

Naturopathic Doctor Disclosure Statement and Consent for Treatment

Naturopathic Doctor Name: Caitlin O'Connor, ND

Business Address & Phone Number: 2530 W. 29th st Denver, Colorado 80211

The nature of the services the Naturopathic Doctor will be providing:

Natural Health Care Services as defined in the Colorado Naturopathic Doctors Practice Act

Naturopathic Doctors may be registered in other states. This Naturopathic Doctor is registered or licensed in the following state(s): Colorado #0052

Complaints regarding this Naturopathic Doctor must be submitted in writing to the Office of Naturopathic Doctor Registration. To obtain a complaint form, contact the Division at (303) 894-7414 or find more information on how to file a complaint at:

www.colorado.gov/pacific/dora/DPO_File_Complaint

Naturopathic Doctors are registered by the state to practice naturopathic medicine under the "Naturopathic Doctor Act." They are not permitted to perform the following acts:

• Prescribe, dispense, or administer any prescription medications or devices except:

_Epinephrine for anaphylaxis,

_Vitamins B6 and B12

_Barrier contraceptives (not including intrauterine devices),

_Oxygen for emergency use, and

_Vaccines in accordance with ACIP guidelines for patients who are at least eighteen years of age.

• Perform surgical procedures, including surgical procedures using a laser device.

• Use general or spinal anesthetics, other than topical and local anesthetics, including anesthetics with epinephrine.

• Administer ionizing radioactive substances for therapeutic purposes.

• Treat a child who is less than two years old, unless:

(1) This form is fully completed and signed;

(2) The most recent immunization schedule recommended by the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention in the federal Department of Health and Human Services is provided to the parent or legal guardian with this form,

(3) The Naturopathic Doctor develops and executes a written collaborative agreement with a licensed physician who is a pediatrician or family physician; and

(4) The Naturopathic Doctor provides a release of information to the parent or guardian requesting permission to exchange information and enter into a collaborative relationship with the child's licensed pediatric health care provider, if the child has one.

Treat a child who is two years of age or older, but less than eight years of age, unless:

(1) This form is fully completed and signed;

(2) The most recent immunizations schedule recommended by the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention in the federal Department of Health and Human Services is provided to the parent or guardian with this form; and

(3) The Naturopathic Doctor provides a release of information to the parent or guardian requesting permission to exchange information and enter into a collaborative relationship with the child's licensed pediatric health care provider, if the child has one.

• Practice medicine, surgery, or any other form of healing other than Naturopathic Medicine.

• Practice obstetrics.

• Perform chiropractic services (spinal adjustments, manipulation, or mobilization). Naturopathic

physical medicine, as described in § 12-37.3-102(12)(b), C.R.S., is permitted.

- Recommend the discontinuation of, or counsel against, a course of care, including a prescription drug that was recommended by another health care practitioner licensed in Colorado, unless the Naturopathic Doctor consults with the health care practitioner.

Disclosure Statement

1. I, Caitlin O'Connor ND, am a Naturopathic Doctor registered under Title 12, Article 37.3, of the Colorado Revised Statutes.
2. I am not a medical doctor or a physician licensed under Title 12, Article 36, of the Colorado Revised Statutes.
3. I recommend that the patient named below have a relationship with a licensed physician, or if the patient is a child aged less than eight, with a licensed pediatric health care provider. If the patient is less than two and does not have a relationship with a licensed pediatric health care provider, I refer the patient to Dr. Bryan Kono or another provider at Highland Integrative Pediatrics.
4. If the patient is a child aged less than eight, I have provided the immunization schedule that accompanies this form and I recommend that that the child's parent or guardian follow the immunizations schedule that accompanies this form.
5. If the patient has a relationship with a licensed physician or health care, I will attempt to develop and maintain a collaborative relationship with the physician or pediatric health care provider. To permit this, the patient (or patient's parent/guardian if patient is a minor) will need to sign a separate release allowing me to exchange information with the licensed physician or pediatric health care provider

Acknowledgement and Consent for Treatment

(to be completed by the adult patient, or parent/guardian if patient is a minor) I, _____ acknowledge receipt of the above disclosure statement and give my informed consent for treatment for (circle one) myself or my child, by the above named Naturopathic Doctor.

The patient does/does not (circle one) have a relationship with a licensed physician or pediatric health care provider

Name, address, phone of licensed physician or pediatric health care provider:

Signature of Patient/Parent or Guardian Date

If signing for a patient under the age of 8, please acknowledge review of CDC vaccine schedule as provided by Dr. O'Connor _____
Initial