



**LEAT KUZNIAR, HBSC ND**  
Naturopathic Doctor  
(201) 757-5558

**Informed Consent Form**

I, \_\_\_\_\_ (please print your name clearly), hereby certify by my signature at the bottom of this page that:

I have been informed that although Leat Kuzniar is a Doctor of Naturopathic Medicine, the State of New Jersey does not recognize naturopathic physicians as licensed medical doctors. I understand that Dr. Kuzniar is not licensed to diagnose or treat specific diseases, nor prescribe drugs or perform surgery.

I recognize that any assessment made by Dr. Kuzniar will be performed for the purpose of maximizing health and body function and not for the purpose of diagnosis. I understand that any herbs, nutritional supplements, and homeopathic remedies recommended to me by Dr. Kuzniar are neither a treatment for my condition nor a replacement for medication.

I understand that Dr. Kuzniar advises me to seek care from a licensed physician for any symptoms, complaints, or conditions that I feel require such care. I recognize that the services of Dr. Kuzniar are provided for the purpose of optimizing my health.

I have been informed that it is my responsibility to report all changes in my health, medications, and self-medications (including natural and over-the-counter substances) to Dr. Kuzniar while seeking her services.

Accordingly, I sign this informed consent to express that I have voluntarily sought naturopathic counseling from Dr. Kuzniar and I hereby release her from any liability and agree not to bring a lawsuit of any kind against her.

I intend this consent form to cover the entire course of my naturopathic counseling. I understand that I am free to withdraw my consent and to discontinue naturopathic consultation at any time.

Through this consent form, I certify that I have read and fully understood the contents of this consent and all of the office policies and procedures listed in the Patient Welcome Letter.

Patient signature: \_\_\_\_\_

Witness signature: \_\_\_\_\_

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