

DOCTOR-PATIENT TREATMENT AGREEMENT

CAMERON WELLNESS CENTER

I hereby authorize Cameron Wellness Center, Dr. Todd Cameron, and the Cameron Wellness Center staff (collectively "Cameron Wellness Center") to perform the following procedures as necessary to facilitate my diagnosis and treatment (or treatment of the patient, if this form is executed by the patient's guardian):

- **General Diagnostic and Preventative Procedures** (including but not limited to venipuncture, pap smears, radiography, and blood and urine labwork, general physical exams, neurological and musculoskeletal assessments, immunizations)
- **Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions**
- **Herbs/Natural Medicines** (prescribing of various therapeutic substance including plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures—may contain alcohol; topical creams, pastes, plasters washes; suppositories or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may also be used.)
- **Dietary Advice and Therapeutic Nutrition** (use of foods, diet plans or nutritional supplements for treatment—may include intramuscular vitamin injections.)
- **Soft Tissue and Osseous Mobilization** (use of massage, neuro-muscular techniques, muscle energy stretching or visceral mobilization, as well as mobilization of the extremities and spine including traction and craniosacral therapy)
- **Electromagnetic and Thermal Therapies** (includes the use of ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent stimulation, diathermy, and infrared and ultraviolet therapies or moxa—warming or indirect burning of an acupuncture point and hydrotherapies.)
- **Intravenous Therapies**
- **Other Therapies** (therapies not listed above that Cameron Wellness Center may recommend, and to which I may later consent.)

Notice to Pregnant Women: It is essential that all female patients alert the doctor if they know or suspect that they are pregnant or if they are actively nursing, since some of the therapies used could present a risk to the pregnancy or the child. Labor-stimulating techniques or any labor-inducing substances will not be used unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

Potential benefits of treatment include, but may not be limited to: restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

Potential risks of treatment include, but may not be limited to: infection, swelling, allergic reaction, increased pain, discomfort, aggravation of pre-existing symptoms/conditions, bleeding, scarring, scar or wound enlargement, keloid formation, blistering, burns, itching, discoloration, temporary or permanent alteration in sensation, permanent skin contour, irregularities at the site of treatment, need for additional surgery or treatment, internal or external leaking of fluids, pneumothorax (air on the outside of lung), paralysis, dizziness, loss of consciousness, serious or debilitating injury, and death.

Acknowledgment and Assumption of Risks; Experimental Nature of Procedures. I understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk of injury or death. I acknowledge that Cameron Wellness Center has not made any guarantees or promises as to the outcome, the safety or the efficacy of the treatments. Further, I acknowledge and agree that the treatments I may receive may consist in whole or in part of experimental procedures and methods, on which no governmental (including the U.S. Food and Drug Administration ("FDA")), scientific or medical authority has issued any guidelines or statements as to the safety or efficacy thereof. I acknowledge that the safety record for these may be based only on empirical and anecdotal evidence, which only shows that the treatments appear to be relatively safe. I have been informed that the treatments MAY alter, address or decrease my symptoms or complaints, but also may have NO effect.

Right to Refuse Treatment; Questions or Concerns of Patient. I understand that I have the right to stop or refuse treatment at any time. If I have questions or concerns about treatment, how any side effects may be affecting me, whether the benefits of treatment are worth the risks of the treatment, or any other matter of any nature whatsoever, I will raise that question or concern with Cameron Wellness Center as quickly as possible so that any changes to my treatment protocol can be made in a timely manner.

Full Disclosure by Patient and/or Guardian. I hereby verify that I have provided Cameron Wellness Center with a complete and accurate list of all prescription and non-prescription medications and substances I am currently or have recently been taking (or that the patient is taking or has taken, if this form is signed by someone other than the patient); and I agree to update such list whenever a change is made. I have also provided a list of all known allergies including medications, dietary/nutritional substances, and plant and animal substances. I have also provided a list of all medical, surgical and/or psychological conditions I/the patient currently have/has, and any such major conditions I/the patient have/has had in the past.

Termination of Relationship by Cameron Wellness Center. I understand that, under certain circumstances, Cameron Wellness Center may decide that my continued treatment with Cameron Wellness Center is not in Cameron Wellness Center's best interest, and in such case, Cameron Wellness Center will refer me to another health care provider. I will still be required to pay for all services rendered by Cameron Wellness Center prior to the termination of the relationship.

Procedures in the Event of Dispute as to Treatment; Mediation and Arbitration. (PLEASE READ CAREFULLY AND ASK ANY QUESTIONS YOU MAY HAVE). I agree that any claims I may make against Cameron Wellness Center related to personal injury, medical malpractice, and the like, whether in my personal capacity or my capacity as guardian for the patient, shall be submitted to binding arbitration pursuant to the rules of the American Arbitration Association. The arbitration shall take place in Salt Lake County, State of Utah. I agree to have all aspects of the claims, including damages, heard and decided by a majority vote of a panel of three arbitrators selected as follows. Two arbitrators shall be attorneys licensed by and in good standing with the Utah Bar Association. Each party shall select one of the attorneys. The two attorney arbitrators shall then together select a third arbitrator, who shall be a naturopathic physician licensed by and in good standing with the State of Utah Department of Professional Licensing. I expressly waive any right I may have to a federal or state court as a forum for the dispute and any right I may have to a trial by judge or jury. I agree to share equally in all costs of the arbitration. Additionally, prior to commencement of any arbitration, I agree to attend mediation in good faith in Salt Lake County, State of Utah, with a Utah court-rostered mediator. Attendance at mediation or appearance before a prelitigation panel shall not waive the right of either party to arbitrate.

This arbitration agreement only applies to (A) an error or omission that occurred after the agreement is signed, provided that the agreement may allow a person who would be a proper party in court to participate in an arbitration proceeding; (B) the claim of: (i) a person who signed the agreement; (ii) a person on whose behalf the agreement was signed; and (iii) the unborn child of the person described in the foregoing clauses; and (C) the claim of a person who is not a party to the contract if the sole basis for the claim is an injury sustained by a person described in the foregoing clauses.

This agreement to arbitrate shall be valid for one year and shall automatically renew unless terminated in writing by either party before the renewal date. I understand that I may rescind this agreement within 10 days of signing the agreement. I understand that I may consult Cameron Wellness Center or retain an independent attorney to have any questions regarding this agreement answered. I further understand that I may not be denied health care on the sole basis that I refuse to enter into a binding arbitration agreement with any health care provider.

Payment for Services, Collection. I agree to pay for services at the time of treatment. Balances that remain unpaid for thirty (30) days shall accrue interest at a rate of 1.5% per month until paid. Additionally, any returned or "bounced" checks that you may write to Cameron Wellness Center will incur a \$35.00 fee. In the event any balance remains unpaid for ninety (90) days or more, Cameron Wellness Center may refer the account to an attorney or collection agency and shall be entitled to recover all costs and attorneys' fees associated with collection of the unpaid balance, whether or not a formal collection action is initiated.

By signing below, I acknowledge that I have read and agree to the foregoing, and that I am legally authorized to sign in the capacity that I have signed.

Patient Name (print clearly)

Patient Signature

Date

Guardian Signature (if patient is minor or disabled person)

Date