

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

**Patient Informed Consent Form for Michael Reece, N.D.**

I am aware that Michael Reece, N.D. is a naturopath, not a medical doctor. I acknowledge that the care being provided is not a treatment for a specific disease, rather that the health care is preventive in nature and is designed to improve my health or condition. I am aware that Michael Reece, N.D. is not recommending that I discontinue any other treatment or care being provided by any other health care professional. All of my questions have been answered about the procedure of health care and I have been made aware of any possible negative outcomes and what procedure to follow should I experience any difficulties.

I agree to hold harmless and waive any claim of liability whatsoever, for myself, my heirs, personal representatives and assigns against Michael Reece, N.D. related to any services performed.

Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_