

Informed Consent

I acknowledge that I have been informed and understand that:

- Any education, advice or health plans provided to me as a client of Natural Medicine of NH LLC are **not** to replace medical care that I am receiving from another licensed health care provider or medical doctor.
- Natural Medicine of NH LLC is not a primary care provider and strongly recommends that I am an active patient of a licensed primary care provider.
- I consent to treatment as agreed upon between Dr. Klasman and myself.
- Any therapy will proceed only with our mutual consent.
- I agree to discuss any concerns in my care with Dr. Klasman

Print Name of Patient

Signature

_____ **Date:** _____
(Patient/Parent/Legal Guardian)

Print Name of Parent / Legal Guardian (if appropriate)
