

Informed Consent

I understand that Kate Poole is not a licensed medical doctor and does not portray herself to be one. I understand that Kate Poole cannot diagnose, treat cure or prevent any medical or psychological disease, disorder, or condition. I further understand she cannot advise, recommend, suggest, or counsel me on any medical or psychological treatment, condition, disorder or disease, or perform any act that would constitute the practice of medicine for which a license is required.

As a Nutritional Therapist Kate Poole is trained to evaluate my nutritional needs and make recommendations of dietary change and nutritional supplements. A Nutritional Therapy Practitioner is not trained to provide medical diagnosis, and no comment or recommendation should be construed as being a medical diagnosis. Since every human being is unique, Kate Poole cannot guarantee any specific result from my program.

If I am under the care of another healthcare provider, it is important that I contact my other healthcare provider and alert them to my use of nutritional supplements. Nutritional Therapy may be a beneficial adjunct to more traditional care, and it may also alter my need for medication, so it is important I always keep my physician informed of changes in my nutritional program.

If I have any physical or emotional reactions to nutritional therapy, I will discontinue their use immediately, and contact Kate Poole, to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the therapy.

In regards to Biofeedback, I understand that the intended purpose of biofeedback training is for relaxation and muscle re-education so that I may learn to: 1. Manage my stress, 2. Manage my pain, and or, improve the quality of my life. I understand biofeedback training is generally considered safe, but it is possible that biofeedback may exacerbate some emotional problems or I may become drowsy, at least temporarily, during a biofeedback training session. Other potentially harmful side effects not yet reported may occur. I agree to advise Kate Poole anytime I feel any side effects, so corrective steps may be taken to alleviate my discomfort.

I understand biofeedback is not a substitute for effective standard medical treatment. I understand it is important for me to stay in close communication with my doctor. He or she may want to decrease my medications during the course of my biofeedback training. I also understand there is no guarantee that biofeedback training will result in a decrease of my medications. If I do not have a family medical doctor, and wish to consult one, I will ask Kate Poole if she can help me to find a family medical doctor.

I understand my identity and any information about me, whether I share it with Kate Poole or she discovers it on her own, will be held in the strictest confidence, except when released by me or as specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time. I also understand that I may give Kate Poole permission in writing to contact my primary care practitioner or specialist with regard to training provided by him or her and the result I obtain. I have the right to withdraw this permission at any time.

I have selected this service by my free informed choice. I am aware of Kate Poole's qualifications and certifications. I am simply seeking wellness enhancing suggestions that could reduce stress and thus improve my present health and future wellness. I am not here for medical diagnostic or treatment procedures. I am here in this and any subsequent visits solely on my own behalf. I presently seek biofeedback and other programs within the scope of Kate Poole for stress reduction, relaxation, pain management, weight loss, and/or nutrition therapy.

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I agree to pay Kate Poole by check, money order, cash, or credit card (VISA or Mastercard) for each session. In the event that my check bounces, I agree to pay full restitution.

I agree that in the event Kate Poole and I are unable to reach an amicable solution to any issues between us, we will both agree to accept the decision of the attorney arbitrator of the Natural Therapies Arbitration Council as the final settlement of our differences and that decision shall be final and binding. By signing below, I acknowledge that I have read and understand this document, and have received acceptable answers to all of my questions about biofeedback and nutritional therapy services. I consent to receive these services from Kate Poole. I warrant I am not under duress at this time and my consent is given voluntarily and without coercion. I further understand I may discontinue these services at any time.

Client Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone (cell): _____ Work: _____ (other): _____