

## **Abby Naturopathic Clinic - Policies and Informed Consent**

Welcome to Abby Naturopathic Clinic. This clinic utilizes the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body's own ability to heal and to improve the quality of life and health through natural means, with the help of pharmaceutical medications when appropriate to improve healing outcomes.

### **Clinic Policies**

#### **Patient Confidentiality**

The practitioner at Abby Naturopathic Clinic is required to maintain patient confidentiality as per the bylaws of the College of Naturopathic Physicians of BC (CNPBC). Your personal information is collected for the purpose of providing health care and for administrative purposes. It will not be disclosed for other purposes without your consent other than for reasons stated in the bylaws of the CNPBC. A copy of these bylaws may be found at the CNPBC website ([www.cnpbc.bc.ca](http://www.cnpbc.bc.ca)) or we will print a copy of the relevant section for you at your request.

#### **Payment and Cancellation Policy**

**Initial visit fee:                      \$150.00**

**Standard follow up visit:         \$75.00**

Abby Naturopathic Clinic does not collect payment from MSP. You are responsible for full payment for any fees incurred during your visit to Abby Naturopathic Clinic at the end of the visit. If you will be applying for reimbursement from MSP then a claim form will be filled out and a copy will be given for you to submit. If you are claiming reimbursement from an extended medical plan then the standard receipt that you will be supplied should be sufficient for your provider to process your reimbursement. Abby Naturopathic Clinic requires at least 24 hours notice if you wish to cancel or re-schedule an appointment or you will be charged for the time set aside and, in the case of a scheduled treatment, the cost of perishable products prepared for that treatment. Notice of cancellation or re-scheduling must be given during regular clinic hours or a message must be received during regular clinic hours that covers this 24 hour period.

I, \_\_\_\_\_, have read, understand, and agree to the above clinic policies of Abby Naturopathic Clinic.

Signature: \_\_\_\_\_ .

### **Informed Consent**

As a diagnosis is made and treatment options are presented, the practitioner at Abby Naturopathic Clinic will either have you sign a consent form or verbally agree to the proposed treatment options. Scheduling an appointment for a specific treatment will be considered consent to that treatment. Before consent is obtained, the practitioner will ensure you are informed of the risks, benefits, cost, and adverse effects of the proposed treatment. If there are any relevant alternative treatments for your diagnosed condition the practitioner will also inform you of the possible risks, benefits and adverse effects of those treatments, along with the risks of not treating the diagnosed condition. You have the right to refuse or withdraw consent to any treatment at any time.

Abby Naturopathic Clinic thanks you for taking the time to read and fill out this form and we welcome you to our clinic.