



Dr. Kimberly Oxbro, BSc, MSc, ND.
67 Brock St., Kingston, ON. K7L 1R8
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Patient Consent Form: 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 about the way we handle your personal information.

In this clinic – Nova Health Naturopathic Centre acts as the Privacy Information Officer.

All staff members who come into contact with your personal information are aware of its sensitive nature. They are trained in the appropriate handling and protection of your personal information.

Our privacy policy outlines what our clinic is doing to ensure that:

- Only necessary information is collected
- We only share your personal information with outside parties with your consent
- Storage, retention, and destruction of 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 and Drugless Therapy – Naturopathy.

How Our Clinic Collects, Uses, and Discloses Patient 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.

This 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 the other treating health-care providers
- To allow us to effectively 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 *Drugless Practitioners Act*
- To invoice for goods and services
- 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 Nova Health Naturopathic Centre can collect, use, and disclose personal information about _____ as set out above in the information about the clinic's privacy policies.

Signature

Printed Name

Date

Signature of Witness

NOVA HEALTH NATUROPATHIC CENTRE
67 Brock St., Kingston ON. K7L 1R8
Phone: (613) 546-9995

DECLARATION AND CONSENT TO TREATMENT

Patient's Name: _____

1. This is to acknowledge that I have been informed, and I understand the following:
 - Any treatment or advice provided to me, as a patient of Nova Health Naturopathic Centre, is not mutually exclusive from any treatment or advice that I may now be receiving or may in the future from another licensed health care provider
 - I am at liberty to seek or continue medical care from a physician/surgeon, other Doctor of Naturopathic Medicine or other licensed health care provider qualified to practice in Ontario
 - The treatment and therapies rendered or recommended by Dr. Kimberly Oxbro, Doctor of Naturopathic Medicine, may be different than those usually offered by a medical doctor or other licensed health care provider.
2. I declare that I have received a full and complete explanation of the treatment or services that I may receive from Dr. Kimberly Oxbro, Doctor of Naturopathic Medicine, included but not limited to Acupuncture, Botanical Medicine, Nutrition, Traditional Chinese Medicine, Homeopathy, Hydrotherapy, Manipulation and Diagnostic and Functional Medicine Tests. I hereby give my consent to the treatment(s) recommended by Dr. Kimberly Oxbro, Doctor of Naturopathic Medicine.
3. I agree to pay my full account at the time of each visit or treatment, including fees for service, cost of supplements and remedies, cost of laboratory tests or other fees. I am aware that I must provide at least 24 hours notice to the Nova Health Naturopathic Centre if I cannot attend an appointment and that I will be billed for 50% of the visit charge should I fail to do so. I agree to adhere to the policies outlined by the Nova Health Naturopathic Centre.

Date: _____

Patient Signature: _____