

Dear Patient:

Thank you for your interest in **Body of Knowledge Healing Arts**. Prior to your first visit, we'd like to make you aware of our **clinic policies**:

1. Please review the attached consent forms and our online privacy policy. We will ask you to **arrive 15 minutes prior to your first visit** to review and sign your consent forms, take care of some initial administrative tasks, and perform a screening urine test.

2. Please fill out the **adult intake form** and **diet diary** and **forward these documents to us PRIOR to your appointment**. To facilitate this process **we now have our intake forms available online** at: <http://bokhealingarts.com/patient-centre/new-patients>. Simply select the appropriate intake form, then fill it out and submit it electronically (your information is secure). If you prefer, print out the intake form and return it to us by fax, letter mail, or in person at reception or through our downstairs mail slot (in a sealed, addressed envelope).

3. Your initial **90 minute** consultation includes an in-depth review of your health concerns and goals. This visit focuses on assessment, including a screening physical exam and review of lab work. If you have copies of **lab tests** done in the past 6-12 months, **please submit them with your forms**. If not, we will fill out a form to request them from your MD. Additional or up-to-date diagnostic tests may be recommended, and introductory treatment guidelines are presented. The cost of the initial visit is \$190.

Your **second visit will last 60 minutes**, and includes assessment, setting of short & long term goals of treatment and the presentation of a personalized treatment plan. The cost for the second visit is \$140.

Subsequent visits are between 15 and 60 minutes in length as needed, and the cost is \$40-140/visit, based on time or service provided. Please note that **all products and services are subject to GST**.

4. **The office accepts cash, debit, VISA and Mastercard** as methods of payment. We do not accept cheques. Most extended health benefits cover Naturopathic Medicine. Please check with your provider to determine the amount that is covered under your policy, or to request its addition to your policy. Please be advised that **Body of Knowledge Healing Arts** does not deal directly with insurance companies. **You must pay all fees at the end of your visit**, and subsequently submit the invoice to your insurance company to be reimbursed.

****Please note that we require a MINIMUM of 24 hours advance notice to cancel or change a scheduled appointment. Otherwise, you will be charged 50% of the cost of the scheduled appointment.**

5. Please note that the clinic has a **scent-free policy**. To respect those clients with allergies or sensitivities, **please avoid perfumes and scented cosmetics** when attending the clinic.

We look forward to meeting with you soon. Kindly give us a call at (416) 783-1800 or have a look at our website www.bokhealingarts.com if you have any additional questions.

Wishing you good health and abundant joy,

Jennifer Baer, ND

Doctor of Naturopathic Medicine
Clinic Director, Body of Knowledge Healing Arts

INFORMED CONSENT

We would like to take this opportunity to welcome you to **Body of Knowledge Healing Arts**. This Clinic utilizes the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body's natural ability to heal and to improve the quality of life and health through natural means.

Your practitioner will conduct a thorough case history. Assessment of each patient's physical, mental, emotional and spiritual well-being is required to facilitate this work. A screening physical exam will be done, and specific blood and/or urinary laboratory reports may be used as part of the treatment work-up.

Therapies used by a Naturopathic Doctor may include: Clinical Nutrition, Botanical Medicine, Homeopathy, Traditional Asian Medicine & Acupuncture, Lifestyle Counselling & Stress Management, Hydrotherapy, and Physical Medicine including massage and soft tissue manipulation.

Statement of Acknowledgement

I, (print your name) _____, acknowledge that as a new patient of this clinic, I have read the information included herein, and understand that the form of medical care is based on Naturopathic Medicine and other supportive principles and practices. I also recognize that even the gentlest therapies have potential complications in certain physiological conditions such as pregnancy, lactation, very young children, very elderly patients, or those on multiple medications.

I therefore confirm that I have informed (and will continue to inform) my practitioner fully of my medical history, family history, medications and/or supplements I am currently taking (prescription and over-the-counter), or was previously taking. If female, I have advised my practitioner of any chance that I am pregnant, and will continue to do so.

Despite the low incidence, there are some slight risks to some Naturopathic treatments. These include, but are not limited to:

- aggravation of pre-existing symptoms
- allergic reaction to supplements or herbs
- pain, fainting, bruising or injury from venipuncture or acupuncture
- muscle strains and sprains, disc injuries from spinal manipulations

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others without my consent, unless required by law. I understand that I may look at my medical record at any time and may request a copy of it by paying the appropriate fee.

I understand that my practitioner will answer any questions I have to the best of her ability. I understand that the results are not guaranteed. I do not expect the practitioner to anticipate and explain all risks and/or complications. With this knowledge I voluntarily agree to the diagnostic and therapeutic treatments outlined above except the following (list any therapies you do not wish to participate in):



1-1068 eglinton ave w
toronto, ontario m6c 2c5
tel: 416.783.1800
fax: 416.783.1801
www.bokhealingarts.com

I understand that charges are to be paid at the time of the visit. As the patient, I am responsible for the total charges incurred at each visit, and have been informed of the fee schedule and accepted methods of payment. Additionally, I am aware of the clinic's policy for missed or cancelled appointments. I agree to pay the charge of 50% of the cost of a scheduled visit should I miss or cancel or wish to change a previously scheduled appointment without providing a MINIMUM of 24 hours advance notice.

I have read and understand all of the above-stated policies and information. I intend this consent form to cover the entire course of treatment I receive at **Body of Knowledge Healing Arts**. I understand that I am free to withdraw my consent with written notice and to discontinue treatment at any time. I also confirm that I have the ability to accept or reject this care of my own free will and choice, and that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating.

(patient's signature)

(date)

(witness' signature)

(date)

PATIENT INFORMATION AND PRIVACY FORM: How to access our privacy policy and patient consent for the collection, use & distribution of personal information.

Privacy of your personal information is an important part of our office's pledge to provide you with quality care. We understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information.

Our Privacy Information Officer is Jennifer Baer, ND and she will attempt to answer any questions or concerns that you might have. Jennifer can be reached at the address and phone number above, or by email at: jbaer@bokhealingarts.com. If you do have a concern and/or wish to make a complaint to us about our privacy policies, you must make your request in writing. Our Privacy Officer will promptly acknowledge receipt to your complaint in writing, and will ensure it is investigated thoroughly. You will be provided with a formal decision in writing, and the reason for the decision.

If you are dissatisfied with the decision, you may seek further information from the Privacy Commissioner of Canada. We have included all the necessary contact information below.

Privacy Commissioner of Canada
112 Kent St.
Ottawa, ON K1A 1H3

Phone: 613-995-8210
Toll free: 1-800-282-1376
Fax: 613-947-6850

Our privacy policies and procedures comply with the federal legislation called the *Personal Information and Electronic Documents Act (PIPEDA)*. This very complex law does provide for some exceptions to the privacy principles that are too detailed to outline here.

Our Privacy Code sets out this offices' commitment to protecting your private health and personal information. It is available by request from any of our office staff, or on our website.

Please be assured that every staff in our office is committed to ensuring that you receive the best quality care. As such, all staff members who come into contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information. Do not hesitate to discuss our policies with any member of our staff. Please be assured that every staff person in this office is committed to ensuring that you receive the best quality care.

We ask that you review our Privacy Code, for details on what our office 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, standards of our regulatory body, the Board of Directors of Drugless Therapy-Naturopathy of Ontario, and the law.



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Your information may be accessed by regulatory authorities under the terms of the Drugless Practitioners Act for the purpose of the Board of Directors of Drugless Therapy-Naturopathy in Ontario fulfilling its mandate under the DPA, and for the defense of a legal issue.

Our office will not, under any circumstances directly supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate. You may withdraw your consent to use or disclose your personal information by written notification, and we will explain the ramifications of that decision, and the process. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Patient Consent: (note: to sign this consent you must first access and read our Privacy Code available at: <http://bokhealingarts.com/wp-content/uploads/bok-privacy-code.pdf>)

Statement of Consent to Collect Information:

I have accessed and read **Body of Knowledge Healing Arts'** Privacy Code, and am fully aware of the privacy policies of **Body of Knowledge Healing Arts**, how your office will use, collect, and disclose my personal information, and the steps your office is taking to protect my information. I agree that **Body of Knowledge Healing Arts** can collect, use, and disclose personal information about myself, as set out above and in the office's Privacy Code.

patient's signature

print name

date

witness