



Todd Robinson, N.D.
 Naturopathic Cancer Consultant

Contact Information

Name:	Home Address:
Email Address:	
Home Phone:	
Cell Phone:	

Medical Team

(please list your PCP and other relevant specialist physicians)

Role:	Role:
Name:	Name:
Organization:	Organization:
Phone:	Phone:
Role:	Role:
Name:	Name:
Organization:	Organization:
Phone:	Phone:
Role:	Role:
Name:	Name:
Organization:	Organization:
Phone:	Phone:

Informed Consent

I understand that my naturopathic consultant is not a licensed medical provider within the State of Florida and that my naturopathic consultations are not a substitute for medical care provided by a licensed medical provider. In addition, I understand it is highly recommended that I see a licensed medical provider for any physical or mental condition I may have.

I further understand that the State of Florida does not license naturopathic doctors to practice medicine, or to diagnose, prevent, or treat illness, disease, or any other physical or mental condition. As such, I understand that the services provided by Wellness Working Group are purely educational in nature and for my own self-directed use. No medical care, including any physical exam, nor any diagnostic tests or diagnosis, nor any treatments will be provided.

I understand that any and all consultations are for the purpose of gathering information that my naturopathic consultant will use to create my research review containing information targeted to the unique needs and goals that I share with my consultant.

I further understand there is a risk I may experience some side effects from the actions I choose to take based upon the information provided to me within my research review and from my naturopathic consultant. I voluntarily choose to assume those risks with a full understanding of the alternatives available to me.

I understand and agree to the following:

- My naturopathic consultation is not a substitute for medical care provided by a licensed medical provider.
- My research review is intended to be used under the guidance of a licensed medical provider and I should consult with a licensed medical provider before engaging in any activities described within my research review.
- My naturopathic consultation is not for the purpose of diagnosing or treating illness, disease, or injury.
- I am not being advised by my naturopathic consultant to take or not to take any prescription medications and I should consult with my prescribing physician(s) before taking any natural products or supplements described in my research review.



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I also understand that my naturopathic consultation and my research review will be limited to the following elements:

- A summary of medical literature pertinent to my health and wellness goals that may include information concerning:
 - o Basic medical science (such as anatomy, physiology, biochemistry, etc.)
 - o Epidemiology and biostatistics
 - o Lifestyle practices (such as patterns of diet, exercise, sleep, and stress management)
 - o Clinical nutrition and nutritional supplementation
 - o Botanical medicine
 - o Herb/nutrient/drug interactions
 - o Allopathic standards of care
 - o Naturopathic medical philosophy and treatment approach
- Forms that can be used for monitoring my progress towards my health and wellness goals.
- A list of pertinent resources including such items as the names and contact information for health food stores, reputable supplement companies, health and wellness associations, healthcare providers, and self-testing services that are available to the general public.

_____ (Initial) I have read the above information and I hereby give my permission for my naturopathic consultant at Wellness Working Group to design my research review for me based upon my unique needs and goals.

_____ (Initial) I will disclose all allergies, medications, and supplements.

Client Name (printed) Client Signature Date

If signing for a minor (under age 18): _____
Relationship to Minor

Client Name (printed) Client Signature Date



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Waiver of Claims and Hold Harmless

Except as is otherwise provided within this document and as is permitted by law, for the benefits and services that I receive from Wellness Working Group, I agree for myself and for my successors to release Wellness Working Group (including its owners, officers, directors, employees, contractors, and agents) from all claims of every kind (including, without limitation, attorneys' fees and costs) which I have ever had and that may arise in the future.

Agreement to Arbitrate

In accordance with the terms of the Federal Arbitration Act, if, despite the above paragraph, there is some claim filed, I agree that any claim or dispute arising out of the provision of naturopathic consultation services to me, or to those for whom I am parent/guardian, by Wellness Working Group (including its owners, officers, directors, employees, contractors, and agents), shall be subject to final and binding arbitration exclusively through the claim settlement procedures of the American Arbitration Association. I hereby waive my right to a jury or bench trial, and agree to binding arbitration in Duval County, Florida.

I understand that this agreement applies to any and all disputes arising out of the naturopathic consultations provided to me now and in the future. I also understand that I may terminate this agreement to arbitrate at any time by executing a termination form, a copy of which is available to me upon request, but that such termination will apply only on a prospective basis (i.e. - to claims or disputes that arise after the effective date of the termination). I further understand that this agreement is binding on any individual or entity claiming by or through me or on my behalf. I agree to be personally bound by this agreement for any individual or derivative claims arising out of the provision of naturopathic consultation services to me.

I am voluntarily and knowingly entering into this agreement to arbitrate. I agree that it is a material and beneficial part of the contractual arrangement between me and Wellness Working Group. I agree that if a dispute arises, the arbitrators appointed by the American Arbitration Association will be attorneys familiar with arbitration processes.

I understand that the arbitration procedures I have agreed to are a complete substitute for trial by judge or jury in resolution of any claim or dispute. I also understand that any issue or dispute relating to this agreement will be governed by the Federal Arbitration Act. If Florida law applies, I agree that this alternative dispute resolution option should not be construed as an



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offer to arbitrate pursuant to Section 766.106 or 766.207, Florida Statutes. I further agree that any award of damages pursuant to this agreement will have the same damage limitations as provided in Section 766.118, Florida Statutes.

Client Name (printed)

Client Signature

Date

If signing for a minor (under age 18):

Relationship to Minor

Client Name (printed)

Client Signature

Date