

## **INFORMED CONSENT**

**TO: Teresa Rispoli, Ph.D., L.Ac.,**

I \_\_\_\_\_, hereby represent that I have been informed that  
(client's name)

Teresa Rispoli is not a medical doctor, therefore, I do not expect a physical examination, diagnosis, prescription, prognosis nor any of those things usual with a Doctor of Medicine.

I have been advised that Teresa Rispoli has her Ph.D. in Nutrition. She Is a Licensed Acupuncturist and Oriental Medicine Pracitioner. She is a Board Certified, Endermologist and has a Masters in Naturopathy.

I understand that Teresa Rispoli is involved with building health, not treating disease. Her involvement is to teach me health and preventative measures to maintain my good health. Her efforts will be aimed at education, non-invasive testing to determine vitamin, mineral or other imbalances in my body. She may incorporate, diet, exercise physiology, lifestyle counseling, motivational therapy, herbology and other approved modalities as deemed necessary and with my approval. I am requesting education and actual assistance in health measures under my correct name (legal name) and I am in fact, requesting Teresa Rispoli to aid me in obtaining optimum health. I have been informed of the risk and or side effects, if any, associated with supplements and I hereby acknowledge my informed consent to said therapy and or supplements.

I declare under penalties of perjury, under the laws of the state of California, that I am not now, or have I ever been in the employ of any city, county, state or government agency trying to entice and entrap you into practicing medicine without a license, and I am not seeking information under cover or false identity or misrepresentation of my situation. I waive all rights of immunity from seeking information under cover of government agency or agencies.

I promise to provide any and all information with regards to my health including, but not limited to, pre-existing conditions, surgeries or diseases.

I am requesting health related services and/or products from you without having received from you any oral or written promise that these health products or services will have health benefits for me in the treatment of any disease or condition I may have. I hereby agree to release and hold Teresa Rispoli harmless from any and all liability claims, damages or causes of action arising from or related to pre-existing conditions which I have.

I understand that herbal supplements are a form of food therefore provide nutrition and not intended as medical advice or replacement for medical treatment. Please consult your medical professional.

I understand that a 24 hour notice of cancellation is required or I will be charged the full cost of the treatment. I have read the foregoing and voluntarily consent to the terms and conditions contained herein. I understand that there is a charge for the consultation and a no refund policy in effect.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

# HIPAA Compliance and Consent Form

The Undersigned:

Patient: \_\_\_\_\_

Born on: \_\_\_\_\_

Resident of: \_\_\_\_\_

On April 14th, 2003 the new federal Health Insurance Portability and Accountability Act (HIPAA or “the Act”) became effective. The stated purpose of the Act is to protect the confidentiality and security of your health information through different privacy standards.

Our facility will do everything in its power to abide by the HIPAA regulations and respect the **privacy of your name and your medical information. We agree to refrain from using your name as a referral without your express written consent.** We will use our best efforts to keep your name and your medical information confidential.

**We occasionally e-mail out appointment reminders, newsletters, and special offers to our clients. If you consent to receiving these communications by e-mail, please indicate by signing the consent form below.** Please let us know if you have any questions. Thank you.

I have read and understand this HIPAA compliance and consent form. I hereby give my consent to the facility to send me appointment reminders, greeting cards, special offers, and newsletters in the mail. I do **not** give my consent to having my names used as a reference unless otherwise indicated.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date