



# Integral Health Clinic

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[www.naturopathy4u.com](http://www.naturopathy4u.com)

## PATIENT AGREEMENT FORM

NAME: \_\_\_\_\_

*Each patient is required to read and sign this form before treatment. Your signature acknowledges the following:*

1. I understand that naturopathic medicine is not covered by the provincial government, yet naturopathic expenses may be covered by private insurance plans and may be tax deductible.
2. The fees and services have been clarified in advance. **Payment is due at the end of each visit, as the clinic does not bill insurance companies directly.** Cash, cheque, Interac, Visa and Mastercard (no other credit cards) are acceptable payment methods. Interest will be charged to overdue accounts.
3. **Twenty-four hours notice is required when cancelling an appointment.** Otherwise, the full visit fee will be charged.
4. I understand that natural health care is a joint responsibility between myself (the patient) and the practitioner. Improving my lifestyle can be as important as remedies and treatments.
5. My health records may be used in research providing that my name is not revealed. At all other times, my health records will be held in strictest confidence.
6. I realize that naturopathic medicine is not an isolated system and that our naturopaths welcome teamwork with MDs, DCs, and other practitioners.
7. The decision to discontinue prescription drugs or any other prescribed medical treatment is **my responsibility.** If I forgo standard medical treatment in favour of natural healing, I assume responsibility for any potential risk that may entail. Our naturopaths will explain procedures, probable outcomes and possible risks in advance.
8. I am aware that my sessions may be video recorded for research purposes, and that the videos may also be used as a tool while consulting with other naturopaths.
9. I am aware that **appointments that run over the scheduled time will be charged the difference in 15 minute increments.**

Signed: \_\_\_\_\_

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

