

Informed Consent

I, (print your name) _____

request care by the practitioners of Holman Health, Inc. I have sought care of my own free will and hereby authorize the performance of diagnostic procedures and treatments described to me by Dr. Holman, or any practitioner of Holman Health, Inc.

Dr. Alice Holman is a licensed Naturopathic Medical Doctor and Licensed Acupuncturist. She obtained her medical training from Bastyr University in Washington State.

Naturopathic Medicine utilizes natural therapies as mainstays for restoring one's health and natural balance. These include the use of vitamins and minerals, enzymes, amino acids, fatty acids, natural hormones, concentrated food preparations, botanicals, homeopathic medications, hydrotherapy, therapeutic exercises, dietary modifications, counseling, and other techniques which support the natural processes of the human body.

By law, the Department of Health wants you to know the **scope of practice** of a licensed acupuncturist (also known as East Asian medicine practitioner).

- Acupuncture, including the use of acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and meridians; Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians; Moxibustion; Acupressure; Cupping; Dermal friction technique; Infra-red; Sonopuncture; Laserpuncture; Point injection therapy (aquapuncture); and Dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements; Breathing, relaxation, and East Asian exercise techniques; Qi gong.
- I understand that if I have been diagnosed by an oncologist as having any form of cancer, that by Utah State Law, I am required to also be under the care of a Medical Doctor. If you have cancer, we are here for adjunctive and supportive care. If you have had any labs done or requested by the doctors of Holman Health, we require a consultation to be scheduled to review these labs unless the results are within normal limits. There is a great deal of education done by the doctors regarding your lab values.
- With this knowledge, I voluntarily consent to treatments by Dr. Holman and her staff. I realize that, as is the case with any medical treatment, no guarantees can or have been given to me by the doctor or staff regarding any cure for my conditions. I have been informed of potential risks or side effects involved in any of the diagnostic or treatment procedures. I have read and understand all of the above.

Signature of Patient or Person Authorized to Consent for Patient

Date