

Naturopathic Informed Consent and Privacy Policy

Naturopathic Medicine is the treatment and prevention of disease by natural means. Naturopathic Doctors assess the whole person, taking into consideration the physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.

A number of different approaches may be used throughout the course of treatment. Treatment modalities include dietary modification and nutritional supplementation, lifestyle counselling, botanical medicine, homeopathy, traditional Chinese medicine & acupuncture, hydrotherapy, laser therapy and physical medicine.

During your initial visits your Naturopathic Doctor will take a thorough case history, perform a basic/complaint-oriented physical examination, and when indicated take urine samples or perform other laboratory testing.

Even the gentlest therapies may cause complications in certain physiological conditions. This depends dramatically on the individual and the extent of the illness. Some therapies must be used with caution in certain conditions or diseases such as diabetes, heart/liver/kidney disease, or in young children, those taking multiple medication or pregnancy/lactation. Therefore, it is very important that you inform your Naturopathic Doctor immediately of any disease process that you are suffering from as well as any medications (prescription or over-the-counter) that you are taking. If you are pregnant, suspect you are pregnant, or you are breastfeeding, please advise your Naturopathic doctor immediately.

I understand that the Naturopathic Doctor will answer any questions that I have to the best of her ability. I understand that the results are not guaranteed. I do not expect the doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above.

Health risks associated with Naturopathic Medicine include, but are not limited to:

- Aggravation of pre-existing symptoms during the healing process
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from acupuncture
- Fainting or puncturing of an organ with acupuncture needles
- Muscle strains and sprains or disc injuries from spinal manipulation

The Naturopathic Doctor may prescribe supplements that can be purchased at the clinic or at other local options i.e. health food stores. Most insurance companies do not cover the supplements that we prescribe and dispense. I understand that fees and supplements are to be paid for at the time of the consultation. As the patient, I am responsible for the total charges incurred for each visit. I understand that a fee will be charged for any missed appointments or cancellations with less than 24 hours notice.

Privacy Policy

Privacy of your personal information is an important part of the Magna Health Centre, and protecting your personal information is something we take very seriously. We are committed to collecting, using and disclosing your personal information responsibly.

- Only necessary information is collected about you;
- Only with your consent do we share information with others outside the clinic;
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols;
- The Magna Health Centre's privacy policy conforms to privacy legislation and standards of the Board of Directors of Drugless Therapy – Naturopathy.

Personal information is collected in order to:

- Assess your health;
- Provide health care;
- Advise you of treatment options;
- Establish and maintain contact with you regarding appointments, invoicing and follow-up care;
- Send you pertinent information and mailings;
- Facilitate your insurance claims;
- Allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale;
- Comply with the legal and regulatory requirements of the Drugless Practitioners Act.

By signing below, 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: _____ Date: _____

Witness: _____ Date: _____

Print parent/guardian's name: _____
(if under 18 years of age)

Signature of Parent/guardian: _____ Date: _____