Integrative Health Services, Inc.

Patient Consent Form

Surgical Outpatient Solutions, Inc. is contracted by Integrative Health Services, Inc. (IHS) as a representative for administrative, organizational, public relation purposes and other non- medical duties. Procedures are performed at a contracted hospital.

Patients and physicians that may require medical records should request records from the treating hospital and/or the treating physician.

With the patient's consent, Dr. Amir Norbaksh is also available to the patient's physicians to educate and assist them in understanding the procedure, and to advise them on after care.

For counselor records, please contact our counselor who is available to all patients for counseling assessment, pre and post-treatment follow up.

IHS is treating _____ for opiates only. Responsibility for the treatment and/or detoxification of all other psychological, and medical conditions, or substances are not part of the Opiate Detox Institute, nor treated by any of the professionals above as part of this program.

Dr. Norbaksh, and our contracted counselor reserve the right to request medical history from potential patients prior to their acceptance into the program, and share its contents to all parties above mentioned. The above professionals reserve the rights to evaluate and recommend other forms of treatment in place of/or combined with the Rapid Opiate Detox once each individual case is assessed.

By signing this form, I fully understand all the above statements and agree in following the above procedures.

_____ _____

Print Name Patient Signature Date

_____

Witness Signature