CONSENT FOR TREATMENT

I consent to being treated at the SCNM Medical Center, a part of the Southwest College of Naturopathic Medicine (collectively referred to as “SCNM”).

I understand that my care as a patient at the SCNM Medical Center is directed by licensed professionals, including naturopathic physicians. I consent to services rendered and provided to me by the attending physician and licensed professionals participating or consulting about my care. In addition, resident physicians also may participate in my care as part of their educational program at SCNM.

I recognize that SCNM is a teaching clinic. I agree that students, as part of their educational program at SCNM, may participate in my care while under the direct supervision of attending physicians or other licensed practitioners. (Please initial consent option below).

_____ Yes, I consent to student shifts. I understand my care team can be comprised of 3rd or 4th year medical students, residents, and an attending physician. Visits will be conducted by the medical students.

_____ No, I do not consent to student shifts. I would like to be scheduled with a physician privately and understand that private physician fees are greater than student shift fees.

As a component of SCNM’s education program, SCNM permits its students and resident physicians to view patient visits via closed circuit TV as the visit is happening. By checking this box, I am agreeing to participate in this aspect of SCNM’s education program and understand that if I want to opt out, I have that opportunity. (Please initial consent option below).

_____ Yes, I consent to my visits to be viewed via a closed circuit TV.

_____ No, I do not consent to my visits to be viewed via a closed circuit TV.

I have fully read and understand the above consent and authorizations.

Print Patient Name

MR Number (Office Use Only)

Patient or legally authorized individual signature

Date

Printed legally authorized individual signature

Relationship (self, parent, legal guardian, personal representative, etc.)