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**Informed Consent**

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**Please note that this form *must* be signed prior to your first appointment.**

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. Your naturopathic doctor will take a thorough case history, perform an appropriate physical examination, and perform laboratory tests as needed. If your case requires, the physical may include more specific examinations such as gynaecological, rectal, prostate or genital exams. It is very important that you inform your Naturopathic Doctor immediately of any disease process from which you are suffering and any medications/over the counter drugs that you are currently taking. Please advise your Naturopathic Doctor immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding.

As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

There are some slight health risks associated with treatment by naturopathic medicine.

These include but are not limited to:

- Naturopathic 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 venipuncture or acupuncture or parenteral (intravenous) therapy.
- Fainting or puncturing of an organ with acupuncture needles or accidental burning of the skin from the use of moxa.
- Muscle strains and sprains or disc injuries from spinal manipulation.
- There is a very small potential for stroke in neck manipulation. Patients are thoroughly screened by the Naturopathic Doctor prior to manipulating the neck.

The staff are trained to handle emergencies should the need arise.

I understand that:

- The clinic does not guarantee treatment results.
- My Naturopathic Doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have.
- I am free to withdraw my consent and to discontinue treatment at any time.

Patient Name (Please print): \_\_\_\_\_

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

Naturopathic Doctor: Sarah Oulahan, ND. Lic. #1754.

**Patient Consent Form for Collection, Use and Disclosure of Personal Information**

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Privacy of your personal information is an important part of our clinic, and 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.

Your Naturopathic Doctor is aware of the sensitive nature of the information that you have disclosed to us. Your Naturopathic Doctor is trained in the appropriate use and protection of your information.

In this clinic, Sarah Oulahan, ND acts as the Privacy Information Officer regarding Naturopathic care.

***Our privacy policy outlines what we are 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***

We understand the importance of protecting your personal information. To help you understand how we are doing that, we have outlined how we are using and disclosing your information.

The 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 invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse and reporting diseases and individuals who may be an imminent threat to harm themselves or others

By signing this Patient Consent Form, you have agreed that you have given your 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 the clinic will use my personal information and the steps that the clinic is taking to protect my information. I agree that Sarah Oulahan, ND can collect, use and disclose personal information about \_\_\_\_\_ as set out above in the information about the clinic's privacy policies.

(Patient Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date