
INFORMED CONSENT FOR NATUROPATHIC CARE

Welcome to Natural Path Health Center

Thank you for choosing Natural Path Health Center. We are committed to supporting your health through the scientific application of natural healing methods. Please read this document carefully and ask us any questions before signing. We appreciate you and look forward to working together to improve your health.

1. About Your Provider

Your care is provided by Chad Oler, ND, a Licensed Limited-Scope Naturopathic Doctor in the State of Wisconsin (License #6002-171), issued by the Wisconsin Naturopathic Medicine Examining Board.

2. Authorized Scope of Practice

As a licensed limited-scope naturopathic doctor in Wisconsin, Dr. Oler is authorized to provide the following services as defined under Wis. Stat. § 466.01(6)(a) and Wis. Admin. Code Nat Med 6.01. These services may be recommended based on your individual needs:

- Clinical nutrition and dietary counseling
- Nutritional supplementation, botanical and herbal medicine, homeopathy and amino acids
- Health & Lifestyle counseling
- Hot or cold hydrotherapy, naturopathic physical medicine, the use of therapeutic medical equipment and therapeutic exercise
- Laboratory test ordering and interpretation, including diagnostic or evaluation methods, physical examinations and clinical laboratory tests.

Dr. Oler's scope of practice does not include prescribing prescription medications, surgery or IV therapy.

3. What Naturopathic Care Involves

Naturopathic medicine is a system of healthcare that focuses on supporting the body's natural healing capacity, addressing the root causes of health concerns rather than simply managing symptoms. Naturopathic care is best understood as complementary to — not a replacement for — conventional allopathic medicine.

Treatment recommendations may include changes to diet and nutrition, lifestyle modifications, nutritional supplements, herbal or botanical preparations, homeopathic remedies, and ordering or interpretation of laboratory tests. All recommendations will be discussed with you before they are implemented, and you are always free to ask questions or decline any suggested approach.

4. Risks, Benefits, and Alternatives

As with any healthcare, naturopathic care involves both potential benefits and potential risks. Dr. Oler will discuss these with you as they apply to your specific situation. General risks may include:

- Temporary aggravation of existing symptoms as the body responds to treatment
- Allergic or sensitivity reactions to herbal, homeopathic, or nutritional supplements

- Possible interactions between natural supplements and prescription medications — please disclose all medications and supplements you are currently taking
- Delayed benefit or no improvement in certain conditions
- Complications related to conditions such as pregnancy, breastfeeding, or serious pre-existing illness — please inform Dr. Oler if you are pregnant, may be pregnant, or are breastfeeding

You are encouraged to discuss with Dr. Oler the potential benefits of your recommended care, the nature and purpose of each proposed treatment, the likelihood of success, and any reasonable alternatives — including the risks and benefits of not pursuing treatment at all. You do not expect Dr. Oler to anticipate every possible risk, and you agree to notify him promptly if you experience any unexpected or concerning effects.

Other treatment options may include self-care approaches, conventional medical care and prescription drugs, specialist referral, or care from other licensed healthcare providers. You will be informed about reasonable alternative modes of treatment and the potential benefits and risks of these alternatives, to the extent appropriate for your condition. Dr. Oler will refer you to another provider when he believes it is in your best interest to do so.

5. Your Relationship with Other Healthcare Providers

Care at Natural Path Health Center is not intended to be your only source of healthcare. You are encouraged to continue working with your primary care physician, specialist, or any other licensed healthcare provider. Nothing in your naturopathic care plan is intended to suggest that you discontinue treatment recommended by another licensed provider. If you have questions about how your naturopathic care may interact with other treatments, please ask.

6. Your Rights as a Patient

- You have the right to receive clear information about your care plan, including the expected nature and duration of services.
- You have the right to ask questions at any time and receive clear answers.
- You have the right to decline any recommended treatment or withdraw your consent for treatment at any time, without penalty or retaliation.
- You have the right to seek care from any other licensed healthcare provider at any time.
- You have the right to access your health records.
- All information you share with our clinic is kept confidential in accordance with applicable law, including HIPAA.

7. Privacy and Protected Health Information (HIPAA)

Natural Path Health Center is committed to protecting the privacy of your health information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Your protected health information (PHI) will be used only for treatment, payment, and healthcare operations as permitted by law. Any non-routine disclosure of your PHI requires your written authorization.

You have the right to inspect and receive copies of your records, to request amendments to your file, and to file a complaint with this office or with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. A full Notice of Privacy Practices is available upon request.

8. Appointment and Cancellation Policy

To ensure the best care for all of our clients, we ask that you arrive 15 minutes prior to your scheduled appointment. If you need to cancel or reschedule, we require at least 24 hours advance notice. Please note that this window excludes weekends — for example, if your appointment is on a Monday, your cancellation must be received by the same time on the preceding Friday.

Appointments cancelled with less than 24 hours' notice, or missed without notice (no-show), will be charged the appointment fee. No-show appointments will incur an additional fee of \$100. Testing fees do not apply to cancellation charges.

9. Consent to Treatment

By signing below, you confirm that:

- You have read — or have had read to you — the information in this document, and you have had an opportunity to ask questions.
- You understand the nature, purpose, and potential risks and benefits of naturopathic care at Natural Path Health Center.
- You understand that Dr. Oler holds a Limited-Scope Naturopathic Doctor license in Wisconsin and that his practice is limited to the authorized scope described in Section 2.
- You understand that naturopathic care is not a substitute for emergency medical care. In the event of a medical emergency, call 911 or go to your nearest emergency room immediately, and do not delay seeking emergency care in order to contact this office.
- You understand that no guarantees have been made about the outcome of your care.
- You consent voluntarily to assessment and treatment as recommended, and you understand that you may withdraw this consent at any time without penalty.
- You understand that, in rare circumstances involving medical emergencies or if you are unable to give or withdraw consent, full informed consent as described in this document may not be possible, and that Dr. Oler does not provide emergency medical services.
- This consent covers the full course of your current care and any future care at Natural Path Health Center, until you withdraw it in writing.

Signatures

Please complete all fields below. If signing on behalf of a minor or a patient who is unable to sign, please indicate your relationship to the patient.

Patient (or Guardian) Signature

_____ *Signature* _____ *Date*

_____ *Printed Name*

_____ *Date of Birth (MM/DD/YYYY)*

_____ *Relationship to Patient (if signing as guardian)*

Natural Path Health Center

Chad Oler, ND | Limited-Scope Naturopathic Doctor | License #6002-171

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Acknowledgment of Receipt — Please Initial Each Item

I have received and read this Informed Consent for Naturopathic Care.

_____ *Initials*

I have been informed of Dr. Oler's license type and authorized scope of practice.

_____ *Initials*

I have received the Notice of Privacy Practices (HIPAA).

_____ *Initials*

I have had the opportunity to ask questions and have received satisfactory answers.

_____ *Initials*

For Office Use Only

Provider Signature

_____ *Date*