

6: CONSENT FOR TREATMENT

Services

Salud Medical and Consulting LLC ("Salud" or "we/our/us") offers medical examination, testing, and treatment ("Services") including, but not limited to, the following:

- a) Diagnostic evaluation including, but not limited to, physical hands-on examination (tissue palpation), skin conductance, thermography as well as blood, urine, saliva, stool, culture, and tissue sample collection and analysis;
- b) Acupuncture and related therapies, including, but not limited to, dry needling (acupuncture), electrostimulation, infrared therapy, laser therapy, ultrasound therapy, manual therapy, cupping, and point bleeding;
- c) Medication administration including, but not limited to, intramuscular injections, subcutaneous injections, intradermal injections, trigger point injections, acupuncture point injections, medication electrophoresis, nebulizer treatments, and intranasal medication instillations;
- d) Recommendation and prescription of products including, but not limited to, pharmaceutical drugs, nutritional supplements, vitamins, plants, minerals, and animal materials, and substances for external use;
- e) Minor office procedures including, but not limited to, joint aspiration/injection, ear irrigation, cryotherapy, incision and drainage of abscesses, suturing of small lacerations, and wound care.

Some modalities may be considered investigational or alternative and not FDA-approved.

Scope of Practice

Given the limitations of our small practice, we cannot assume care of the patients requiring primary care, requesting urgent services, or experiencing medical or psychiatric emergency. Some patients, especially those with multiple and/or complex health problems, may be better served by a more traditional full-scope medical practice.

Emergencies

We do not provide emergency services. If you are experiencing a medical or psychiatric emergency, please contact your local emergency medical services (911) immediately.

Episodic Care

We do not assume responsibility for your primary care and cannot guarantee the availability of any future services. You are expected to inform your primary care provider about care you receive at Salud. Should your condition fail to improve, it is your responsibility to seek further care by contacting a qualified health care provider. We explicitly reserve the right to decline any service to any new or existing patient for any reason or without one.

Limitations of Care

Healing is an inherently unpredictable and inexact process. We make no express or implied predictions, representations or promises whatsoever regarding Services, their duration, and results. Services may fail to cure your condition or, in some rare instances, may even make it worse.

Assumption of Risk

No procedure is risk-free. The following complications may occur, but are not limited to:

- **Temporary symptom/pain exacerbation – common in the first three days after treatment**
- Hematoma (bruising), burn, or swelling,
- Vasovagal syncope (fainting),
- Post-treatment dizziness and fall,
- Disproportional emotional response: feeling very joyful or excessively tearful,

- Allergic reaction to needles and/or injected substances,
- Skin changes, infection and/or scar formation,
- Inadvertent puncture of and/or injection into nerves, blood vessels or internal organs (i.e. lungs),
- Nerve damage, numbness, tingling,
- Needle breakage,
- Serious disability or death.

Salud can neither anticipate nor explain all possible risks, complications, and side effects associated with Services. You agree to rely upon our providers to exercise their professional judgment based upon the facts then known to choose the most appropriate procedure/treatment. Should you experience any unanticipated or serious adverse effects while/after receiving Services, you must notify Salud as soon as possible. In case of emergency, contact your local emergency medical services (911) immediately!

Possible Exposure

Service may involve treating areas located near the chest, buttocks, or groin. Our providers will exercise care in covering these sensitive areas. If at any time you become uncomfortable, you must immediately notify the provider and request a reasonable clarification, modification, or termination of Service.

Right to Refuse or Terminate Services

You may decline any treatment or test at any time before or during the visit. Services may be terminated at your request or by Salud at any time for any reason or without one.

Additional Services

From time to time, we may recommend additional or outside services including, but not limited to, diagnostic/laboratory testing, consultation with specialists, emergency medical services, therapeutic devices, medications, injections, or supplements. You are in no way obligated to pursue these additional/outside services (especially those not covered by your insurance plan). Salud will not be responsible for charges incurred from health care services purchased/received elsewhere based on our recommendations.

INFORMED CONSENT

I have read or have had read to me this *Consent for Treatment*. All proposed Services have been explained to me and I have been told the reasons why I need them. The risks having Services, as well as NOT having Services, have also been explained to me. I was invited to ask questions. I request that Salud Medical and Consulting LLC through its licensed providers perform reasonable and necessary medical examination, testing, and treatment to address my health complaints/concerns.

This Consent begins on the date below and remains in effect until revoked in writing. I intend this Consent to cover the entire course of treatment for my present condition and for any future condition(s) for which I may seek treatment from Salud.

Print Name: Patient / Responsible party

Sign Name: Patient / Responsible party

Salud

Date