



SONORAN
NATUROPATHIC
CENTER

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INFORMED CONSENT



Welcome to Sonoran Naturopathic Center and the medical practice of **Dr. Brian Popiel and Dr. Alissia Zenhausern.**

I consent to treatment and understand that my physician is a licensed Naturopathic Doctor who will conduct a thorough case history with me before initiating any treatment protocols. Naturopathic doctors are recognized as primary care physicians in the state of Arizona with the ability to diagnose and treat disease conditions. Naturopathic doctors utilize principles and practices that treat the whole person and assist in the body's own ability to heal.

Evaluation and diagnoses will be based on physical exam, specific blood and/or urinary laboratory reports. Evaluation of these laboratory reports may be interpreted differently from other practitioners of naturopathic or allopathic medicine. Treatment protocols may or may not be consistent with mainstream medical tests/evaluations and are based on clinical experience and scientific/medical literature.

Treatments may include procedures such as but not limited to nutritional supplements, homeopathic medicines, botanical medicines, intravenous vitamin/mineral therapy, acupuncture, prolotherapy injections, mesotherapy injections, trigger point injections, and prescriptive medications (including bio-identical hormones). Certain treatments may be deemed "experimental" since the FDA has not issued any guidelines or statements as to the safety or efficacy of these treatments. I understand that my doctor will inform me of the potential risks of treatment and answer any questions that I may have.

I understand that even "natural" treatments may have side effects and it is my responsibility to inform my doctor in a timely manner of any side effects or adverse effects that I may be experiencing. I will make sure to inform my doctor of all dietary supplements, non-prescriptive medicines and prescriptive medications that I am taking; as well as updating any changes to this list.

I acknowledge that if I have any questions or concerns about my lab evaluation and treatment protocol; I will address them with my doctor in a timely manner. My consent to treatment is voluntary and informed.

I assume full responsibility for costs regardless of my insurance coverage; these costs may include office visits/procedures and labs not covered by insurance, as well as medications, and supplements.

HIPPA compliance does not allow for email communication involving personal/identifying information, medical records, health information, or treatment recommendations. In order to communicate with your Provider via email and see medical documents such as lab results and treatment protocols, you will need to enroll in our Patient Portal. Please provide the email that you would like to use for the registration of your portal.

E-mail Address _____

(PLEASE NOTE, you cannot change the email once it has been registered)

Sonoran Naturopathic Center may use this email for appointment reminders and other communication not involving personal/medical information

YES _____ NO _____

Signature

Date

Print Name

Doctors' Signature

Date