

Greg Meyer MD, MD(H)

Phoenix, AZ

602-320-5181

Consent to Treatment

I authorize Greg Meyer MD, MD(H) to treat my conditions and to order diagnostic tests as needed. I recognize that the treatments I receive may include homeopathic, nutrient, herbal, integrative, alternative, preventative and/or conventional (allopathic) therapies. This consent is intended to provide an opportunity for you to make an informed consent decision so that you may give or withhold your consent to treatment that may be considered alternative or complementary by physicians trained in the United States.

While trying this approach, I will remain under the care of my medical doctor and will have my health checked periodically. I will not discontinue any medication/treatment without conferring with my existing doctor. He/she may recommend other treatments, some that may not be available at the time of consent. If this is the case, I will evaluate these options. I understand that Dr. Meyer will not be my primary care allopathic physician, he will not be writing allopathic prescriptions for me, and will only be treating me with homeopathic/complementary measures.

I understand that:

- The safety and efficacy of alternative/complementary therapies has not always been established with controlled studies to the satisfaction of conventional medicine.
- Side effects to homeopathic treatment (although uncommon) may include temporary worsening or present symptoms (aggravations) or temporary development of new symptoms (proving symptoms.)
- No claim to cure has been made, nor any guarantee as to the result that may be obtained.
- Greg Meyer MD, MD(H) will NOT be providing hospital or emergency care for me from this clinic.
- The therapies I receive will complement the care I receive from my primary care physician, and will not replace such care.

I also consent to the photographing and video taping of this interview to be used for medical, scientific, or educational purposes, provided my identity is not revealed.

I realize I have sought care from Dr. Meyer and his associates and they have fully explained in detail the services I am choosing to get today. Interactions, reactions and side effects have been fully explained to me regarding the treatments I am receiving today, conventional or non-conventional. My signature below indicates I have read the information in this document and agree to abide by its terms during our professional relationship.

Signed: _____ Date _____

Patient or Legally Authorized Individual

Printed Name: _____

Relationship to Patient:

Self Parent Legal Guardian Other: _____