

**Dr. Jennifer Lococo, ND**  
Naturopathic Doctor

Please read the following carefully and sign below if you agree to these terms and conditions:

1. Please be aware that I am a naturopathic doctor, not a medical doctor; that I do not prescribe medications. I use natural therapies which may include a combination of herbs, vitamins, homeopathy, clinical nutrition, counseling, lifestyle modification, and physical therapies, most of which have sound studies and validation.
2. Be aware that I, as a naturopathic doctor, will find the best treatment to my knowledge and experience for your care, subject to agreement of both parties.
3. That you understand that following the directions of me, the naturopathic doctor, will help you achieve your goals for better health and that not doing so may decrease the chances of success of these goals.
4. That you are seeking naturopathic care on your own free will and can terminate care at any time. At the same time, I, as the naturopathic doctor, can terminate care if I find that it is not in the best interest of either party to continue treatment. A referral may be recommended.
5. As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, costs, expected benefits, risks, side effects. Some of the risks may include, but are not limited to:
  - Aggravation of pre-existing conditions and symptoms
  - Allergic reactions to supplements and herbs. Please advise us of any allergies.
  - Pain, fainting, bruising, or injury from venipuncture or acupuncture
  - Muscle strains and sprains, and/or disc injuries from spinal manipulations
  - Small potential risk for stroke or emboli is a concern in cervical manipulation; proper pre-requisite tests will be done before such manipulations are performed to prevent such an outcome.
6. That you as a patient shall pay for the services rendered, in cash or by credit card.
7. That you are not an agent of any government institution or an investigating agency.
8. That a successful progress is directly linked to an open and honest communication between both parties.
9. I understand that my patient file will be kept confidential. I also understand that the information in my file will not be shared with anyone outside this clinic unless it is required by law or written consent to share the information with another person (ie Another health care practitioner) has been given by myself.
10. I understand the risks of Naturopathic treatment and know that I may ask the Naturopathic Doctor to explain any risks to specific treatments as they come up. I also understand that I may refuse any treatment that is offered to me at any time. I will rely on the Naturopathic Doctor to exercise his/her best judgment in my best interests based on his/her present knowledge of my condition and the proposed treatment method.

I agree to the above terms and conditions.

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**Name and Signature**

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**Date**

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**Witness or Guardian**

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**Date**