

**Consent for Treatment by Dan O. Harper, M.D.**

I have sought medical care from Dan O. Harper, MD. I have chosen to do this of my own free will. I am aware that Dr. Harper is board certified as both an allopathic family practice physician and as a holistic physician. He is also licensed as a homeopathic physician. Allopathic medicine refers to medicine as it is commonly practiced in the United States, a system that uses pharmaceuticals and surgery as the primary modes of therapy. Holistic medicine refers to a system which uses naturally derived substances such as homeopathic remedies, herbs, vitamins, enzymes, etc. to promote and restore a healthy balance to the body. Since Dr. Harper is dually trained and board certified in both systems, he is fully qualified to determine whether the use of homeopathic treatments, allopathic treatments, or a combination thereof would be in my best interest. Dr. Harper emphasizes the importance of nutrition, exercise, attitude, and non-toxic remedies as the therapeutic mainstays for restoring a patient to his or her optimal state of health.

I realize that Dr. Harper's integrated approach to medical therapy may not be as rapid as pharmaceutical or surgical therapy, that it may require more effort from me than the simple administration of a symptomatic medication for each complaint. Some medical authorities consider such treatment to be unproven and/or ineffective. I also understand that every patient is unique so that Dr. Harper cannot warrant or guarantee that his treatment programs will always result in an improvement of the condition being treated.

I also understand that many insurance plans have clauses which limit coverage to "usual and customary fees for reasonable and necessary services." I realize that some of the holistic medical services provided by Dr. Harper will not fall under this description, and I do not hold him responsible for the possible decision by an insurance company that services provided to me are not covered under a specific insurance contract. Please note, we do not bill insurance companies. We will provide the patient with a super bill and it is the patient's responsibility to obtain reimbursement from any insurances.

I am consulting with Dr. Harper solely for the reasons concerning my own health. I am not consulting Dr. Harper in order to provide any information to any enforcement, regulatory, or investigative agency of any kind.

I release and forever discharge Dr. Dan Harper and his heirs, successors, and administrators from any and all claims, loss, damages, and injuries, present and future, in any manner arising out of my consultations with him. This release covers all damages, whether or not contemplated at the present time and includes situations undeveloped and unknown at the present time, as well as those now known.

If I choose not to have any holistic medical treatments or any type of medical treatment, I will notify Dr. Harper immediately. If explanations for any treatments are not fully understood by the patient I will also tell Dr. Harper.

By my signature below I state that I have had adequate time to read and understand the above information.

**Please sign below to acknowledge your agreement:**

Patient Name (print): \_\_\_\_\_

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

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

**If applicable:**

Patient's Legal Representative (Print): \_\_\_\_\_

Patient's Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Legal Representative Phone:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_