

Margaret Gennaro, M.D.

New Patient Informed Consent

Some of the characteristic qualities of complementary medicine that are used in this practice include the following:

1. A person's lifestyle including his or her diet, exercise patterns, sleep habits and stresses are believed to be directly related to the development and maintenance of illness. Complementary medicine evaluates these factors and seeks to help the patient give up negative lifestyle patterns and establish more positive ones regardless of age or type of medical program.
2. Although prescription and over-the counter medications are used when the physician believes it is necessary, an attempt is first made to use products that are natural to the body. These include nutritional supplements such as vitamins, minerals, enzymes, amino acids, essential fatty acids and herbs.
3. In addition to recommending that a patient take nutritional supplements by mouth, we frequently recommend that a patient receive a series of injections either intravenously or by intramuscular injection. Some of the reasons for recommending this procedure include the assurance that the particular substance gets into the body (which may not happen when the supplement is taken orally and the patient has absorption problems) and achieving high concentration of the substances in the bloodstream, which may be difficult if the substance is taken by mouth.
4. I look for imbalances in the body and for trends that may result in an illness if not addressed. I sometimes order tests that may be considered by mainstream medicine to be either unnecessary or of no value. These may include tests for nutritional status, such as blood levels of vitamins and minerals, hormone levels or blood tests for allergies.
5. I believe that environmental factors may play a major role in health and disease. Some of the diseases of unknown cause may be triggered or perpetuated by common environmental substances, many of which are manmade. Individuals may vary greatly in their susceptibility to various substances, so that one individual may be made deathly ill by an exposure to a substance while another is not at all affected. I attempt to identify offending substances and help patients to detoxify from past exposures that are affecting them.
6. I very much believe in persons being involved in their own health care and encourage questions, exploration and participation in decisions surrounding diagnostic and treatment procedures. I encourage consultations with consensus mainstream medicine practitioners and use of any other means that a person feels he needs to help him decide about health issues.
7. Exercise is extremely important in maintaining health and promoting wellness as well as helping one to recover from an illness. Graded exercise, both aerobic and stretching, is encouraged for most patients.

The above represents some of the ways our practice may differ from other physicians' offices that you have visited. You should also be aware of the following points:

8. My practice is exclusively office based. I do not work in a hospital. Additionally, some patients come long distances to receive care at my office. Consequently, I STRONGLY RECOMMEND that in addition to our care you maintain a relationship with one or more physicians appropriate to your condition and situation. For example, most of you may want to have a relationship with a family physician or pediatrician in the case of children. Cardiac patients should have either a cardiologist or an internist or both. I am happy to cooperate with any physician who is willing to work with me.
9. I make no representations, claims or guarantees that you will be helped with your medical problems or conditions by undergoing treatment here. However, I will do my best to help you accomplish your health care and wellness goals.
10. In my office, I make available nutritional supplements and other recommended products. Many of these products are not available through retail outlets or the quality is superior to retail brands. These are provided for the convenience of our patients. You are in no way obligated to purchase these products from this office. You are free to purchase any recommended supplements or other products from any source that you chose.
11. Most health insurance plans today have clauses which limit coverage to "usual and customary fees for reasonable and necessary services." Because many of the treatments used in complementary medicine are not recognized by consensus mainstream medicine, I cannot guarantee the amount or availability of coverage for my services and treatments under your health care insurance policy. You are responsible for the payments of my invoices without regard to insurance

coverage. You are entitled to know the cost of all service and procedures in advance. Please ask if they are not told to you.

I have read, understand and agree to the foregoing. I understand that I have the right to review this Consent with a lawyer if I choose before accepting any medical services from Margaret Gennaro, M.D. I have executed this Consent freely and willingly understand its provisions. I recognize that Margaret Gennaro, M.D. will rely upon my signing of this document in accepting me as a patient.

Signature of Patient: _____ Date: _____

Signature of Parent or Guardian (if patient is minor): _____

Statement of Understanding

I do hereby acknowledge that by signing this Statement of Understanding that I understand that some and perhaps all of the medical, preventive, nutritional and diagnostic services provided by Margaret Gennaro, M.D. on or after the date of my signing this statement may be innovative, nontraditional or unconventional. (Definition: services that are not necessarily recognized by traditional medicine, some physicians, some 3rd party purveyors of the AMA, as acceptable testing/evaluation techniques and/or medical and nutritional recommendations or therapies.)*

I also understand that these unconventional services may be viewed by 3rd party insurance purveyors as non-covered services, in that they might be considered unreasonable or unnecessary under the Medicare program or any other medical insurance program.

I also realize that my insurance coverage may not pay for such uncovered services and that I will be personally responsible for payment to Margaret Gennaro, M.D. for all such non-covered services.

Should it be necessary for Margaret Gennaro, M.D. to take action for the purpose of recovering any sum of money owed for services rendered, I understand that I will pay all costs including responsible attorney fees, should that become necessary. I understand that all outstanding balances bear interest at the maximum rate allowable by law.

Signature of Patient: _____ Date: _____

Signature of Parent or Guardian (if patient is minor): _____

*Definition of innovative, non-traditional or unconventional: Services: preventive nutritional, homeopathic and naturopathic evaluation and therapies, acupuncture & traditional Chinese medicine; health risk assessment; immune stimulating therapy; magnetic and electromagnetic evaluation and therapy; specialized food and immune antibody assessments; body composition analysis; hyperbaric oxygen therapy; hair analysis; gastrogram; blood analysis for vitamins, minerals, amino acids and other specialized studies; oral and intravenous therapies, including chelating or metabolic techniques; counseling; massage and colon irrigation therapies and electro-stimulating therapies.

Please initial (acknowledgement of above): _____