

## Patient Informed Consent

*Please read each paragraph and initial the bottom of each page and sign and date the last page.*

Patient Name: \_\_\_\_\_ Sex: M F  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Darin Ingels, ND**  
**130 5<sup>th</sup> Avenue, 9<sup>th</sup> Floor**  
**New York, NY 10011**

I have specifically sought out the services and perspective of Dr. Darin Ingels for the way he practices Complementary and Alternative Medicine (hereto referred to as "CAM"). Dr. Ingels has explained to me and I fully understand the following:

(a) I understand that Dr. Darin Ingels, ND, has graduated from an accredited four-year Naturopathic Medical School (Bastyr University); there he attained the degree of Naturopathic Doctor (ND) and is a licensed Naturopathic Physician in the state of Connecticut and a licensed Naturopathic Doctor in the state of California.

(b) I also understand that the state of New York does not yet recognize or license qualified Naturopathic Doctors, therefore these doctors do not practice medicine, and do not diagnose or treat diseases or medical conditions in the state of New York.

(c) I understand that Dr. Darin Ingels, ND, function solely as a health consultant and focuses his practice on the enhancement of health and nothing that is said or done in his office, or in any other setting is meant for the Western medical diagnosis (meaning diagnosis by an allopathic or conventional medical doctor) and/or treatment of any medical condition(s) or disease. I further understand that these doctor's services are not meant to replace or substitute for those of a licensed physician. **Please note that under New York Education Law 8211, we advise each patient as to the importance of consulting with a licensed physician regarding your condition.** As a result, Dr. Ingels advises all clients that seek his consultation to be under the concurrent care of a licensed NY State physician.

(d) I recognize, however, that through my work with Dr. Ingels, I may experience diminished or complete resolution of the signs and symptoms of any medical condition(s), which I may currently experience.

(e) Much of Dr. Ingels treatment being recommended is not recognized as traditional, but rather as an alternative method. CAM, like any other treatment or medication, may or may not alleviate or cure the condition for which it is offered.

(f) Dr. Ingels feels CAM may be valuable to your health. However, as with any medical recommendations, you should fully understand the potential risks and benefits as well as other available treatment options before deciding whether the recommendations provided by Dr. Ingels are right for you. It is important that you read and understand the information contained in this form so that you can make an informed choice about working with Dr. Ingels. If after reading this form, you have any questions or concerns regarding any recommendations, please talk to Dr. Ingels.

**Patient Initials** \_\_\_\_\_

(g) Some of the assessment methods being recommended by Dr. Ingels are not recognized as traditional, but as an alternative assessment method, specifically electrodermal screening (EDS).

(h) Some of the recommendations made by Dr. Ingels are not FDA approved.

(i) Some of the formulations recommended by Dr. Ingels have never been tested by the FDA for determination of actual contents or the medical effectiveness of the formulations.

(j) The medical/scientific proof of effectiveness/therapeutic value of some of the treatments are disputed.

(k) While Dr. Ingels believes that CAM therapies may be beneficial to your health and well-being, the traditional medical and scientific communities often dispute the medical/scientific proof of the effectiveness or therapeutic value of the treatments. You are free to contact any medical group, physician or association on their view of any recommendations made by Dr. Ingels before you begin. Dr. Ingels believes the CAM therapies he works with are valuable and might improve your health.

(l) I may leave Dr. Ingels at any time. It was my independent choice whether to see Dr. Ingels and it is always my choice whether to continue with him. I also understand that Dr. Ingels reserves the right, at any time and without cause, to discontinue any patient due to poor compliance with Dr. Ingels recommended program for any other reason.

**I, the undersigned, have read and fully understand the above information, the elements of my informed consent, my rights and responsibilities, and hereby give consent to undergo alternative and comprehensive therapies by Dr. Ingels. Information about me and my records will be confidential; data will be stored securely and will be made available only to the persons participating in my evaluation and subsequent therapies, if any, unless I specifically give written permission unless otherwise required by law.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_