

# Natural Healing Center of Myrtle Beach



4810 N. Kings Highway  
Myrtle Beach, SC 29577

843-839-9996 Tel  
843-692-9245 Fax

## Informed Consent for Alternative Immune Boosting Sessions

I, \_\_\_\_\_, seek and consent to the services of Jin Li Dong, DC / Lac to provide supportive, alternative care for myself or my minor child or children. Alternative services use natural means and remedies to further health and wellness, including assessment and patient education and counseling about nutritional interventions; herbal and homeopathic remedies; lifestyle modifications and a range of other natural interventions/consultation.

I understand that Dr. Dong is not a medical doctor and that all therapies and recommendations are intended to assist me in using natural means to support my health. I should not avoid any diagnostic work-ups or change or discontinue any medical treatment based upon my therapies with Dr. Dong, and if I believe that modifications may be sensible in light of these natural approaches, I agree to first discuss such changes with my prescribing medical physician.

If I believe that I have a condition that requires medical care, I will consult my primary care physician or an appropriate specialist. It is important that I maintain regular visits with my primary care physician and medical specialists as appropriate, both to ensure proper medical care and because Dr. Dong is not affiliated with a local hospital and I should have a medical physician who can provide care in the event of an emergency or hospitalization. When appropriate, Dr. Dong and staff may communicate with members of my health team regarding my conditions, treatment options, and/or any other health related issues. I agree to follow-up on referrals for medical care when necessary.

Natural Healing Center uses methods that are known as complementary, alternative, or holistic care, and may not be accepted by the larger community of medical physicians. Dr. Dong may suggest laboratory tests that are not in widespread use in the medical community. Further the interpretation of some tests may be different than in mainstream medicine. It is a good idea for me to get the advice of my medical physician as I make decisions that affect my health.

Dr. Dong will explain her assessment to me and describe the nature of her recommendations, the expected prognosis without such care, and the anticipated costs, risks, benefits and experience of the following various options. I understand that a core approach taken by alternative health providers is to achieve better health status through improvements in diet and in the use of dietary supplements to improve biological function, as well as exercise and other lifestyle modifications. The focus of alternative health care is to alleviate the underlying conditions that can bring about illness rather than the treatment of symptoms. While I may experience some immediate

improvement from the use of therapies, supplements or homeopathic remedies, I understand that the most effective results occur when I make long-term commitment to rebuild my health. It is my responsibility as a patient to follow-up with Dr. Dong within a recommended time period for evaluation of therapy results or to change therapy protocols as necessary.

**Potential Risks:** As with any method of care, alternative health treatments can involve some risk. I understand that I may experience aches, pains, or even new symptoms as the body responds by shifting its balance. This is generally a positive sign and shows the body is making positive movement. Some people may experience a “healing response”, a short period in which symptoms worsen or a period of flu-like illness with mild fever, chills, dizziness, loss of appetite, or similar symptoms. Such experience can signal the body is detoxifying.

While many supplements and herbal products are available over-the-counter and are considered safe based upon their long history of use, many of them have not been widely tested. Negative reactions to natural remedies may include rare allergic reactions, including headaches, itching, hives, difficulty breathing, and very rarely even shock or death. I understand that the interactions between herbals and supplements and the drugs my medical physician might prescribe, are not yet well known, and that while unlikely, I could have an adverse reaction or experience a reduction or increase in the effect of other medications. This can have serious consequences for some medications, such as for the control of high blood pressure or blood sugar. I understand that I should let my physician know what herbals and supplements I am taking, particularly prior to surgery or other procedures. Negative reactions to alternative health therapies are extremely rare given noninvasive forms of most therapies. I understand that it is my responsibility to alert Dr. Dong of any adverse effects or reactions. I understand that Natural Healing Center of Myrtle Beach is not an emergency facility and if I were to experience an emergency at anytime, I am to immediately dial 911.

**Notice to Pregnant Women:** All female clients must alert Dr. Dong if they know or suspect that they are pregnant as some of the therapies could present a risk.

**No Guarantees:** I am aware that such alternative therapies are an art, and unlike mainstream medical treatments many alternative efforts have not been subject to rigorous scientific study, and that there are wide individual differences in responses to these services. No guarantees are made that I will gain any benefit or not suffer any adverse consequences. In the event that a dispute arises that we cannot resolve amicably, I understand that Dr. Dong is not practicing medicine and that if a legal case is brought; I agree that Dr. Dong shall be judged by the standards and principles of complementary, alternative, and/or holistic care and not the standards of consensus conventional medicine. In the event legal action is required to resolve a difference, I agree to be responsible for attorney fees and costs.

I understand that when enrolling in the Immune boosting programs different supplements are given depending on the condition each individual person is effected by. I understand that my level of attention given is the same level of attention without regard to my purchases.

At the Natural Healing Center of Myrtle Beach we understand privacy is important and your records will be held confidential unless you request in writing that they be released to yourself or to other care givers.

**Important Insurance and Payment Notices:** The services provided by Dr. Dong while working in Natural Healing Center of Myrtle Beach are, with few exceptions, not reimbursed by insurance or Medicare. Dr. Dong does not accept insurance while working in the Natural Healing Center. Therefore is unable to provide billing statements for insurance reimbursement. We will provide you a receipt of funds for care. Payment in full is required at the beginning of each program of care. Down payments to reserve time slots will be deducted from overall balance. I understand that I am responsible for payment and services will not be rendered if balance is outstanding. Appointments can be made by phone or in person, Dr. Dong and Natural Healing Center requires that any rescheduling or cancelations be given a 24-hours notice. The schedule that is made for a patient is extensive and restricted by available time slots. All attempts to accommodate changes will be made however situations may occur where therapy time could be lost. Please arrive 10 minutes early for scheduled therapies to avoid loss of service. In the event legal action is required to collect payment, I (patient) agree to be responsible for attorney fees and costs.

**Informed Consent for Alternative Immune Boosting Sessions:**

I hereby authorize Natural Healing Center of Myrtle Beach to provide alternative health care and I certify that I understand the nature of this health care method, including the risks of possible adverse reactions and choices I may have about other approaches. I understand that no recommendations are being made to me to discontinue any treatment being provided by any other health care professional. I understand that Dr. Dong does not function as a primary care or medical physician, and that the Natural Healing Center is a service to complement to other services I receive. I have been adequately informed, and questions I have asked have been satisfactorily answered. I represent that I am seeking assessment and alternative health care therapies to further my own health and for no other reason and do not represent a third party. I sign this voluntarily and am aware that I may withdraw this consent and discontinue following the recommendations at any time.

---

Client's Name Printed

---

Signature of Client or Legal Guardian Witness

---

Date