



Consent for Treatment

I consent to being treated at the SCNM Medical Center, that is a part of the Southwest College of Naturopathic Medicine (collectively referred to as “SCNM”).

I understand that my care as a patient at the SCNM Medical Center is directed by licensed professionals, including naturopathic physicians. I consent to services rendered and provided to me by the attending physician and licensed professionals participating or consulting about my care. In addition, resident physicians also may participate in my care as part of their educational program at SCNM.

_____ I recognize that SCNM is a teaching clinic. I agree that students, as part of their educational program at SCNM, may participate in my care while under the direct supervision of attending physicians or other licensed practitioners.

_____ As a component of SCNM’s education program, SCNM permits its students and resident physicians to view patient visits via closed circuit TV as the visit is happening. By checking this box, I am agreeing to participate in this aspect of SCNM’s education program and understand that if I want to opt out, I have that opportunity.

I have fully read and understand the above consent and authorizations.

Patient (18 years or older) _____ Date

Parent, Guardian, Responsible Party _____ Date