

## Consent to Treat

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I have been informed and understand that:

- Any treatment or advice provided to me as a patient of The Natural Family Health Clinic, LLC is not mutually exclusive from any treatment or advice that I may be receiving now or in the future, from another health care provider.
- I am at liberty to seek or continue medical care from a physician, surgeon, or other health care provider and no physician or staff member is recommending that I refrain from seeking or following the advice of another licensed health care provider.
- The treatment and therapies provided or recommended by this clinic may be different from those usually offered by another licensed health care provider.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_