

Marsden Centre For Naturopathic Excellence

Client Admission Form

Name: _____

Address: _____

Health Card #: _____

Date of Birth: _____ day _____ month _____ year

Occupation: _____

Home Phone: _____ Business Phone: _____

Marital Status: single ___ married ___ divorced ___

separated ___ widowed ___

Number of children: _____ Ages: _____

If the patient is a child, give parent's names:

Mother: _____ Father: _____

How did you learn of our office: Friend ___ Relative ___

Professional ___ Name: _____

Have you had previous Chiropractic or Naturopathic care? Yes ___ No ___

If yes, when? _____ With Whom? _____

Are you familiar with the services we offer? Yes No

To be read and signed by patient, parent or guardian

We regret that OHIP does not cover Naturopathic services, therefore fees for Naturopathic services and all supplements are the responsibility of the patient, payable in full, at the time of the appointment.

*****Please Note*****

As outlined in your information sheet, your appointment time is reserved for you. We require a minimum of 24 hours notice for cancellation or change (48 hours for new patients and special appointments), otherwise you will be billed the full fee for the missed appointments.

Date: _____ Signature: _____



Marsden Centre
of Naturopathic
Excellence



STATEMENT OF ACKNOWLEDGEMENT

Each person seeking care in this office should understand that the practitioners Naturopathic Doctors. Complementary Medicine uses non-invasive methods for the assessment of the biological terrain and of bodily dysfunction, and provides natural therapies for correction.

Each client must sign this document before any treatment will be rendered. Your signature acknowledges the following:

1. That you have read all the foregoing information and that you understand that the ultimate responsibility for YOUR HEALTH IS YOUR OWN.
2. That you understand that the practitioners in this clinic work within their individual modality's scope of practice.
3. That you understand that some of the diagnostic/therapeutic techniques we use, at this time, are considered non-standard
4. That while changes in dietary habits are not an absolute pre-requisite for treatment, you understand that failure to follow sound nutritional, exercise, and lifestyle programs could undermine the expected results
5. That you are accepting or rejecting this care of your own free will and choice
6. That you accept full responsibility for any fees incurred during care and treatment at the time of the visit unless prior arrangements have been made

I, _____, HAVE READ, UNDERSTOOD AND
ACKNOWLEDGE THE ABOVE STATEMENTS.

SIGNED BY MY HAND, THIS ___ DAY OF _____, 200___, AT
_____(City), _____(Province),
_____(Country)

Signed:

Witnessed by:



**PATIENT CONSENT FORM
FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL
INFORMATION**

Privacy of your personal information is an important part of our Clinic, while providing you with quality naturopathic care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We will try to be as open and transparent as possible about the way we handle your personal information.

In this Clinic, Von Chaleunsouk BSc ND acts as the Privacy Information Officer.

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 our Clinic is 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**

Our Clinic understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our Clinic is using and disclosing your information.

This Clinic will collect, use and disclose information about you for the following purposes:

- to assess your health concerns
- to provide health care
- to advise you of treatment options
- to establish and maintain contact with you
- to send you newsletters and other information mailings
- to remind you of 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 comply with legal and regulatory requirements of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy acting under the authority of the *Drugless Practitioners Act*
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist this Clinic to comply with all regulatory requirements
- to comply generally with the law
- to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information as outlined above.

Patient Consent

I have reviewed the above information that explains how your Clinic will use my personal information, and the steps your Clinic is taking to protect my information.

I agree that the Marsden Centre For Naturoapthic Excellence can collect, use and disclose personal information about _____
Patient's Name
as set out above

in the information about the Clinic's privacy policies.

signature

print name

date

signature of witness