

## INFORMED CONSENT

I would like to take this opportunity to welcome you to the Naturopathic practice of Dr. Tannaz Mokhtari B.Sc., N.D. I utilize the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body's own ability to heal and to improve the quality of life and health through natural means.

As your practitioner I will conduct a thorough case history and a physical exam. Specific blood and /or urinary laboratory reports may be used as part of the treatment work-up.

### Statement of Acknowledgement

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

### **Acknowledgement and Informed Consent.**

I Hereby acknowledge and confirm that prior to signing this document and prior to undergoing any treatment:

1. I have been informed by you and understand that any treatment or advice provided to me as a patient of this naturopathic office is not being provided in the place of or to the exclusion of any other treatment or advice that I am now receiving or may in the future receive from a physician, surgeon, or any other licensed healthcare provider. (Such other treatment collectively referred to as "Conventional Medical Treatment")
2. I have been informed by you and understand that the treatment and products that are rendered, recommended or supplied by this office may be different from the treatment and products that are rendered, recommended or supplied in conventional medical treatment.
3. I have been informed by you and understand that the Naturopathic Treatment and Products provided by this office are not covered under the Ontario Health Insurance Plan (OHIP) and accordingly, I hereby agree to pay my account to the office at the conclusion of each and every visit. *I further acknowledge and agree that I will be charged the full fee for all and any missed appointments, unless I have advised the office of my cancellation no less than 24 hours in advance of the scheduled appointment.*
4. You have explained to me and I understand the nature of the Naturopathic Treatment and Products that you will provide to me. You have advised me and I understand the potential side effects that may be associated with certain Naturopathic Treatment and Products. You have also urged and encouraged me to ask such questions as I have at any time and to advise you immediately if I either wish to discontinue or should decide to undergo any specific type of treatment.

I hereby authorize and consent to such treatment by the office, as the Naturopathic practitioner considers necessary.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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, Dr. Tannaz Mokhtari N.D. 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 Patient's  
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.

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 mailing
- 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 Drugless Practitioners Act
- To invoice for good 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 Dr. Tannaz Mokhtari, ND can collect, use and disclose personal information about \_\_\_\_\_ as set out above in the information about the clinic's privacy policies.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness