

# CONSENT TO CONSULTATION

## Please read, carefully, the following:

Naturopathic Specialists, LLC (Naturopathic Specialists) provide services to people (the "Patient") who have been diagnosed with cancer, as well as to the family members or close personal friends of the Patient.

1. The Patient understands that Naturopathic Specialist's Physicians (the "Physicians") **are not primary care physicians; board certified medical oncologists or immunologists.** Dr. Rubin is board certified in naturopathic oncology. None of the Physicians are trained nor qualified to manage the overall care of a person with cancer. Accordingly, the Patient accepts responsibility to adhere to the following:
  - a. The Patient understands that the Physicians may not be able to manage the overall care of a person with cancer. Instead the Patient should engage their own board certified oncologist (BCO) for such care and a referral can be provided as needed;
  - b. The Patient understands that it is important to make the BCO aware of the care and advice that the Patient is receiving from the Physician at Naturopathic Specialists;
  - c. The Patient understands that the Physicians may suggest absolute changes to the BCO's therapeutic plan for the Patient's cancer, but such suggestions would be carried out either by or in conjunction with the Patient's BCO.
  - d. The Patient understands that the treatment suggestions provided by the Physicians at Naturopathic Specialists are not necessarily intended to replace any treatments prescribed by the BCO.
2. The Patient understands that the treatment suggestions provided by the Physicians are not all accepted by the United States FDA and therefore should not be taken as such;
3. The Patient understands that the care, treatment, and advice from the Physicians at Naturopathic Specialists with reference to the patient's cancer are not necessarily offered as a cure for the Patient's cancer.
4. The Patient understands that Naturopathic Specialists is not a provider for Medicare, Medicaid nor any other insurance carrier and therefore the services rendered by the Physicians may not covered by any insurance plan.

I have read and understood the above criteria and give my full consent to a consultation and / or treatment from Naturopathic Specialists:

Patient (print name): \_\_\_\_\_

Sign Here: \_\_\_\_\_

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



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