I have read the above information and consent to care from the doctors at All Families Natural Health.

Printed name of patient

Signature

Date