

Disclosure Statement and Informed Consent

I, _____ (client name) request, authorize and consent to a program of naturopathic services to be performed by Demetra Vagias.

I understand that the naturopathic services to be performed are not medical care and/or medical treatment which may only be provided in the state of Illinois by a licensed medical provider(s). It is expressly understood that Demetra Vagias does not diagnose and/or treat any disease and/or condition of the client, but rather the services to be provided by Demetra Vagias offer an alternative approach to the client for the condition(s) presented.

It is understood that the services to be provided by Demetra Vagias are not to act as a replacement or substitute for proper medical care by licensed, medical providers and that it is the responsibility of the client to obtain such treatment by primary care physicians and/or specialists and to obtain all appropriate tests and evaluations. It is also understood that it is the client's responsibility to inform their primary care physicians and/or other medical providers (and to keep them regularly informed) of the program by Demetra Vagias.

Client has been advised and understands that Demetra Vagias is not a licensed medical doctor in the state of Illinois, as the State of Illinois does not presently recognize qualified, naturopathic physicians. It is therefore understood that Demetra Vagias does not practice medicine nor does she diagnose and treat any disease and/or condition.

It is further understood that the ultimate responsibility for my health is my own and that it is the responsibility of the clients to inform Demetra Vagias of their complete medical and family history and of all other relevant factors concerning their condition(s) and to keep them advised of any prescription or over the counter medications that are utilized.

It is also understood that a naturopathic program is not an exact science and that the client has received no guarantees about the benefits or results of the services provided.

It is also understood that there may be alternative programs; including alternative forms of medical treatment and that such medical alternatives are to be explained to the client by the appropriate licensed medical provider(s). It is also understood that there are risks attendant to the services provided by Demetra Vagias, including and but not limited to unforeseen adverse or allergic reactions or otherwise.

Client acknowledges that he/she has read this entire document and understands it and that client has been given the opportunity to ask questions and those questions have been answered to client's satisfaction.

Date

Signature of Client