



Ottawa South
Naturopathic Clinic

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PATIENT CONSENT TO TREATMENT FORM

Name (please print): _____

Each patient is required to read and sign this form before treatment. Your signature acknowledges the following:

1. I understand that naturopathic medicine is not covered by the provincial government, yet naturopathic expenses may be covered by private insurance plans and may be tax deductible.
2. The fees and services have been clarified in advance. Payment is due at the end of each visit, as the clinic does not bill insurance companies directly. **Most methods of payment are accepted.**
3. **Twenty-four (24) hours notice is required when canceling an appointment.** Otherwise, 50% of the full visit fee will be charged.
4. I understand that natural health care is a joint responsibility between my self (the patient) and the practitioner. Improving my lifestyle can be as important as remedies and treatments.
5. 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.
6. I realize that naturopathic medicine is not an isolated system and that our naturopathic doctor welcomes teamwork with medical doctors (M.D.), chiropractors (D.C.), and other practitioners.
7. The decision to discontinue prescription drugs or any other prescribed medical treatment is my responsibility. If I forgo standard medical treatment in favour of natural healing, I assume responsibility for any potential risk that may entail. Our naturopath will explain procedures, probable outcomes and possible risks in advance.

Date: _____

Signature: _____