



## Results Request Form

Here at West Valley Naturopathic Center we take your health care very seriously and strive to provide you with the best information, so that you can in turn make an informed decision about your health care. Your physician has ordered labs or imaging for you, to better understand what may be transpiring within your body. This information can be invaluable in assisting your physician to make appropriate recommendations for your health. It is the office policy of West Valley Naturopathic Center that laboratory and imaging results will be released after you have had a visit with your physician to go over the results together. This will ensure that there are no questions with regards to your results and what next steps should be taken as a result of those findings.

We understand and appreciate that you have a legal right to your medical information. We are more than happy to provide you with copies of your results at the time of your follow up at no additional expense. If you should desire to have a copy of your results WITHOUT a follow up appointment with your physician we will do so with the signing of this document. If you do not agree to sign this document, then West Valley Naturopathic Center reserves the right to not release your results directly to you. Legally we have the right to refuse providing you with your results if it is deemed that it could create harm to you. We have encountered a number of instances in which people have taken it upon themselves to search the Internet for the meaning of their results and have then proceeded to attempt to treat themselves resulting in harm to themselves. If you are going to continue care with another health care provider, we are happy to forward your results to your new provider so that you may have a discussion with them.

### Statement:

I understand and assume any and all risk and liability involved in asking for a copy of my medical results WITHOUT having appropriate interpretation and follow up with my physician. I hold harmless my physician and West Valley Naturopathic Center for any health concerns that may arise in the future as a result of choosing to not follow up with my physician and have proper medical interpretation of said results. Including but not limited to death, cancer diagnosis, medication overdosing or under dosing, heart attack and all other maladies that could arise due to lack of appropriate follow up. I have been given the opportunity to have an appropriate follow up visit with my physician to discuss my results and of my own sound mind and volition I am choosing to not have said follow up.

\_\_\_\_\_  
Patient name or minor guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient signature or minor guardian

\_\_\_\_\_  
Employee Witness