

# 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: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Would you like to receive our newsletter? 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 both virtual and in-clinic naturopathic treatments at our Whole Medicine clinic location. 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 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 me (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. Labs ordered by your Naturopathic Doctor are to be completed through Whole Medicine and are not the responsibility of other medical professionals (ex. Medical Doctors and Nurse Practitioners). All tests completed at Whole Medicine are not covered by OHIP and are only ordered with your express permission. Please note that once a test requisition has been issued, lab fees paid to Whole Medicine are non-refundable. Because we review test results in detail with our patients and use these results to guide treatment plans, we require a Naturopathic consultation in order to receive all test results.

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. In-Person & Virtual Appointment Policy

Initial Naturopathic consultations require up to either 80 or 50 minutes, depending on the complexity of your health concerns and medical history. Second consultations are up to 50 minutes, and subsequent consultations are either up to 25 or 50 minutes in length, depending on your treatment plan. Our Naturopathic Doctors try their best to stay on time for all scheduled appointments throughout the day. In the event we do not have enough time within our session to address all of your questions and concerns, we will arrange for a subsequent follow-up consultation.

For your convenience, we offer consultations in-person and/or virtually via video conferencing or phone. **During virtual consultations, all patients must be physically within Ontario at the time of consultation.** The virtual provision of our services allows us to use information gathered electronically for naturopathic diagnosis, therapy, follow-up and/or education. As with any medical procedure, there are potential risks associated with virtual consultations. We use our best efforts to ensure that your personal and confidential information is kept secure and our electronic systems will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure it's integrity against intentional or unintentional corruption. Our consultation software is compliant with Canadian Privacy Laws. By agreeing to receive our services virtually, you acknowledge and agree that:

- 1) In rare cases, information transmitted may not be of sufficient quality to allow for appropriate therapeutic decision making.
- 2) Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment.
- 3) Due to the limitation of not being able to provide a physical examination, you will be referred, if needed, to your primary care provider.

In order to ensure the best possible care for our patients, we are unable to renew supplements if your medical condition or medications have changed since your last visit, or if more than 6 months have passed since your last visit with your Naturopathic Doctor. In these situations, you will be required to book a follow-up appointment before any supplement refills can be provided.

I have read and agree to the Appointments Policy above

\_\_\_\_\_  
Signature (Patient or Guardian)

## 5. 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 several 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 the 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 Consult - (up to 50 minutes):	\$195* /\$180**
Initial Consult - Complex Concerns - (up to 80 minutes):	\$290*/\$270**
Second Consult & Extended consults- (up to 50 minutes):	\$195* /\$180**
Short Consult* - (up to 25 minutes):	\$100* /\$95**
Brief Consult* - (up to 10 minutes):	\$60* /\$55**
Acupuncture, Short* - (up to 20 minutes, initial consult required):	\$80* /\$75**
Acupuncture, Long* - (up to 40 minutes, initial consult required):	\$115* /\$110**
B12 Injections(requires initial consult prior):	\$35.65
Prescription Refills (requests outside of scheduled appointments):	\$25

*\*Consultation fees for Dr. Chelsey Corrigan, ND & Dr. Kealy Mann, ND*

*\*\* Consultation fees for Dr. Jola Sikorski, ND*

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 and cannot be given for lab requisitions or for purchased products after 30 days, or that have been opened.

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

\_\_\_\_\_  
Signature (Patient or Guardian)

## 6. Cancellation Policy

We require a MINIMUM of 48 hours (Saturday and Sunday excluded) notice for any appointment changes or cancellations to allow us to reallocate the time slot to other patients on our waitlist. For example, 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 switch your appointment to a virtual consult at the same time, as wait times to rebook can be prolonged..

I have read and agree to the Cancellation Policy above:

\_\_\_\_\_  
Signature (Patient or Guardian)

## 7. 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)

## 8. 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 to 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)