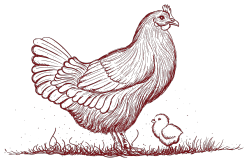

SPRING CHICKEN
FAMILY HEALTH

Dr. Jennifer Hillier ND

Agreements

Welcome to Spring Chicken Family Health. By coming in today, you have made a commitment to your health. I hope you enjoy your experience with naturopathic medicine as we work together to help you attain your full health potential.

Services Offered:
Clinical Nutrition
Botanical Medicine
Homeopathic Medicine
Lifestyle Counselling
Body Work and Massage
Acupuncture
Laboratory Testing

Fees: Payment is required upon receipt of service. Payment methods include cash, Visa, Mastercard, cheque and debit.

Initial Visit	75-90 minutes	$200.00
Child's Initial Visit (0-17yrs)	75-90 minutes	$150.00
Follow-Up Visit	30-45 minutes	$80.00
Child's Follow-UpVisit (0-17yrs)	30-45 minutes	$70.00
Acupuncture (in series)	30-45 minutes	$70.00
Acute Visit	15 minutes	$45.00

Visit fees exclude costs of any naturopathic medicines and laboratory testing that may be recommended. None of our fees are covered by OHIP. However, naturopathic services are covered by most private health insurance plans; please check your individual policies. Non-insured portions are eligible medical expenses for federal income tax purposes.

NSF: NSF cheques are subject to a $25.00 charge.

Cancellation Policy: If you cannot make your appointment, please call the office at least 24 hours prior to your scheduled visit and leave a message at (519)546-0619 or email info@guelphnaturopathicdoctor.com. Any visit not cancelled with at least 24 hours' notice is subject to the FULL visit charge.

Your visit: The time we spend in the office is dedicated to *you* and *your* health. You will be asked a number of detailed questions that help provide me with a comprehensive understanding of your health concerns. Take your time in answering these questions. Everything that goes on in this office is strictly confidential. If at any time during the course of your care you feel your needs have not been heard, attended to appropriately, or handled with consideration and efficiency, I welcome and encourage your constructive feedback. Your questions are always welcome. I look forward to working with you toward optimal health and well-being.

SPRING CHICKEN
FAMILY HEALTH

ADULT DECLARATION AND CONSENT TO TREATMENT

Each person seeking care in this clinic should understand that the practitioner is a licensed naturopathic doctor and practices primary care differently than a medical doctor does. If medical diagnosis is required, it must be obtained from a licensed medical doctor.

Naturopathic medicine uses non-invasive methods for the assessment of bodily dysfunction and natural therapeutics for its correction. The assessment and therapeutic methods used in this clinic include clinical nutrition, homeopathic medicine, botanical medicine, hydrotherapy, detoxification techniques, acupuncture, soft tissue and joint manipulation and lifestyle modification techniques.

Each person must provide consent to treatment by signing this document before any treatment will be rendered.

My signature acknowledges that:

1. I have been informed of and I understand that:
    a. The treatments that I receive in this office are different from those usually offered by a medical doctor or other licensed health care provider.
    b. I am at liberty to seek or continue to seek medical care from a physician, surgeon or other health care provider qualified to practice in Ontario.
    c. I confirm that none of the above listed naturopathic doctors, nor anyone else under their control has suggested or recommended that I refrain from seeking or following the advice of another 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 at this office and hereby authorize and consent to treatment.
3. I agree to pay my full amount at the time of each visit or treatment, including fees for services, cost of supplements and remedies, cost of laboratory tests and other fees. I am aware that these fees are not covered by OHIP.

I, (*print name*)_____, **have read, understood, and acknowledge the above statements.**

Signature: _____ **Date:** _____

SPRING CHICKEN
FAMILY HEALTH

PRIVACY FORM

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 collection, using and disclosing your personal information responsibly and in compliance with policy requirements governing the naturopathic profession. We will try to be as open and transparent as possible about the way we handle your personal information.

In this clinic, Dr. Jennifer Hillier, ND acts as the Privacy Information Officer.

All staff members who come in contact with your personal information are aware of its sensitive nature. 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 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 College of Naturopaths of Ontario (CONO).

How our clinic collects, uses and discloses patients' personal 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 any pertinent information and mailings;
- 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 CONO
- To invoice for goods and services;
- To process credit card payments;
- To collect accounts receivable;
- To assist this clinic to comply with all regulatory requirements;
- To comply generally with the law;
- To allow potential purchases, practice brokers or advisors to conduct an audit in preparation for a practice sale.

SPRING CHICKEN
FAMILY HEALTH

By signing the consent section (below) 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 agree that the Spring Chicken Family Health can collect, use and disclose personal information

about **me / my child**, (*print patient name*)_____, as set out in the

information about the clinic's privacy policies above.

_____ _____

Signature of patient (18+) or parent/guardian of child (<18) **Date**

_____ _____

Signature of witness **Date**