



ANIMAS NATURAL HEALTH

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Disclosure Statement and Consent for Treatment

FOR THE TREATMENT OF CHILDREN 2-8 YEARS OLD

I, Hailee Dover, N.D., am a Naturopathic Doctor registered under Title 12, Article 37.3, of the Colorado Revised Statutes. Colorado Registration number ND.0000156. I am not a medical doctor or a physician licensed under Title 12, Article 36, of the Colorado Revised Statutes.

I recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child aged two to eight, with a licensed pediatric health care provider. If the patient is a child aged two to eight, I recommend that the child's parent or guardian follow the immunizations schedule that is included with your new patient packet.

If the patient has a relationship with a licensed physician or pediatric health care provider, I will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider. To permit this, the patient (or patient's parent/guardian if patient is a minor) will need to sign a separate medical release allowing me to exchange information with the licensed physician or pediatric health care provided.

Naturopathic Doctors may be registered in multiple states. I am registered in Colorado. Complaints regarding Registered Naturopathic Doctors must be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, please contact the Division at (303) 894-7414 or find more information how to file a complaint at: http://www.dora.state.co.us/reg_investigations/file_complaint.htm.

Naturopathic Doctors are registered by the state to practice naturopathic medicine under the "Naturopathic Doctor Act." They are not permitted to perform the following acts:

- Prescribe, dispense, administer or inject any prescription medications or devices other than epinephrine for anaphylaxis and barrier contraceptives (not including IUDs).
- Perform surgical procedures, including surgical procedures using a laser device.
- Use general or spinal anesthetics, other than topical anesthetics.
- Administer ionizing radioactive substances for therapeutic purposes.
- Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine.
- Practice obstetrics.
- Recommend the discontinuation or counsel against a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner.
- **REQUIRED FOR THE TREATMENT OF CHILDREN UNDER 8:**
 - (1) This form must be fully completed and signed
 - (2) The most recent immunizations schedule recommended by the advisory committee on immunization practices to the centers for disease control and prevention in the federal department of health and human services is provided to the parent or guardian with this form; and
 - (3) A release of information form is provided to the parent or guardian requesting permission to exchange information with the child's licensed pediatric health care provider, if the child has one.

NEXT PAGE MUST BE SIGNED FOR TREATMENT

Acknowledgement and Consent for Treatment (to be completed by the parent/guardian)

I, _____ (parent or guardian's name, printed), acknowledge receipt of the above disclosure statement and give my informed consent for the treatment of my child or dependent, _____ (patient's name), who is under the age of 8, for naturopathic care.

Check one: The child ___ does ___ does not have a relationship with a licensed physician or pediatric health care provider. Name of licensed physician or pediatric health care provider:

X _____

Signature of Parent or Guardian and Date

(This form must be completed and signed prior to the initial examination of the patient. If this form is altered, the form provided to the patient must contain all of the information detailed in this form, and comply with §§ 12-37.3-105(2)(f), (3)(b), and 12-37.3-111, C.R.S., and all other laws applicable to Registered Rs.)