



## Consent to Treatment Agreement

Thank you for seeking care from Triskele. This Consent to Treatment authorizes Triskele providers to provide you medical care. You must sign this form prior to treatment.

I consent to evaluation, medical care and treatment that I have agreed to receive and that is considered necessary or recommended by my provider(s). Including treatment and services through the use of telehealth technologies, such as telephonic and interactive audio-visual communications. I understand that for services I receive using telehealth technologies I may be in a different location than the provider.

I understand that “providers” include, but are not limited to, physicians and other healthcare providers that are my treating and consulting providers. This may include functional medicine practitioners, physical therapists, nutritionists, strength and conditioning specialists, mental performance consultants, and other healthcare specialists these providers employ. Triskele does not control or direct a provider’s care of their clients.

I understand that treatments and recommendations are based on evidence-informed practices but may not be covered by insurance or widely recognized by all conventional medical practitioners. It may involve modalities, exercises, dietary and lifestyle changes, and supplements that could result in side effects, interactions with medications, or other risks. I understand that it is my responsibility to inform my provider if I experience any discomfort or pain during any treatment or if I have other unresolved concerns around my treatment. There are no guarantees or promises regarding the outcome or effectiveness of treatments.

I am responsible for providing complete and accurate health information, including medical history, current medications, supplements, and allergies. I will inform my provider of any changes to my health status or treatment by other healthcare professionals. I am encouraged to consult with my primary care physician or other specialists about my treatment plan.

We may update our Consent to Treatment Agreement, at any time. The new agreement will be effective at that time. Upon your request, we will provide you with a revised Consent to Treatment Agreement. You may request a revised version by calling the office and requesting that a revised copy be sent to you via email or asking for one at the time of your next appointment.