



Dear Patient,

I would like to take this opportunity to welcome you to Nature Med Naturopathic Clinic. By investing in Naturopathic Medicine, you have taken a major step towards optimizing your health, for now and for the future. As your Doctor, I'm certain you will find your experience a positive and rewarding one, helping you set a new direction towards holistic health.

To prepare for your appointment there are few things you will need to do to get started. Please take the time to fill out the important patient intake form, either by downloading and printing it from the website, or, by filling in the secure online version. I know it is a long form, but the responses you provide will greatly assist me in understanding your health and health goals, so that we can formulate an individualized health care plan tailored to your needs. I am the only person who will review these forms and the information you share will be kept strictly confidential. Please remember to bring to your appointment:

- ✔ Completed patient intake form
- ✔ 2 consent forms (see below)
- ✔ Review of systems form (see below)
- ✔ Any available laboratory testing or medical results from the past 6 months

To have adequate time to explore your health and health history, your first appointment will generally last 60 – 90 minutes and may include a physical exam and relevant laboratory testing. Your treatment plan will be presented to you either on the 1<sup>st</sup> or 2<sup>nd</sup> visit, depending on the complexity of your health concerns. Follow-up appointments last for 30-60 minutes depending on individual health requirements.

Included in this package is a complete fee schedule of our services. Naturopathic care is not covered by OHIP. However, if you have extended medical insurance, please check with your plan to see if there is "Naturopathic Coverage", as many of the major insurance companies do offer this. The cost of supplements and laboratory testing is not included in the consultation fee. Our in-house dispensary carries only high quality professional product lines. However, any supplements prescribed at your visit may be purchased through a supplier of your choice. Please note that payment is due at the end of your visit. For your convenience, we accept cash, debit, cheque, Visa and MasterCard. If you are unable to make a scheduled appointment, please give 24 hours notice to avoid the late cancellation fee.

If you have any questions or concerns prior to your visit, please feel free to contact me by telephone at (519) 416-9355, or email at [drkara@naturemed.ca](mailto:drkara@naturemed.ca). Also, please refer to our website for more information, [www.naturemed.ca](http://www.naturemed.ca).

I look forward to working with you on your path to optimal health.

In Health,

**Kara Dionisio, B.Sc, M.Sc, ND**  
Doctor of Naturopathic Medicine  
Nature Med Naturopathic Clinic

## INFORMED CONSENT FOR NATUROPATHIC TREATMENT

Naturopathic Medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors assess the whole person, and promote health by assisting the body's own healing mechanisms. Naturopathic doctors are highly educated primary health care providers who integrate standard medical diagnostics with a broad range of natural therapies, including botanicals (herbs), acupuncture, clinical nutrition, and lifestyle counseling. When required, we will work in partnership with other regulated healthcare providers to ensure that patients receive the most effective care possible.

### Statement of Acknowledgement

I, \_\_\_\_\_ [print name], as a patient of Nature Med Naturopathic Clinic, understand that the form of medical care is based on naturopathic principles and practices. I will inform my naturopathic doctor of all my health concerns, allergies, medications, supplements, and medical interventions, because safe care requires that I truthfully and completely disclose this information.

I will inform my naturopathic doctor if I become pregnant and/or if I am breastfeeding. As a patient of the clinic I understand that I am entitled to know about my diagnosis and treatment, including the costs, benefits, risks and potential side-effects. I am entitled to know the consequences of *not* accepting treatment and of alternative courses of action. I am always at liberty to seek or continue care from another qualified healthcare provider. I understand that although naturopathic treatments are generally safe and gentle, there may be health risks associated with some naturopathic treatments, including but not limited to:

- ✔ Some patients experience allergic reactions to certain supplements and herbs
- ✔ Pain, bruising or injury from venipuncture (taking blood for tests) or acupuncture
- ✔ Fainting or puncturing of an organ with acupuncture needles

### I understand:

- ✔ The clinic does not guarantee treatment results
- ✔ That my naturopathic doctor will explain to me the exact nature of any treatment provided
- ✔ I am free to withdraw my consent and to discontinue treatment at any time
- ✔ I understand that Nature Med Naturopathic Clinic cancellation policy requires me to cancel a booked appointment 24 hours prior to that appointment. If I fail to do so, a cancellation fee of \$50 will be charged.

As the patient, you are responsible for the total charges incurred for each visit. If you have coverage for naturopathic medicine, you are responsible for billing your own insurance company- we will provide you with all of the information necessary to send your claim for reimbursement. Your Naturopathic Doctor may prescribe supplements that can be purchased from our in-house dispensary, or elsewhere. Most insurance companies do not cover the cost of supplements.

### PATIENT CONSENT

**I have read and understand the above-stated policies and information. I intend this consent form to cover the entire course of treatment. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

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

Privacy of your personal information is an important part of this 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 will handle your personal information.

### At Nature Med Naturopathic Clinic, our privacy policy ensures 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

Nature Med Naturopathic Clinic will collect, use and disclose information about you for the following purposes:

- to assess your health concerns and provide you with quality 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
- with your permission, to communicate with other treating health-care providers
- to allow us to efficiently follow-up for treatment, care and billing
- to comply with legal and regulatory requirements, and to comply generally with the law

### PATIENT CONSENT

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

I agree that **Nature Med Naturopathic Clinic** can collect, use and disclose personal information about \_\_\_\_\_ [*print your name*] as set out above in the information about the Clinic's privacy policies.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

## Fee Schedule

The following fees include your time spent with Dr. Dionisio and the time she requires to research your particular health needs. The fees do not include the cost of prescription items or laboratory testing, as these are determined on an individual basis. Initial consultations are 1 ¼ to 1 ½ hours, and a standard follow-up appointment is 30-45 minutes.

	<b>Approximate Time</b>	<b>Group</b>	<b>Fee</b>
<b>Initial Consultation</b>	75-90 minutes	Adults	\$150
		Students, Children, Seniors	\$135
<b>Follow-up Consultation (extended)</b>	60 minutes	Adults	\$100
		Students, Children, Seniors	\$85
<b>Follow-up Consultation (standard)</b>	30 – 45 minutes	Adults	\$75
		Students, Children, Seniors	\$65
<b>Acupuncture</b>	30 minutes	1 session	\$50
		Series of 5	\$200

\*Children= 16 and under

\*Students= full-time with valid student card

\*Seniors= 65+

### **Extended Health Insurance**

OHIP does not cover the fees of a Naturopathic Doctor, however, many extended healthcare providers do. Insured patients can check with their employer or insurance agent to see if they are covered. Naturopathic services are tax deductible.

### **Payment**

All office visits and lab test fees are payable in full at the time of your visit. GST applies to all services provided. Payments may be made by Visa, Mastercard, debit, cheque or cash.

### **Cancellation Policy**

There is no charge for cancellations with 24 hours notice. Appointments cancelled with less than 24 hours notice will incur a \$50 charge. A full office visit fee will be charged with failure to provide any notice of cancellation.