

Acknowledgement & Consent to Naturopathic Treatment for Minor

Provided by Dr. Melissa Howe BScN, RN (in-active), ND. Doctor of Naturopathic Medicine, Adv. 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 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 and 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. 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, and that twenty-four hours notice is requested when cancelling appointments; otherwise a \$50 fee will apply. Reminder calls are not made.
12. Visits in which you receive Naturopathic consultation, for example, counseling or remedy prescription along with a form of body work such as Bowen, are billed as two separate entities (Naturopathic Consultation & Naturopathic Treatment respectively) according to the time spent consulting. For example, a 30 min. consultation (\$75) + Bowen (\$120) = \$195. Also NOTE that the cost of Bowen Treatment allows for approx. 10 minutes of consulting in order to create the best treatment plan for you.
13. 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 cost of products is standardized and regulated through the licensing board.
14. That you are aware that most but not all Extended Health Care Insurance Plans provide coverage for Naturopathic Services. Please check your policy to determine your entitlement. Naturopathic remedies are typically not covered by most health plans.
15. 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 the clinic 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.
16. 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. She is here for you, so please don't hesitate to ask.
17. 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 including diet, the more effective your treatments will be.

**RECOMMENDED THERAPEUTIC PROCEDURES MAY INCLUDE:**

Nutrition and Lifestyle Counseling, Herbal Medicine, Homeopathic Medicine, Nutritional Supplementation, Acupuncture, Flower Essences, Essential Oils, and Physical therapies such as; Bowen, Naturopathic Massage, Lymphatic Drainage Therapy, CranioSacral Therapy, Zero Balancing, Total Body Modification and Energy Releasing Massage.

**CONSENT TO TREATMENT OF A MINOR**

I, \_\_\_\_\_ do hereby authorize the examination & administration of Naturopathic care for \_\_\_\_\_ (child's name).

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to child \_\_\_\_\_

Witness Printed \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* Please flip over the page \***

## 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 ND., 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 the regulatory body, the College of Naturopaths of Ontario.

This privacy policy outlines what Dr. Melissa Howe N.D. ensures:

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

### Dr. Melissa Howe, N.D's Policy on the Collection, Use and Disclosure of Patients' Personal Information:

This office will 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 remind you of upcoming appointments

To send you newsletters and other information mailings on rare occasions

Email of parent: \_\_\_\_\_

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 College of Naturopaths of Ontario

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.

### CONSENT FOR A MINOR

I, \_\_\_\_\_ have reviewed the above information that explains how your office will protect and use my personal information. I agree that Melissa Howe ND may collect, use and disclose \_\_\_\_\_'s (name of child) personal information as set out above in the information about the privacy policies.

Date \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_

Witness Printed \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

If you, the parent would NOT like to stay up to date via the occasional Newsletter, please check: \_\_\_ No Thanks (you may unsubscribe anytime)

### OPTIONAL

I consent that Dr. Melissa Howe, N.D., may contact my medical doctor(s), for the purpose of collaboration in terms of my health care.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

Witness Print \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **White Pines Naturopathic Clinic**

Dr. Melissa Howe BScN., RN., Naturopathic Doctor, Advanced Bowen Practitioner

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