



Naturopathic Medicine  
Phone: 905 840 9355  
220 Wexford Rd Unit 2, Brampton ON L6Z 4N7

## Informed Consent

### Risks

- Some natural remedies can interact with medication. Please advise your Naturopathic Doctor of any medication that you are currently taking and any changes to your medication in the future.
- Some natural remedies are can cause harm during pregnancy. Please advise your Naturopathic Doctor if you become pregnant, suspect that you may be pregnant or are breast-feeding.
- Some patients experience allergic reactions to certain supplements and herbs. Please advise your Naturopathic Doctor of any allergies you may have
- Homeopathic remedies may occasionally result in the aggravation of pre-existing symptoms.
- Pain, bruising or fainting may result from acupuncture

### Policies and Fees

- Missed appointments and late cancellations (less than 24 hours) will be subject to a fee of \$25
- Patients are responsible for the total cost of each visit including services, tests and prescriptions. If patients have insurance coverage for Naturopathic Medicine they must submit their receipts to their insurance company after paying in full.
- The cost of the initial visit is \$160. The cost of follow up visits is \$88.

### Privacy

- The centre will collect some personal information about you including your telephone number, address and email address and you may be contacted by your Naturopathic Doctor or the centre in the following ways: newsletters, Thank-you cards, Birthday Cards, telephone calls, emails
- Health information may be communicated to your other health care providers if necessary for your care; otherwise, your personal information will only be shared with your written consent
- All personal information will be collected, used and disclosed in accordance with the Justine Blainey Wellness Centre Privacy Policy
- To comply with regulatory and legal requirements, your ND may be required to advise authorities of child abuse and reporting diseases and individuals who may be at imminent threat of harm to themselves or others.

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I, the undersigned, do hereby acknowledge that I have been informed of and understand the recommended diagnostic procedure(s) and have discussed to my satisfaction this and any requests for related information with Dr L. Brown ND./ Dr L Finn ND. I further acknowledge and confirm that I have been informed of and respect the financial costs, expected benefits, potential risks and side effects; the likely consequences of not having the procedure(s) and what alternative course(s) of action are available to me. As a result I consent for the recommended diagnostic and therapeutic procedures discussed with the naturopathic doctor.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient (or Parent/Guardian): \_\_\_\_\_

Signature of Naturopathic Doctor: \_\_\_\_\_