

## Informed Consent

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 thorough case history and physical examination will be performed prior to prescribing treatment.

It is very important that you inform your Naturopathic Doctor of any disease process from which you are suffering and any medications/over the counter drugs and supplements that you are currently taking. Please advise your Naturopathic Doctor of any changes to your medications/over the counter drugs or supplements during the course of your care. It is also important to know if you are pregnant, suspect you are pregnant or if you are breast-feeding as it may alter treatment choices.

As a client you will receive information about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks and potential side effects.

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

- Homeopathic remedies may occasionally result in the aggravation of pre-existing symptoms. When this occurs the duration is usually short.
- Some patients experience allergic reactions to certain supplements and herbs. Please advise your Naturopathic Doctor of any allergies you may have.
- Pain, bruising or injury from blood draws or acupuncture.
- Fainting from acupuncture, or puncturing of an organ with acupuncture needles, although extremely uncommon and unlikely.
- Muscle strains or sprains or disc injuries from spinal manipulation.
- There is a very small potential for stroke in neck manipulation. Patients are thoroughly screened prior to manipulation the neck.
- Staff are trained to handle emergencies should the need arise.

### I understand:

- That the exact nature of any treatment provided will be explained and any questions I have will be answered.
  - I am free to withdraw my consent and discontinue treatment at any time.
  - Payment is due at time of service.
  - No show or cancellations not made prior to 24 hours may be billed for the appointment time missed.
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Client Name (please print): \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Live Well  
Karen Maloney-Younker ND

### **Patient Consent Form For Collection, Use And Disclosure of Personal Information**

Privacy and protecting your personal information is taken seriously. All staff members who come in contact with your personal information are aware of the sensitive nature of information that you have disclosed to us. Only necessary information is collected about you and your information is only shared with your consent. Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols. Privacy protocols comply with privacy legislation and standards of the naturopathic profession's regulatory body.

The collection, use and disclosure of your information will be done responsibly and will be used 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
- To remind you of upcoming appointments
- To allow for efficient follow-up for treatment
- To complete forms for insurance purposes
- To invoice for goods and services
- To collect unpaid accounts and follow up on billing, as required
- To comply with 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

### **Patient Consent**

I have reviewed the above information that explains how my personal information will be used, and how my information will be protected.

I agree that Karen Maloney-Younker, ND, can collect, use and disclose personal information about \_\_\_\_\_ as set out in the privacy policies listed above.

Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_