



**Consent to Treat**

Naturopathic Medicine is the treatment and prevention of disease by stimulating the body’s natural healing capacity. Dr Halldorson assess the patient as a whole person and provides medical care based on Naturopathic medical, and other supportive, principles and practices. A number of different therapies or treatments may be used throughout the course of your medical care. These include, but are not limited to: Clinical nutrition, Counseling, Bony adjustments & soft tissue work, Injection therapies (veins and muscle), Traditional Asian Medicine and acupuncture, Botanical medicine, Homeopathy, Hydrotherapy, and Pharmaceuticals.

**Statement of Consent**

As a patient of this practice, I \_\_\_\_\_ acknowledge that my naturopathic doctor endeavors to provide the best possible diagnosis and course of treatment, but that no warranty is made with respect to any treatment, action, or medical advice given. This is because many factors may determine final results. I also recognize that even the gentlest therapies may have complications. Therefore, it is important that I provide complete information on all health concerns, including possible of pregnancies, breastfeeding, all current medications, supplements and herbal products. The possible health risks of some naturopathic medical treatments include, but are not limited to: Aggravation of pre-existing symptoms, Allergic reactions to prescriptions, Pain, fainting or bruising from injection therapies or acupuncture, Muscle strains/sprains from bony adjustments.

I acknowledge that I have the right to accept or reject this medical care of my own free will and choice. I understand that Dr. Halldorson will answer any questions to the best of his ability. I give permission and consent to Dr. Halldorson, to provide Naturopathic medical consultation, assessment and/or treatment to my child or myself.

Patient (or Parent/Guardian) Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Booking Appointments**

Please schedule your appointments, including pick-up of prescribed products, in advance. Visits that begin late due to a patient’s late arrival will be charged the full visit fee.

**Cancelled and Missed Appointments**

Please ensure to give at least 24 hours cancellation notice. This is for the consideration of other patients who would also like to schedule an appointment. Missed appointments or appointments cancelled on the same day may be charged a fee equivalent to the amount of time booked. Consideration will be given to unforeseeable circumstances, at the discretion of the Naturopathic doctor.



**Payment for Services**

Payment for services and dispensary items is due in full, at the end of each visit. A receipt will be given when payment is received. Please retain this receipt for your insurance or income tax claims, if applicable. Fees may be paid by Visa, MasterCard, debit, or cash. Please note that refunds are not available for medical services rendered, included lab tests performed and products that have been sold. Extended Health insurance plans often offer coverage for naturopathic medicine. Plans and policies differ, so please check with your insurance provider regarding your specific coverage and claim procedures.

**Privacy Policy**

Privacy of your personal information is an important part of naturopathic practice. Dr. Halldorson is committed to collecting, and using your personal information responsibly. All staff members who come in contact with your personal information are aware of the sensitive nature of the information, and are trained in the appropriate use and protection of your information. Our medical records and privacy protocols comply with privacy legislation and the standards of the College of Naturopathic Doctors of British Columbia.

**Confidentiality**

Everything that you communicate directly or indirectly to Dr. Halldorson is confidential unless you give written permission to disclose information to a third party. Confidentiality is respected at all times. It is important to note that there are exceptions to confidentiality that include the legal and/or ethical obligations to: 1) report incidents of child abuse (physical, sexual or emotional) and neglect; 2) comply with a court ordered subpoena; 3) prevent harm to yourself or another person should such plans be disclosed; 4) report a health professional who has sexually abused a patient.

**In Case of Emergency**

Emergency services are not available at Third Space Wellness Clinic. In case of an emergency, the appropriate emergency team should be contacted.

Statement of Acknowledgment

I, \_\_\_\_\_ have read, understood and agree to the contents herein.

Patient (or Parent/Guardian): \_\_\_\_\_

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