



Informed Consent Disclosures

I understand and agree to the following:

Essentials

- Of my own free will, I (the client) am enlisting the support of Multi Dimensional Medicine (MDM) as offered by David McConaghay.
- David is trained and certified as follows:
 - *Āyurvedic Doctor* (National Āyurvedic Medical Association; Alandi Āyurveda Gurukula, 2018)
 - *Vedic Astrologer* (Associate's Degree; American Academy of Vedic Arts & Sciences, 2016)
 - *Ordained Minister* (Wisdom of the Heart Church; Sanctuary of the Inner Compass, 2018)
 - *Master of Metaphysics* (University of Metaphysical Sciences, 2018)
- David McConaghay is not a medical doctor. He is not licensed, certified, or registered by the state of Colorado as a healthcare professional. He does not propose to diagnose or cure any particular disease. He is an ordained minister practicing complementary health.
- I can and should discuss any complementary health care services with my primary care physician, obstetrician, gynecologist, oncologist, cardiologist, pediatrician, or other board-certified physician. David is able and willing to work alongside these professionals in service of my best well-being.

- The Colorado Department of Regulatory Agencies (“DORA”) does not grant or confer licensure, certification, or registration for Āyurveda (also known as “alternative” or “complementary” medicine), but may elect in its sole discretion to impose penalties and sanctions in the event of a statutory violation.
- The scope of practice of Multi Dimensional Medicine is governed by the stipulations set forth in [Senate Bill 13-215, the “Colorado Natural Health Consumer Protection Act.”](#)
- There is no guarantee that complementary healthcare services will yield positive or intended results. Although every effort will be made to provide a positive and healing experience, every treatment experience is unique and varies from person to person. Results achieved in an ayurvedic treatment with one person are not a guarantee of similar results with all clients.
- MDM maintains liability insurance to protect against any penalties imposed by law for damages resulting from claims made against MDM arising out of any act or omission in the provision of services.
- I am entitled to receive information about MDM’s methods, techniques, duration of treatment and fee structure. I am welcome to request this information at any time.
- This disclosure form shall remain in effect until one (1) year has passed since my last appointment. If I resume treatment after such time, I will need to sign a new disclosure form.
- I may revoke my consent to treatment at any time.

Mode of Treatment

- MDM is primarily administered through one-on-one consultations, the nature of which will vary according to my unique circumstances and intentions. These intentions are mine to define and adjust at any time.
- A standard consultation is 60 minutes and can be in person, on Zoom or by telephone. Resulting treatment suggestions will be shared via email within seven (7) days of the consultation (usually within 24 hours).
- I can generally expect treatment suggestions to consist of:
 - specific dates and times to consider certain actions
 - specific foods, beverages and portions
 - herbs and spices (fresh, dry, teas, tinctures, etc)
 - oils (ghee, sesame, mustard, etc)(for external and/or internal use)
 - daily habit enhancements and self-care routines
 - physical exercise encouragement
 - yoga practices (asana, pranayama, mantra)
 - guided meditation
 - reading and journaling
 - nature-based activities
- An in-person appointment may include physical touch in the form of pulse reading, nail analysis, skin palpation or measuring heart rate and blood pressure. I am entitled to refuse touch at any point. Such refusal will not adversely impact the quality of service that I receive.
- MDM is a style of spiritual counseling designed for whole-person healing. MDM welcomes the full-spectrum of intellectual, intuitive and embodied information available. All that arises in me and all that David perceives through windows of knowing such as feeling, sensing, thinking, imagination and dream is valid data worthy of consideration.
- Multi Dimensional Medicine is likely to activate changes at any and every level of my self-awareness, including physical, mental, emotional and subtle, archetypal or spiritual realms. I am prepared to engage this evolutionary process sincerely and have the willingness to cultivate the courage required to realize true and lasting self-transformation.

Fee Structure

- As of September 2020, the standard monetary request for a first-time client is \$123.45 per hour of consultation. Follow Ups are set at \$98.76. This 'hour' may last anywhere between 50-75 minutes according to our shared discretion.
- Included in this cost is an audio or video recording of your session and a followup email containing notes and written recommendations. Ongoing email communication for clarification and refinement of suggestions is common.
- MDM honors a commitment never to refuse service based solely on financial concerns. Sliding scale or donation-based pricing is available upon request.
- Payment is accepted via a variety of digital mechanisms, including but not limited to Venmo, PayPal, Square and cryptocurrencies. Alternative means can be arranged as necessary.
- Payment is due before or immediately after the time of service, unless we agree upon some other arrangement. Payment will be considered past due thirty (30) days from the date of service.
- MDM requests 24-hour notice for cancellation or postponement of any appointment. Excepting for extenuating circumstances, MDM will collect no less than 30% of the agreed upon fee for any cancellation or postponement within 24-hours. In the case of a "no-call, no-show," MDM will collect no less than 60% of the agreed upon fee.
- I understand that I am solely and legally responsible for payment. Failure to pay agreed-upon fees will be considered just cause for termination of services.

Privacy

- I am entitled to privacy and the protection of my personal information.
- Confidentiality is the default. The complete contents of my consultation remains exclusively between me and David.
- Three possible exceptions to this would be, if:
 - MDM asks for and receives my explicit permission to share information with my primary care physician or other practitioner that I designate.
 - MDM asks for and receives my explicit permission to use my testimonial for promotional purposes.
 - MDM removes all identifying information to present an anonymous case study for educational purposes in the company of fellow healthcare professionals.
- MDM stores all of my personal information in password-protected accounts. Programs utilized to store and transmit information include:
 - Google Mail
 - Digital Intakes
 - DropBox
 - Mailchimp
 - Square
 - Zoom
- Though they are password-protected, these means of storage and transmission do not necessarily rise to the standard of [HIPAA compliance](#). I have the right to refuse to use any of these programs.
- Given these reasonable efforts at protection, I nonetheless understand that no digital system is immune from infiltration by nefarious actors. I will not hold David or MDM liable for the loss of my information if their accounts are compromised by such infiltration.

- In sharing my personal information, I accept the risk that any digitally-transmitted data is potentially 'hackable.' Given this inherent risk, I choose to share or withhold information as I see fit.

Children

- If I am under the age of eighteen (18), I need to receive written parental consent in order to receive treatment from MDM.
- I understand that if I am consenting to complementary health care services for my minor child/ren under the age of eighteen (18), the following stipulations need to be followed:
 - MDM may not treat any child/ren under the age of two (2)
 - If my child/ren is two (2) years of age or older but less than eight (8) years of age, then MDM must have my consent to contact my child/ren's pediatric health care provider and attempt to develop and maintain a collaborative relationship with respect to the care of the child.
 - If I am under a Court Order Custody Agreement and/or Parenting Plan, then I agree to provide a copy of the same to MDM that grants me the authority to consent to health care services for my minor child. Further, I understand and agree to keep MDM informed of any proceedings or supplemental court orders that affect my parenting rights, custody arrangements, and decision-making authority. I understand that failing to provide the Court Order Custody Agreement and/or Parenting Plan may prohibit MDM from providing treatment to my minor child/ren.

Summary

I understand my rights as a client and the terms of treatment offered by David McConaghay's system of Multi Dimensional Medicine.

I am fully informed of the services I am requesting to receive. I consent to receive such services.

These disclosures are made in good faith as part of David's sincere effort to provide excellent services which I am actively seeking. The resolution of any potential future dispute will be attempted with this same spirit of good faith.

Should I have any questions, I will ask!