



Dr. Janet Opila-Lehman, ND 966 Tunnel Rd, Asheville, NC. 28805 **Phone: 607-368-0470**

Informed Consent and Services

Dr. Janet Opila-Lehman functions as a health consultant in the state of North Carolina and focuses her practice on the enhancement of health and preventive actions. She graduated from Bastyr University with her doctorate in Naturopathic Medicine and completed her Residency in Colorado. She uses her education and experience to give you suggestions. She may discuss substances that have not been subject to double blind clinical studies or FDA approval or regulation. I assume the responsibility for the decision to follow any recommendations. These may include dietary changes, lifestyle modifications, supplements, botanical or homeopathic remedies, hydrotherapy (application of hot/cold water), physical treatments, counseling, and education.

North Carolina does not currently license Naturopathic Physicians to practice medicine. The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition. Dr. Janet Opila-Lehman, ND is not an MD/DO and does not practice medicine in the state of North Carolina. Furthermore, her services are not meant to replace or to be a substitute for those of a licensed medical practitioner or physician. If you seek the care of Dr. Janet Opila-Lehman in North Carolina, she advises that you seek the concurrent care of a health care provider licensed in North Carolina State.

I understand that while Naturopathic Medicine is intrinsically safer than other systems of medicine, there are potential risks. Dr. Janet will discuss expected benefits and side-effects of any recommendations, and always allow me the opportunity to ask questions. If I feel I am having any adverse reaction, I will stop all aforementioned recommendations immediately. If I am pregnant or nursing, I will confirm the safety of any recommendations with my obstetrician or pediatrician. I attest that the information I provide to Dr. Janet is as true and accurate as possible to aid in the achievement of my optimal health.

I agree to the physical contact necessary for assessment of my case and that I will make informed decisions about whether to follow Dr. Janet's guidelines. Recognize that, as an effect of the suggestions provided by Dr. Janet Opila-Lehman, the signs and symptoms of my medical condition(s) may diminish or disappear and my body's innate healing ability may be restored.

I have read and understand the information provided, and have received a copy for my records. I realize that no guarantees have been given to me. With my signature I consent to the services provided by Dr. Janet Opila-Lehman as described above and have had an opportunity to ask any questions about the nature of those services and her practice.

Signature of Client or Legal Guardian: _____ Date: _____

Relationship (if other than Client): _____ Client Name if Guardian: _____