

NATUROPATHIC INFORMED CONSENT & PATIENT AGREEMENT

Name (please print): _____	Date: _____
Phone: home () _____	work () _____
Address: _____	City: _____ Postal Code: _____
Date of Birth: _____	Email Address: _____
Emergency Contact: Name: _____	Phone: _____
Family Physician: _____	Phone: _____
Would you like to receive our newsletter (please circle)?	Yes No
How did you hear about our clinic (if referred, please provide name): _____	

Every Patient is required to read and sign each section below before treatment. This consent will apply to naturopathic treatments at both Whole Medicine clinic locations. Your signature below acknowledges the following:

1. General Medical Consent

Whole Medicine's Naturopathic Doctors (NDs) have been educated and trained in accredited 4-year naturopathic medical colleges and are licensed and regulated by the College of Naturopaths of Ontario (CONO). Our NDs address acute and chronic illness with the use of gentle, non-invasive treatments and help support their patient's inherent self-healing process. Our NDs take a thorough case history and may suggest specific diagnostic testing, if it is deemed necessary, to help identify underlying causes of illness and develop personalized treatment plans to address them. Testing is not covered by OHIP if ordered by an ND.

I understand that naturopathic health care is a joint responsibility between myself (the patient) and the practitioner. Improving my lifestyle can be as important as the therapies and treatments provided by the clinic. I am willing to be an active participant in my wellness.

It is very important that you inform your ND immediately of any known or suspected allergies, medications you are taking (prescribed, over-the-counter and birth control), and any diagnoses you have received from other licensed health care providers. Please also advise your Naturopathic Doctor if you are pregnant, trying to get pregnant or if you are breast-feeding.

As with all medical therapies, naturopathic medicine has its limitations and may not be effective for all conditions. My ND will answer any questions I may have and explain procedures, probable outcomes and potential risks of treatment whenever possible however due to individual responses we cannot anticipate all possible outcomes. Minor health risks that may be associated with Naturopathic treatments include but are not limited to: I) allergic reactions to certain supplements and herbs, II) pain, bruising and/or injury from acupuncture, parenteral therapies and/or cupping, and III) fainting or puncturing of an organ with acupuncture needles. I am free to withdraw my consent and discontinue treatment at any time.

I realize that Naturopathic medicine is not an isolated system and that Whole Medicine's Naturopathic Doctors welcome teamwork with MD's, DC's and other practitioners. I do not need to choose one method of treatment over the other. The decision to discontinue prescription drugs or any other prescribed medical treatment is my responsibility and should be done in consultation with my MD or prescribing physician.

Whole Medicine offers a dispensary of supplements to help ensure our patients are receiving quality supplements and to provide ease of access. However, the products recommended by my practitioner may be purchased at any location I choose.

I have read and agree to the General Medical Consent above: _____

Signature (Patient or Guardian)

2. Diagnostic Services Policy

Whole Medicine provides functional and specialized lab services to our patients to assist in accurate health assessments. Examples of these tests include comprehensive blood work, specialized digestive health tests and hormone tests. These tests are not covered by OHIP and are only ordered with your express permission.

I have read and agree to the Diagnostic Services Policy above: _____

Signature (Patient or Guardian)

3. Emergency Services Policy

Whole Medicine does not provide emergency services. In case of an emergency, please call 911 or visit your nearest emergency facility.

I have read and agree to the Emergency Services Policy above: _____

Signature (Patient or Guardian)

4. Fees and Payment Policy

Payments for Naturopathic Services are NOT covered under the Ontario Health Insurance Plan (OHIP). Naturopathic expenses may be tax deductible and there are a number of private health plans who do provide partial or complete coverage for Naturopathic Services. The receipt you receive can be used to obtain reimbursement directly from your insurance company (if applicable). Whole Medicine is NOT responsible for your insurance claims or reimbursement.

Payments for services are due at the end of each session. **Services are rendered on a 50-minute hour.** If there are any questions regarding payment of fees, please ask for further information. We accept payment by cash, Interac, Mastercard or Visa. Interest will be charged on overdue accounts. **Fees for services are as follows:**

Initial visit:	50 minutes:	\$170 (\$160 for children 16 & under and seniors 65 and over)
	80 minutes:	\$255
Second visit:	50 minutes:	\$170 (reduced rates for children and seniors as above)
Short follow up:	25 minutes:	\$90 (\$85 for children and seniors)
Brief follow up:	15 minutes:	\$50 (\$45 for children and seniors)
Acupuncture*:	25 minutes:	\$70
	40 minutes:	\$100
B12 Injections*:	10 minutes:	\$30.65 (consultation billed & booked separately)
		*requires Initial Visit

Payments for labs are due when the requisition or test kit is given. For your convenience we accept VISA, MasterCard and debit. Please note that refunds will not be issued for services rendered, labs tests completed or purchased products that have been opened or have expired due to non-use.

I have read and agree to the Fees and Payment Policy above: _____

Signature (Patient or Guardian)

5. Cancellation Policy

We require a MINIMUM of 48 hours (Saturday and Sunday excluded) notice for any appointment changes or cancellations to allow us time to reallocate the time slot to other patients on our wait list. Therefore an appointment at 9am Tuesday must be cancelled by 9am Friday and an appointment at 12pm Monday must be cancelled by 12pm Thursday.

- Cancellations with only 24 hours notice will result in a \$50 cancellation fee.
- Same day cancellations or missed/no-show appointments will result in a charge for the full amount of your appointment.
- Patients who arrive late for their appointment will have a consultation shortened by that amount of time, but will be charged the full scheduled visit fee

Due to the nature of changing WEATHER FORECASTS, please wait until the day of your appointment to call regarding bad weather. We will do our best to keep your appointment via phone, as wait times to rebook can be prolonged..

I have read and agree to the Cancellation Policy above: _____

Signature (Patient or Guardian)

6. Privacy Policy

Beginning January 1, 2004 the Canadian Federal Government's privacy legislation, the Personal Information Protection and Electronic Documents Act (the Act) came into force for private business. This office is committed to protecting your personal information in accordance with this Act.

In general, The Act requires that the office obtain your consent before obtaining or using information about you or disclosing this information to others (there are some exceptions). This requirement also applies to personal information that has already been collected about you before January 1, 2004. This notice explains why the office collects personal information from you, how it will be used and the steps being taken to ensure your privacy is protected.

What is personal information?

Personal information is information that identifies you as an individual. It includes information such as your name, address, telephone number, e-mail address, and date of birth, medical history and medical records.

What happens to my personal information?

We use a digital records management system that encrypts all medical data. Paper files are placed in a locked cabinet and/or room and can only be accessed by the practitioner and his/her personal staff. From time to time case histories are discussed between practitioners in an effort to provide the best possible course of action for our patients, but identifying information is kept private.

Our staff sign a 'Confidentiality Agreement' upon employment here. Staff may not discuss patient information outside of this practice. All information contained in the practice including telephone conversations, correspondence and files are privileged information and cannot be released, copied or discussed without the prior written consent of the client. Staff are aware of personal identifying information only. They pull and file records as required.

My health records may be used in research providing that my name is not revealed. At all other times, my health records will be held in strictest confidence.

I have read and agree to the Private Policy above: _____

Signature (Patient or Guardian)

7. E-Communication Consent

I acknowledge and understand the risks and limitations of using electronic communication. I understand reasonable means will be used to protect the security and confidentiality of information received and sent. All electronic communications will be reviewed and responded to, though a guarantee cannot be made as to the time frame of the response. If I haven't heard from a practitioner, I will contact Whole Medicine for follow up to ensure the communication has been received. I am to inform the practitioner of any information I do not want shared via electronic communication.

I have read and agree to the E-Communication Consent above: _____

Signature (Patient or Guardian)