Consent to Treatment/ Office Policy

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors assess the whole person, taking into consideration 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 maybe used throughout the course of treatment. The principles and practices of Naturopathic Medicine and other supportive therapies will be practiced 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, as well as specific blood/ and or urinary laboratory or functional tests may be used as part of the treatment work-up. Naturopathic doctors are trained in clinical nutrition, homeopathy, botanical medicine, Asian medicine, physical medicine, and lifestyle counseling.

Even the gentlest therapies may cause complications under certain physiological conditions. For this reason, it is very important that you inform your Naturopathic doctor of any and all disease processes you are suffering from, as well as any medications (prescription and over the counter) that you are taking. If you are pregnant, suspect you may be pregnant, or breast-feeding, it is important you advise your Naturopathic doctor immediately.

Health risks associated with Naturopathic medicine include but are not limited to: aggravations of pre-existing symptoms during the healing process; allergic reactions to supplements and/or herbs; pain, bruising or injury from venipuncture or acupuncture.

Fee Schedule:

Patients are responsible for the total charges incurred (visit fees and any supplements) for each visit. Naturopathic medicine is not covered by OHIP, but may by covered by your extended health care plan. If you have coverage for Naturopathic medicine, it is the patient's responsibility to bill the insurance company. Please note most insurance companies will not cover supplements.

	1st Visit	2nd Visit	Subsequent Visit
Adults	$150	$105	$73.5
Children (0-12)	$105	$70	$70
Student (Full-time)	$145	$105	$70

Note: Please cancel appointments 24 hours in advance as there is a missed appointment fee of $50.00. Fees may be subject to change.

Each person must sign this document before any treatment will be rendered.

Each person seeking care in this clinic should understand that the practitioner, Dr. Jennifer Hendry-Lynn ND is a Naturopathic Doctor. If a medical diagnosis is required, it must be obtained from a licensed medical doctor.

Please read the following and <u>INITIAL</u> in the space provided:

_____ I understand a record will be kept of the health services provided for me. This record will be kept confidential and will not be released to others without my consent unless required by law.

_____ I understand that the Dr. Jennifer Hendry-Lynn ND will answer my questions to the best of her ability. I understand that results are not guaranteed. I do not expect the Naturopathic 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, except for (please list any exceptions)

_____ I understand that I am at liberty to seek or continue to seek medical care from other health care providers who are qualified to practice in Ontario.

_____ I understand that fees and supplements are to be paid for at the time of consultation, and that a missed appointment fee will be charged any missed appointments or cancellations with less than 24 hours notice.

_____ I hereby assign benefits payable for the eligible claims to the Provider responsible for submitting my claims electronically to the group benefits plan and I authorize the insurer/plan administrator to issue payment directly to the Provider. In the event my claim(s) are declined by the insurer/plan administrator, I understand that I remain responsible for payment to the Provider for any services rendered and/ or supplies provided.

_____ I acknowledge and agree that the insurer/plan administrator is under no obligation to accept this Assignment, that any benefit payment made in accordance with this Assignment will discharge the insurer/plan administrator of its obligations with respect to that benefit payment, and that in the event the benefit payment is made to me, the insurer/plan administrator will also be discharged of its obligation with respect to that benefit payment.

_____ I understand that this Assignment will apply to all eligible claims submitted electronically by the Provider and that I may revoke it at any time by providing written notice to the insurer/plan administrator.

_____ If I am a spouse or dependent, I confirm that I am authorized by the plan member to execute an assignment of benefit payments to the Provider.

I have read and understand the above-stated policies and information. I intend for this consent form to cover the entire course of treatment for any present condition. I understand I am free to withdraw my consent and to discontinue participation in these procedures at anytime

Patient Name (please print):_____

Signature of Patient (or Guardian):_____

Signature of Naturopathic Doctor:_____

Date:_____