

Informed Consent for Treatment Received at The Lee Clinic, LLC

by William M Lee, MD and Megan H Lee DO



I have sought medical care from The Lee Clinic, LLC. I have chosen to do this of my own free will. I am aware that Dr. William Lee is licensed as an allopathic physician and Dr. Megan Lee is licensed as an osteopathic physician. Allopathic and osteopathic medicine refers to medicine as it is commonly practiced in the United States, both systems that use pharmaceuticals and surgery as the primary modes of therapy.

Integrative medicine refers to a system that may use naturally derived medications such as herbs, vitamins, minerals, enzymes, etc. to promote and restore a healthy balance to the body. Dr. William Lee and Dr. Megan Lee, are both fully qualified to determine whether the use of homeopathic treatments, allopathic treatments, or a combination thereof would be in the my best interest. Dr. William Lee and Dr. Megan Lee emphasize the importance of nutrition, exercise, attitude and non-toxic remedies as the therapeutic mainstays for restoring a patient to his or her optimal state of health.

I realize that the approach of Dr. William Lee and Dr. Megan Lee is an integrated approach to medical therapy and may not be as rapid as pharmaceutical or surgical therapy, that it may require more effort from me than the simple administration of a symptomatic medication for each complaint, and that some medical authorities consider it to be unproven, ineffective and even unsafe. I also understand that since every individual is inherently unique, Dr. William Lee and Dr. Megan Lee cannot warrant or guarantee that their treatment programs will always result in an improvement of the condition being treated.

I also understand that many insurance plans have clauses that limit coverage to "usual-and-customary fees for reasonable and necessary services". I realize that some of the homeopathic medical services provided by Dr. William and Dr. Megan Lee may not fall under this description, and I do not hold either physician responsible for the possible decision by an insurance company that services provide to me are not covered under a specific insurance contract.

I am consulting with Dr. William Lee and/or Dr. Megan Lee solely for reasons concerning my own health. I am not consulting either physician in order to provide any information to any enforcement, regulatory, or investigative agency of any kind.

By my signature below, I certify that I have read and understand the above.

Signature of Patient _____, Date _____

Printed Name _____