



Washington State Department of

Health

Colon Hydrotherapist Credentialing

PO Box 47877

Olympia WA, 98504-7877

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Fax: 360-236-4918

Date Stamp Here

# Colon Hydrotherapist Registration of Affiliation Relationship Form

**Please Note:** This form must be completed fully. Failure to do so may result in a delay of processing. Mail this signed form to the address above or to [EMSCred@doh.wa.gov](mailto:EMSCred@doh.wa.gov).

Date		Effective Date of Affiliation Agreement	
Colon Hydrotherapist's Name (please print)		Credential Number (if applicable) XXX.XX._____	
Mailing Address			
City		State	Zip Code
Email Address			
Naturopathic Physician's Name (please print)		Credential Number (if applicable) NATU.NT._____	
Email Address			
The affiliation relationship document shall be signed by both practitioners indicated on this form. Copies of this relationship document shall be maintained by all parties and be made available for inspection upon request by the Board of Naturopathy or its designee.			
The affiliation relationship document shall include a description of the patient screening process. Such screening shall include contraindications and patient risk, the patient referral process by the naturopathic physician to the colon hydrotherapist, and how the patient's plan of care is documented and coordinated. Unless otherwise stated in the documented care plan, the referral authorization for colon hydrotherapy treatment shall expire six months from the initial referral date but shall not exceed 24 treatments within that timeframe.			
The affiliation relationship document shall include standards by which the colon hydrotherapist will communicate issues that require transferring a patient to a higher level of care.			

The affiliation relationship document shall include how contact between the colon hydrotherapist and the referring naturopathic physician will be managed. Such contact shall include in person, virtual, or audio-only contact, as well as how such contact shall occur after the working hours of either practitioner.

The affiliation relationship document shall include a description of how the colon hydrotherapy equipment is to be inspected and maintained.

Comments:

Responsibility:

The naturopathic physician and colon hydrotherapist are equally responsible for any act performed by the colon hydrotherapist as it relates to the practice of colon hydrotherapy. The affiliation agreement referenced on this form shall continue to be valid until rescinded in writing by either party. The document notifying such rescission must be signed, dated, and be filed with the Board of Naturopathy or its designee.

Date	
Colon Hydrotherapist Signature	
Naturopathic Physician Signature	

**Submit completed form with original signatures to the address above.**