



20 Cedar Boulevard, Suite 303
Mt. Lebanon, PA 15228

Phone: 412-563-1600
Fax: 412-563-2040

www.PittsburghAlternativeHealth.com

TREATMENT CONSENT

I, the undersigned, hereby authorize Dr. Darrell S.C.S. Misak ND, RPh to perform a health evaluation upon myself which consist of health history interview and nutritional evaluation. I recognize that the state of Pennsylvania currently does not have licensure for Naturopathic Doctors, and that Darrell S.C.S Misak ND, RPh is not a licensed medical practitioner in this state. I realize that Darrell S.C.S. Misak ND, RPh can not make any diagnosis of my current health and recommend any treatments based upon such a diagnosis in the state of Pennsylvania.

I understand the nature and risk of alternative therapies and the possible complications. In addition, I understand that there is no implied or stated guarantee of success or effectiveness of any specific treatment results that may be obtained through Darrell S.C.S. Misak's services. I will be using alternative therapies as a compliment to my regular medical program, and I will not discontinue any medication or treatment without the approval of my existing doctor.

I hereby certify that I am not on this visit or any subsequent visit as an agent for federal, state, or local agencies, or on a mission of entrapment or investigation. I will disclose this information to Darrell S.C.S. Misak ND, RPh prior to service if this is the case.

I also understand that any services provided by Darrell S.C.S. Misak ND, RPh will not be reimbursable by any insurance company, due to Darrell S.C.S. Misak's non-licensed medical status. I understand that I will be responsible for payment in full at the time of service.

I understand that I am free to withdraw my consent and to discontinue participation in Darrell S.C.S. Misak's therapies at any time.

Name (please print): _____

Signed: _____ Date: _____

Witnessed by: _____ Date: _____