

INFORMED CONSENT

We would like to take this opportunity to welcome you to Naturally Well Naturopathic clinic. This Clinic utilizes the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body's own ability to heal and to improve the quality of life and health through natural means.

Your practitioner will conduct a thorough case history. If you are working with a naturopathic doctor a physical exam, specific blood and/or urinary laboratory reports may be used as part of the treatment work-up. Any practitioner you choose to work with will have access to your history to minimize repetition while maintaining complete confidentiality.

Statement of Acknowledgement

As a patient of this clinic I have read the information and understand that the form of medical care is based on Naturopathic and other supportive principles and practices. As Naturally Well is an integrated health clinic, I recognize that all the practitioners that are working with me will have access to my file. I also recognize that even the gentlest therapies potentially have their complications in certain physiological conditions or in very young children or those on multiple medications and hence the information provided is complete and inclusive of all health concerns including risk of pregnancy; and all medications, including over the counter drugs and supplements. The slight health risks of some Naturopathic treatments include, but not limited to; aggravation of pre-existing symptoms, allergic reaction to supplements or herbs; pain, fainting, bruising or injury from venipuncture or acupuncture; muscle strains and sprains, disc injuries from spinal manipulations.

I also confirm that I have the ability to accept or reject this care of my own free will and choice and that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating. I accept full responsibility for any fees incurred during care and treatment.

SIGNATURE

DATE

WITNESS

Naturally Well Naturopathic Clinic

2211 Riverside Drive, Suite 201, Ottawa, ON, K1H 7X5

Tel: 613 526-4134 Fax: 613 526-4180

CONSENT OF PRIVATE POLICY

Privacy of your personal information is an important part of our office providing you with quality naturopathic care. We understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

In this office, Erin O'Farrell acts as the Privacy Information Officer

All staff members who come into contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information. Attached to this consent form, we have outlined what our office is doing to ensure that:

- Only necessary information is collected about you
- We only share your information with your consent
- Storage, retention, and destruction of your personal information complies with existing legislation and privacy protection protocols

Our privacy protocols comply with privacy legislation, standards of our regulatory body and the law.

Do not hesitate to discuss our policies with any member of our staff. Please be assured that every staff person in this office is committed to ensuring that you receive the best quality naturopathic care.

How Our Office Collects, Uses, and Discloses Patients' Personal Information

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office will use and disclose your information.

This office will collect, use, and disclose information about you for the following purposes:

- To deliver safe and efficient patient care
- To identify and to ensure continuous high quality care
- To assess your health needs
- To provide health care
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care, and services in relationship to preventative medicine, acute and chronic naturopathic health care generally
- To communicate with other treating health-care providers, including specialists, family practitioners, referring physicians, and any other provider involved in the care of a patient
- To allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments
- To allow us to efficiently follow-up for treatment, care, and billing
- For teaching and demonstrating purposes on an anonymous basis
- To comply with legal and regulatory requirements, including the delivery of patient's charts and records to the BDDT-N in a timely fashion, when required, according to the provisions of the BDDT-N.

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- To comply with the agreements / undertakings entered into voluntarily by the member with the BDDT-N, including the delivery and /or review of patient's charts and records to the Board in a timely fashion for regulatory and monitoring purposes
- To permit potential purchasers, practice brokers or advisors to evaluate the naturopathic practice
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- To deliver your charts and records to the naturopathic doctor's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the BDDT-N complaints committee
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To assist this office to comply with all regulatory requirements
- To comply generally with the law

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the drugless therapy act for the purpose of the BDDT-N in Ontario fulfilling its mandate under the drugless therapy act, and for the defense of a legal issue.

Our office will not, under any circumstances, supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate. You may withdraw your consent to use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

Patient Consent: I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information. I know that your office has a Privacy Code, and I can ask to see the Code at any time. I agree that Erin O'Farrell, Don Warren and Kristy Lewis can collect, use, and disclose personal information about _____ as set out above in the information about the office's privacy policies.

SIGNATURE

DATE