

SYNERGYMED

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Informed Consent for Integrated Osteopathic/Homeopathic Medical Treatment Received at SynergyMed LLC by Dr. Winter

I, _____, have sought medical care from Samuel C. Winter, D.O.,H.M.D. I have chosen to do this of my own free will. I am aware that Dr. Winter is licensed as both an Osteopathic and as a homeopathic physician. Osteopathic medicine refers to medicine as it is commonly practiced in the United States, a system that uses pharmaceuticals, surgery, and osteopathic manipulative treatment as the primary modes of treatment. Homeopathic medicine refers to a system that uses naturally derived medications such as herbs, vitamins, minerals, enzymes etc. to promote and restore a healthy balance to the body. Because Dr. Winter is dually trained and licensed in both systems, he is fully qualified to determine whether the use of homeopathic treatments, osteopathic treatments or a combination of both would be in my best interest. Dr. Winter emphasizes the importance of nutrition, exercise, attitude and non-toxic remedies as the therapeutic mainstays for restoring a patient to his or her optimal state of health.

I realize that Dr. Winter's integrated approach to medical care may not be as rapid as pharmaceutical or surgical therapy, that I may require more effort from me than the simple administration of a symptomatic medication for each complaint, and that some medical authorities consider it to be unproven, ineffective and even unsafe. I also understand that since every individual is inherently unique, Dr. Winter cannot warrant or guarantee that his treatment programs will always result in an improvement of the condition being treated.

I also understand that many insurance plans have clauses that limit coverage to "usual and customary fees for reasonable and necessary services". I realize that some of the homeopathic medical services provided by Dr. Winter will not fall under this description, and I do not hold him responsible for the possible decision by an insurance company that services provided to me are not covered under a specific insurance contract.

I am consulting with Dr. Winter solely for reasons concerning my own health. I am not consulting Dr. Winter in order to provide any information to any enforcement, regulatory, or investigative agency of any kind.

By my signature below, I certify that I have read and understand the above.

Signature:_____ Date:_____