

INFORMED CONSENT

Carla King, BAS, ND
Naturopathic Doctor

Mandzak Chiropractic Health Centre
101 Mary St. West #101, Whitby, ON

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Privacy of your personal information is an important part of care rendered by Mandzak Chiropractic Health Centre. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate use and protection of your information.

Our privacy policy outlines what we are 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 and standards of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy.

How our Clinic Collects, Uses and Discloses Patients' Personal Information

The clinic will collect, use and disclose information about you for the following purposes:

- To assess your health concerns, provide health care and advise you of treatment options
- To establish and maintain contact with you by sending newsletters/information mailings and making reminder calls for upcoming appointments
- To communicate with other treating health-care providers
- To allow us to efficiently follow-up for treatment, care and billing
- To complete claims for insurance purposes
- To invoice for goods and services, process payments, collect unpaid accounts
- To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse, reportable diseases and individuals who may be an imminent threat to harm themselves or others

INFORMED CONSENT: Please note that this form must be signed prior to your first appointment

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. Carla King, ND will take a thorough case history and perform a physical examination. If your case requires, the physical may include more specific examinations such as breast, gynecological, rectal, prostate or genital exams and blood and urine samples may be taken.

It is very important that you inform the Naturopathic Doctor, Carla King, ND immediately of any disease process from which you are suffering and any medications/over the counter drugs that you are currently taking. Also, please advise Carla King, ND immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding.

As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

There are some slight health risks associated with treatment by naturopathic medicine. These include but are not limited to:

- Homeopathic remedies may occasionally result in the aggravation of pre-existing symptoms.
- Some patients experience allergic reactions to certain supplements and herbs. Please advise us of any allergies
- Pain, bruising or injury from venipuncture or acupuncture or parental therapy.
- Fainting or puncturing of an organ with acupuncture needles or accidental burning of the skin from the use of moxa.

CANCELLING OR RESCHEDULING APPOINTMENTS

We require that you give us at least 24 hours notice when cancelling or rescheduling an appointment. A missed appointment, without proper notice, can result in a full appointment charge to be paid before another appointment is booked.

STATEMENT OF ACKNOWLEDGMENT/CONSENT

As a patient of Carla King, ND I have read the information and understand that the form of medical care is based on Naturopathic and other supportive principles and practices.

I _____ (print patient name) have read and understand how Carla King, ND will use my personal information and the steps which the staff is taking to protect my information. I am giving my informed consent to the collection, use and/or disclosure of my personal information as detailed above.

I _____ (print patient name) have read and understand the above information. I recognize that this consent form covers the entire course of treatment for my present condition. I understand that treatment results are not guaranteed. I also understand that I am free to withdraw my consent and to discontinue treatment at any time. I give my informed consent to Dr. Carla King, ND to provide naturopathic medical consultation, assessment and treatment to me.

Patient Name (Print): _____

Patient/Guardian Signature: _____

Date: _____

ND Signature: _____