



Jared L. Zeff, ND, Lac, LLC  
Ph: 360-823-8121

3606 Main St., Ste 201  
F: 360-823-8123  
DrZeff@aol.com

**Natural Health Care**  
Vancouver, Washington 98663  
[www.salmoncreekclinic.com](http://www.salmoncreekclinic.com)

### Informed Consent

No health care is without risks, or is guaranteed to be successful. Naturopathic care is generally more safe than other systems of medicine, but there are potential risks in what we do as well. We ask you to acknowledge your awareness of this by signing below.

By signing below, you acknowledge and understand that:

- 1.) Jared L. Zeff, N.D, L.Ac., and his clinical staff do not recommend that you discontinue any other treatment or care provided by any other health care professional.
- 2.) There is no expressed or implied guarantee of any specific outcome with your treatment provided by Dr. Zeff or his staff. The care provided may or may not be a treatment for a specific disease, and may be preventive in nature, designed to improve the overall health and well being.
- 3.) Dr. Zeff and his staff will always strive to provide full disclosure of all information relevant to a person's care, and to answer all questions a patient may have to the patient's satisfaction. The better one understands, the more fully one can participate in one's own healing. We encourage all questions regarding any aspect of care. Please feel free to ask about any aspect of care, future care, expected outcome, and what to do if any difficulties or possible negative outcomes should arise.
- 4.) Acupuncture treatments may result in a bruise at the site of the needle insertion. Any needle insertion carries a small risk of infection, though we use only single-use, sterile needles to minimize any risk.
- 5.) Natural healing may occasionally generate a "healing reaction". All new patients receive a paper which discusses this, ("Nature Cure and the Process of Healing"). Generally this will be a flu-like state with fever for a few days, but may be different from that, and may require expert attention and guidance to the next stage of healing.

I have read the above and have the legal authority to consent to treatment on behalf of myself or those in my guardianship.

**Signed** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_ **Witness** \_\_\_\_\_