



## Consent Form

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### INFORMED CONSENT TO NATUROPATHIC THERAPIES

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

Attending N.D. \_\_\_\_\_

This is to acknowledge that I have been informed and I understand that:

- 1) any treatment or advice provided to me as a patient of the above Naturopathic Doctor (N.D.) is not mutually exclusive of any treatment or advice that I may now be receiving or may in the future receive from another licensed health care provider;
- 2) I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Ontario;
- 3) the N.D. named above has not recommended for me to refrain from seeking or following the advice of another licensed health care provider;
- 4) The treatment and therapies rendered or recommended by the above N.D. may be different from those usually offered by a medical doctor or other licensed health care provider.
- 5) There are some risks, however rare, to Naturopathic Medicine. These include but are not limited to:
  - aggravation of pre-existing symptoms,
  - reaction to supplements or herbs,
  - bruising from an acupuncture needle.

Naturopathic Doctors use a variety of therapeutic approaches, either alone, or in combination. These include ***nutritional and lifestyle counseling, nutritional supplementation, Asian medicine and acupuncture, botanical medicine, homeopathy, massage and physical medicine.***

I give my consent to any and all of the above mentioned therapeutic approaches.

(state here any exceptions): \_\_\_\_\_

## **Oakville Naturopathic Clinic FEE SCHEDULE**

I understand that the fees of the Oakville Naturopathic Clinic are as follows:

<b>VISIT</b>	<b>FEE</b>
Initial visit (~ 1 hour 30 min)	\$170.00
Follow-up (1 hour)	\$130.00
Follow-up (45 min)	\$97.50
Follow-up/acupuncture (30 min)	\$65.00
B12 injections	\$15.00
Nebulized Glutathione	\$35.00 + cost of the mask
Urinalysis	\$5.00
Scheduled phone consultation	\$130.00 per hour

The patient will be made aware of any additional costs for other procedures/tests.

Please note that there is a 24-hour cancellation policy. If 24 hours notice is not given, a \$25.00 missed appointment fee will be charged.

I acknowledge that I may purchase products/supplements prescribed from the N.D. or any health food store.

I, the undersigned do acknowledge that I have been informed of and understand the recommended therapeutic procedure(s)/treatments and have discussed these to my satisfaction. I further acknowledge and confirm that I have been informed of and understand the financial costs, expected benefits, potential risks and side effects, the likely consequences of not having/following the procedures/treatment and what alternative course(s) of action are available to me.

I do hereby voluntarily give my informed consent for the recommended therapeutic procedures/treatments as prescribed by the N.D. and for any future modifications of the procedures/treatments. I also understand that I may change the status of my voluntary consent at any time. I intend this consent to apply to all my present and future naturopathic care.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of patient printed

\_\_\_\_\_  
Doctor's signature

## **Patient Consent for Collection, Use and Disclosure of Personal Information**

The privacy of your personal information is important to us at the Oakville Naturopathic Clinic. We understand the importance of protecting your personal information and are committed to using and disclosing your personal information responsibly.

In this clinic, Gabriela Novak, N.D. acts as the Privacy Information Officer.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed. They are trained in the appropriate use and protection of your information.

Our privacy policy outlines what our Clinic is doing to ensure that:

Only necessary information is collected about you;

We have your information only with your consent;

Storage, retention and destruction of your personal information complies with existing privacy legislation and privacy protection protocols given by our regulatory body, the Board of Directors of Drugless Therapy-Naturopathy.

## **How our clinic collects, uses and discloses patients' personal information**

The clinic will collect, use and disclose information about you for the following purposes:

To assess your health concerns and provide you with health care

To advise you of treatment options

To establish and maintain contact with you

To send you newsletters and other information mailings

To remind you of upcoming appointments

To communicate with your other health care providers

To allow us to efficiently follow-up for treatment, care and billing

To complete claims for insurance purposed

To comply with legal and regulatory requirements of our regulatory body, the Board of Directors of Drugless Therapy-Naturopathy

To invoice goods and services and process payments by credit card

To assist this clinic to comply with all regulatory requirements and the law

To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale

By signing the consent you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information as outlined above.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Name of patient printed

\_\_\_\_\_  
Date