Nutritional Informed Consent

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term “DRUG” is defined to mean: “Articles intended for us in the Diagnosis, Cure, Mitigation, Treatment, or Prevention of disease.” A vitamin is not a drug, NEITHER is a mineral, trace element, amino acid, herb, or homeopathic remedy. Although a vitamin, a mineral, trace element, amino acid, herb, or homeopathic remedy have an effect on any disease process or symptoms, this does not mean that it can be misrepresented or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom.   
Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient’s diet in order to supply good nutrition supporting the physiological and biochemical process of the human body.

Neither the Full Circle Clinic practitioners, nor anyone else associated with them, do, intend to do, nor imply that they do any of the following:

1. Diagnose, treat or attempt to cure any condition or disease.
2. Make or imply that any claims, suggested are given to cure any condition.
3. Claim that any supplemental material we may speak about will cure any condition or that its purpose is to treat any condition.
4. Prescribe medications or treat disease.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I have sought the advice and care provided by Full Circle Health Clinic and I clearly understand that this facility and all its providers and affiliates can only advise me and guide me in my health care options. I am fully responsible for the decision making of my own health and the choices I make regarding the provided treatment at this facility. I acknowledge that I am of sound mind and take full responsibility for the treatment choices I make and understand that I can freely decide to do or not do anything that has been recommended to me. I do not hold Full Circle Health Clinic or its providers or staff accountable or responsible for my health. I agree to be responsible for my own health and to educate myself fully about every idea or recommendation offered to me. I do not hold Full Circle Health Clinic or its providers or staff accountable or responsible for my health. I agree to be responsible for my own health and to educate myself fully about every idea or recommendation offered to me, to educate myself on my health conditions or challenges throughout my care that I may be faced with, as well as educate myself on any risks involved.

I am aware of the fact that I do not have to do or will not do anything I am uncomfortable with or unsure about. I will take responsibility for asking questions, researching all options and seeking education and knowledge elsewhere including from my primary physician if I choose to and that Full Circle Health Clinic always encourage the participation of my primary physician.

I have read and understand the above statements.

Patient name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature if for a minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_