



Declaration of Informed Consent to Naturopathic Treatment

We would like you to understand the services we provide, the costs involved, and what we do with the personal information we obtain from you. If you have any questions about this, please ask. *This informed consent begins today and is between the Naturopathic Doctor (ND) and the person named at the end of this document.*

The naturopathic philosophy is to stimulate the healing power of the body and treat the underlying cause of disease. Symptoms of disease are seen as warning signals of improper functioning of the body, and unfavorable lifestyle habits. Naturopathic Medicine emphasizes disease as a process rather than as an entity. To achieve health outcomes, the following natural therapies are utilized:

- **Dietary changes and nutrient supplementation** are recommended to address deficiencies, treat disease process, and to promote health.
- **Botanical medicine** is any plant-based medicine that involves the use of herbal teas, tinctures, dried herbs in the form of tablets or capsules, and other forms of herbal preparations for the treatment of illness and disease.
- **Homeopathy** utilizes extremely small doses of substances to stimulate the body's innate healing ability. Each remedy is individually prescribed according to the Law of Similars, that is, a substance which is capable of evoking a certain set of symptoms in an essentially healthy person, may, in the right dose, become a potential effective therapeutic against these same symptoms.
- **Asian Medicine** includes the use of acupuncture, herbs, and dietary changes to balance body functions and thus restore equilibrium. Acupuncture refers to the insertion of sterilized needles through the skin into underlying tissues at specific points on the body.
- **Physical Medicine** refers to the use of hands-on techniques such as soft tissue work and spinal manipulation.
- **Hydrotherapy** refers to the use of hot/cold water applications to improve circulation and stimulate the immune system.
- **Lifestyle Counselling** involves identifying risk factors and finding alternatives to help optimize one's physical, mental, and emotional environment.

Even the gentlest therapies may cause complications in certain physiological conditions, depending greatly on the individual and the extent of their condition. *It is very important therefore, that you inform your ND of any disease process/pre-existing conditions that you are suffering from, as well as any medications (prescription or over-the-counter) that you are taking.*

Please check the box (☐) to indicate that you have read and understand the following:

Disclaimer of Healthcare Related Services:

- I understand that the Naturopathic Doctor (ND) will answer any questions that I have to the best of her ability. I understand that the results are not guaranteed. I do not expect the doctor to be able to anticipate and explain all the risks and complications possible. I will rely on her to exercise expert judgment during the course of this procedure which she feels at the time is in my best interests, based upon the facts known.
- I understand that any treatment or advice provided to me by my ND is not mutually exclusive of any treatment or advice I may be receiving now or in the future from a physician, surgeon, or any other licensed healthcare provider.
- I understand that I am at liberty to seek or may continue to seek treatment or advice from a physician, surgeon, or any other licensed healthcare provider, and it has not been suggested that I refrain from seeking or following the advice of another licensed healthcare provider.



- I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating
- However rare, there remain some risks to naturopathic medicine. These include, but are not limited to: aggravation of pre-existing symptoms, reaction to supplements or herbs, pain/fainting/bruising or injury from venipuncture (blood draw for lab purposes) and acupuncture, muscle sprains/strains, disc injuries from spinal manipulation
- If you are pregnant, suspect you may be pregnant, or are breast-feeding, you will advise your ND **immediately, and before beginning or continuing any treatments** recommended by her.
- Dr. Kelly Gillis will endeavor to provide the best possible diagnosis and course of treatment, but no guarantee has been made with respect to any treatment, action, or medical advice given, because many factors are important in determining actual results.
- I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Confidentiality

- I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others without my consent, unless required by law. I understand that I may look at my medical record at any time and may request a copy. Fees in accordance with the clinic's standard policy will come into effect for this service.
- I acknowledge my information will be used and disclosed for the following purposes:
 - To assess your health concerns and advise you of treatment options
 - To establish and maintain contact with you and remind you of upcoming appointment
 - To communicate with other treating health-care providers (with prior consent obtained)
 - To allow us to efficiently follow-up for treatment, care and billing
 - To comply with legal and regulatory issues

Payments & Appointment Etiquette

- I understand the fee schedule as stated below, and I understand the missed and short notice cancellations and the late appointment cancellation policies as outlined below:
 - **Missed appointments or short notice cancellation:** a \$30 fee will be charged for a visit cancelled within 24 hours before the appointed time, or missed without extenuating circumstances, or prior notification
 - **Late:** if you arrive for your appointment late, only the remaining scheduled time will be available for your visit. The full visit fee may be applied for this shortened visit.
- I understand that I may purchase any recommended medicines or supplements from the dispensary at the Belleville Integrated Health Center, or any retail store of my choice.



Fee Schedule

I agree to pay the fees as follows:

Visit Type	Visit Length	Visit Fee
Initial consult	90 minutes	\$174.00
Comprehensive follow-up	60 minutes	\$148.00
Extended follow-up	45 minutes	\$107.00
Follow-up	30 minutes	\$80.00
Check-in	15 minutes	\$53.00
Acupuncture	30 minutes	\$70.00

- Supplements, remedies, botanicals, laboratory tests and other services are charged separately and are **not** included in the visit fee. There will be **no** refunds or exchanges on visit fees, supplements, remedies, botanicals, laboratory tests and other services. Please note all visit fees are HST exempt; however all products (supplements, herbs and remedies, etc.) are subject to HST. Labs are also subject to HST.
- Additional fees apply for requested letters written to other health care providers, which will be determined due to the complexity of the content.

I have read and understand how The Belleville Integrated Health Centre will use my personal information and the steps which the staff is taking to protect my information.

I have also read and understand the healthcare related declaration. I am free to withdraw my consent and to discontinue treatment at any time. I give my informed consent to Dr. Kelly Gillis, ND to provide naturopathic medical consultation, assessment and/or treatment to me.

I intend this informed consent to apply to all my present and future naturopathic care with Dr. Kelly Gillis, ND.

Patient Name: _____
(Please print)

Patient Signature: _____
(Parent/guardian, if applicable)

Witness Name: _____
(Please print)

Witness Signature: _____

Date: _____
(MM/DD/YYYY)

Dr. Kelly Gillis, ND: _____ #3095