



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, and to take care of some initial administrative tasks.
2. Please fill out the **cosmetic acupuncture intake form** and **forward it 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-client-intake-forms-acupuncture-cosmetic-acupuncture>. 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 a review of your health concerns and treatment goals. This visit focuses on assessment from a TCM (Traditional Chinese Medicine) perspective, and may include tongue and pulse diagnosis, review of lab work and an assessment of your skin tone and complexion. If you have copies of **lab tests** done in the past 6-12 months, **please fax them ahead of your visit, or bring them with you**. If not, we can fill out a request form as needed. The initial consultation includes an introductory acupuncture treatment. The cost of the initial visit is \$200.

Subsequent treatments will last 60 minutes (Facial Rejuvenation-FRA) or 40 minutes (Clear Complexion-CCA). The cost for individual FRA treatments is \$150, or you can purchase a package of 10 treatments (recommended) for \$1350 (10% savings). The cost for individual CCA treatments is \$100, or you can purchase a package of 6 treatments (recommended) for \$540 (10% savings). 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. Some extended health benefits will cover part of the cost of your treatments under Acupuncture or Naturopathic Medicine. Please check with your provider for details of coverage under 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. Insurance receipts are provided.

****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 be aware 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 Traditional Chinese Medicine, to support the body's natural ability to heal, and to improve your 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. Screening physical exam, blood and/or urinary laboratory reports may also be used as part of the assessment where needed.

Therapies used may include: Acupuncture, traditional Chinese herbs, dietary recommendations, cupping, tuina.

Statement of Acknowledgement

I, (print your name) _____, acknowledge that as a patient of this clinic I have read the information included herein, and understand that the form of medical care is based on Naturopathic Medicine, Traditional Chinese 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.

Acupuncture/Chinese herbal medicine and other TCM modalities are safe and effective for the prevention of a wide range of health problems and for the promotion of general well being. Treatment is not intended to replace any tests or treatments recommended by your physician. Please continue your medications prescribed by your physician while you receive TCM services at this clinic.

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

- allergic reaction to herbs; Chinese herbs are generally very safe when recommended by a qualified TCM practitioner
- pain, bruising, post-needling sensation or injury from acupuncture
- fainting due to hunger, nervousness, or extreme fatigue
- occasionally digestive upset, diarrhea, insomnia or sweating occur as a response to treatment
- these risks occur occasionally and are usually transient in nature as your body adjusts

If you have any concerns please do not hesitate to ask.

Acupuncture & TCM services are not covered by OHIP. Coverage is provided by some extended healthcare plans; and should be noted under employee benefits packages. If unsure of your coverage, inquire with your Office Manager or Human Resources Department and check your policy.

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 consent (consent on behalf of my child) to the diagnostic and therapeutic treatments outlined above.

I, the undersigned, request and consent to receive Traditional Chinese Medicine treatments which may include: acupuncture, herbal medicine, cupping, tuina massage, and other related treatments. I further acknowledge that the possible complications of all of the above treatments have been fully explained to me, and that I shall absolve the practitioner and refrain from taking any legal action against the practitioner or the clinic should any of these complications arise.

I understand that charges are to be paid at the time of my visit. As the patient (or guardian), I am responsible for the total charges incurred for each visit, and have been informed of the fee schedule and accepted methods of payment.

I understand that the clinic charges **50% of the cost of a previously scheduled visit (plus gst) for any appointment missed, cancelled or changed without 24 hours advance notification**, and I agree to pay any such charge issued against my account should the occasion arise.

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 (my child) receive(s) 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's signature)

(date)

PATIENT INFORMATION CONSENT 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, including asking questions about the contents of your charts or records, you must make your request in writing. Please send it to our office's Privacy Officer by surface mail, email or fax. 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 bodies, the Board of Directors of Drugless Therapy-Naturopathy of Ontario, and the law.

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)

I have reviewed the above information that explains how to access the **Body of Knowledge Healing Arts** Privacy Code, and how to contact the clinic's Privacy Officer, Jennifer Baer, ND.

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 signature

print patient's name

date

witness