

Holistic Healing Solutions, LLC
Dr. Dennis Kramer, N.D., HT
2308 Camino Vado, Santa Fe, NM 87507
505-424-8808

PATIENT INFORMATION DOCUMENT and INFORMED CONSENT AND WAIVER AGREEMENT

Dr. Dennis Kramer, N.D. is a complementary and alternative health care practitioner and is not licensed by the state of New Mexico. There is currently no license available for the services provided. All services and treatments provided are complementary or alternative to health care services provided by health care practitioners currently licensed by the state of New Mexico.

Dr. Kramer's, N.D. degrees, education, training, experience and other qualifications:

- Associate Degree in Biosciences from Montgomery County College, Blue Bell, PA
- Bachelor of Arts Degree in Speech Pathology & Audiology from Temple University, Philadelphia, PA
- Naturopathic Doctorate (N.D.) degree (highest honors) in 2000 from Clayton College of Natural Health
- Board Certified Naturopathic Doctor with the American Naturopathic Medical and Accreditation Board, Inc.
- Registered Hypnotherapist with the American Council of Hypnotist Examiners
- Founding President of the New Mexico Physicians of Naturopathic Medicine
- Past President of the New Mexico Chapter of the Coalition of Natural Health
- He currently serves as President of the New Mexico Practitioners of Natural Medicine
- He has been working full time as a naturopath since 1992

BACKGROUND

This office is using the **BIOEVALUATION** computer aided Biofeedback assessment system. It is generally accepted that there is a relationship between physical/emotional stress, disease toxins, and electrical skin resistance; therefore, procedures that monitor skin resistance and changes in skin resistance are considered to be useful methods of providing measurable feedback related to health. The system is designed to help identify particular agents associated with stress reactions and other toxic agents, which reduce optimal health.

PROCEDURES- Local Patients: The procedure is totally non-invasive (the skin is not pierced). This method includes the application of an electro-magnetic device to measure skin resistance from the acupuncture meridian points on the hands.
Non-Local Patients: A urine sample is evaluated.

RISKS/DISCOMFORT- Local Patients: Because the procedure requires only the measurement of changes in the electrical properties of the skin with a sensitive meter, it is completely safe. The only discomfort that can be reasonably anticipated is minimal discomfort due to probe pressure at the site on the hand from which the measurements are taken.

RESULTS/BENEFITS- By using the additional information provided by this procedure, you will be able to reduce the time, costs, and risks associated with the typical trial and error process required to arrive at the effective healing strategy for you. What is offered by this office is not meant to replace conventional treatment since this office does not treat specific diseases, but instead attempts to improve health by strengthening the energetic and physiologic structures and systems of the body. Any information identified by the computer is not to be interpreted as a disease or a diagnosis, but rather as a biofeedback energy frequency. This office does not diagnose, evaluate, treat, or cure the disease called cancer in any way.

Here you will be trained in the effective and productive use of nutrition, homeopathy, a positive outlook and a healthy lifestyle. It is also clearly understood that the teachings and methods offered by personnel at this office are for the sole purpose of education in building your personal health.

ALTERNATIVE PROCEDURES- This procedure is intended to be used prior to, or in addition to, established diagnostic procedures. It is not intended to be used as a diagnostic replacement when other means are desired.

QUESTIONS- Dr. Kramer, N.D. will answer any questions about this study that you have. Please do not hesitate to ask any question concerning any area of your evaluation.

OVER >>

FREE TO DECLINE- You are free to decline participation in the visit and to discontinue at any time without prejudice. We reserve the right to refuse evaluation processes at our sole discretion at any time.

LEGAL COMPLIANCE- The BIO-EVALUATION system is accepted and registered with the FDA as a Class II device and complies with UL Sec 544 standards of medical instrumentation. It is intended to be used only by a qualified BIO-EVALUATION technician in accordance with evoked stimulus techniques.

Notice regarding patient records:

- A patient has the right to access their own patient's records and written information therein.
- Patient records and transactions are confidential unless the release of these records is authorized in writing by the patient or as required by law.
- A patient has the right to a coordinated transfer when there will be a change in the provider of the complementary and alternative health care services.

Complaints: A patient may file a complaint against any complementary and alternative health care practitioner with the New Mexico Department of Regulation and Licensing:

New Mexico Regulation and Licensing Department
Attn: Superintendent's Office
Toney Anaya Building, 2550 Cerrillos Road, Santa Fe, New Mexico 87505
Phone: 505-476-4500; Fax: 505-476-4511

It is understood the technician doing your evaluation is not a medical doctor. Any comments or suggestions offered by any personnel of this office in respect to your Bio-Evaluation are not given as medical opinion or advice, and are the sole responsibility of the user. Therefore, it is agreed that no legal action shall be taken relating to any Bio-Evaluation report or recommendations. I acknowledge that the Bio-Evaluation procedure is not for diagnosis, treatment, care, alleviation, migration, prevention, or cure of any disease of any kind in any way. However, I reserve the right to use the knowledge I gain to care for my own body in any legal manner I may choose, including but not limited to any suggested uses of homeopathy or nutritional supplementation.

I have fully read and understand the above information, the elements of informed consent, my responsibilities and rights. I hereby consent to the use of the skin resistance measuring device for the purpose of improving my health. I consent to the use of my reports and results of my case for study, research, and scientific purposes provided that my identity is kept confidential as is required by a Confidential Review Board.

By signing this form, you agree your objective is to advance you knowledge about personal health. This declaration shall be valid for all current and future appointments and telephone conversations, or until revoked by client in writing.

I acknowledge that I have been provided with a copy of this Patient Information Document, the original of which will be kept by Dr. Dennis Kramer, N.D. *for at least 3 years* and I understand and agree to its contents.

Date: _____

NAME: _____
PRINT FIRST LAST MIDDLE

SIGNATURE (of patient or guardian): _____

If you are an agent or employee of any federal, state, or local agency sent to this office for information regarding the procedures employed here, please sign below:

DATE: _____ NAME: _____

EMPLOYER: _____ POSITION: _____