



Informed Consent for Phone Consultation

Please sign and return.

I, _____ understand that:

1. Dr. Gerstmar is a licensed doctor in the state of Washington . He **does not have** a license in any other state or jurisdiction to practice as a licensed doctor.
2. That plus the limitations of working over the phone means that Dr. Gerstmar will be acting as a consultant, and will not be able to function as a doctor. He can't perform physical exams, won't diagnose conditions, and may not be able to make prescriptions or order lab tests for you.
3. Consulting with a Naturopathic Doctor does NOT mean that you should stop standard medical care. Because of the limitations of phone consulting, we **STRONGLY** recommend that you have a local physician (MD or alternative) to be a part of your health care.
4. Health insurance does not currently provide any payment for phone consultations. This means that there is no chance that you will get reimbursed for the cost of phone visits.
5. We want you to understand the limitations of working over the phone, but want you to know we will still do our very best for you.

I've read the points above and understand them. If I have any questions, I'll ask and get them clarified. If this doesn't work for me, I'll cancel the appointment and find care that does work for me. If I sign this form, I understand these points, agree, and am ready to get to work.

Signature

Relationship to client
If signed by someone other than client

Date

Physician/Witness

Date