

Acknowledgement & Consent to Naturopathic Treatment for Adult

Provided by Melissa Howe BScN, RN, ND. Doctor of Naturopathic Medicine, Advanced Bowen Practitioner

Patient Name _____ Phone Number _____
Address _____

The following statements outline Dr. Melissa Howe’s position as a health care practitioner, and your personal responsibilities in your health care. Please read and sign this statement of acknowledgement and consent below.

1. That you understand that Melissa Howe is a Registered Naturopathic Doctor and not a Medical doctor; that non-invasive, natural methods of assessment and treatment are used.
2. That you understand that the methods utilized by Melissa Howe have a proven clinical foundation yet may not be accepted practice by standard (allopathic) medicine.
3. That you understand that the treatment and/or referral to other health practitioners is based upon assessment of your health revealed through personal history, physical examination, laboratory tests and other appropriate methods of evaluation.
4. That you understand that any treatment or advice provided, is not in place of or to the exclusion of treatment or advice from any other licensed health care practitioner.
5. That you are at liberty to seek or may continue to seek treatment or advice from a physician, surgeon or any other health care practitioners.
6. That you understand that Melissa Howe has the right to determine which cases fall within her scope of practice as a Naturopathic Doctor and/or Bowen Therapist. As such, appropriate referrals may be recommended.
7. That you are not an agent of any private or government agency attempting to gather information without so stating your intentions.
8. That you are accepting or rejecting this care of your own free will.
9. That you understand that the ultimate responsibility for your health care is your own, and that Melissa Howe supports you in this.
10. That you understand that written permission from you is necessary to release your file to anyone, and that your information is treated confidentially.
11. That you understand that all fees are payable at the time of the appointment. That there is a fee for completion of insurance forms. That twenty-four hours notice is requested when cancelling appointments; otherwise a \$50 fee will apply. Reminder calls are not made.
12. Products or supplements may be recommended for you, which may then be purchased from White Pines Naturopathic Clinic, or at any other store of your choice. You are in no way obligated to purchase products from the office. A selection of products is available here for your convenience. Some products are difficult to find and may require special ordering. Many of the products used are of exceptional quality and only made available through a Naturopathic Doctor. The mark-up on all products is standardized through the licensing board and regulated.
13. That you are aware that most Extended Health Care Insurance Plans provide coverage for Naturopathic Services. Please check your policy to determine your entitlement. Naturopathic remedies are usually not covered by most health plans.
14. Occasionally during the course of your treatment you may feel worse before you feel better. This is a common occurrence and is often referred to as a “*healing crisis*”, and could be due to a number of different factors. It usually only lasts for 1-3 days (but can last longer). If this happens, it is considered a very good sign; however it is very important that you contact Dr. Howe right away so that appropriate care may be given to you during this important process. An analogy being; when you clean out your cupboards you make a mess and then get rid of what you no longer need and keep and reorganize what you do need.
15. Melissa Howe will endeavor to explain all treatments prescribed – rationale, side effects, cost etc. at the time of prescribing. It is up to you to ask questions or for clarification etc. Melissa Howe is here for you, so please don’t hesitate to ask.
16. The more active you are in your care – in terms of sharing information about yourself, paying attention to our body, asking questions, providing feedback and following the prescribed treatments and diet, the more effective your treatments will be.

RECOMMENDED THERAPEUTIC PROCEDURES MAY INCLUDE:

Nutrition and Lifestyle Counseling, Homeopathy, Herbal Medicine, Acupuncture, Chinese Herbs, Bach Flower Remedies, and Physical therapies such as; Bowen, Naturopathic Massage, Lymphatic Drainage Massage, Craniosacral Therapy, Zero Balancing and Total Body Modification.

I do hereby voluntarily consent to receive Naturopathic Care from Melissa Howe N.D. I also understand that I may change the status of my voluntary consent at any time.

Print Name _____ Signature _____ Date _____
Witness Print _____ Witness Signature _____ Date _____

Patient Consent for Collection, Use and Disclosure of Personal Information

Privacy of your personal information is an important part of your care, while providing you with quality naturopathic care. I, (Dr. Melissa Howe) understand the importance of protecting your personal information. I am committed to collecting, using and disclosing your personal information responsibly. I will try to be as open and transparent as possible about the way that I handle your personal information. This privacy policy complies with the privacy legislation and standards of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy

This privacy policy outlines what I do to ensure that:

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

Melissa Howe N.D's Policy on the Collection, Use and Disclosure of patients' personal information:

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

- To assess your health concerns
- To provide health care
- To advise you of treatment options
- To establish and maintain contact with you
- To send you newsletters and other information mailings on rare occasions
- To remind you of upcoming appointments
- To communicate with other treating health care providers
- To allow for efficient follow-up treatment, care and billing
- To complete claims for insurance purposes
- To comply with legal and regulatory requirements of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy, acting under the authority of the Drugless Practitioners Act
- To invoice for goods and services
- To collect unpaid accounts
- To assist the office in complying with all regulatory requirements
- To comply generally with the law
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale.

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to collection, use and/or disclosure of your personal information as outlined above.

PATIENT CONSENT

I have reviewed the above information that explains how your office will use my personal information, and the steps used to protect my information.

I agree that Melissa Howe may collect, use and disclose my personal information as set out above in the information about the privacy policies.

Print Name _____ Signature _____ Date _____
Witness Name _____ Witness Signature _____ Date _____

I would like to receive the occasional Newsletter for Dr. Melissa via email, which I may opt out of at anytime: ___ Yes Please/ ___ No Thank You

OPTIONAL:

I consent that Melissa Howe N.D. may contact _____ for the purpose of collaboration in terms of my health care.
Print Name _____ Signature _____ Date _____
Witness Name _____ Witness Signature _____ Date _____

White Pines Naturopathic Clinic

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