

Statement of Consent:

I acknowledge that my Naturopathic Doctor, Allison Freeman ND, endeavors to provide the best possible diagnosis and course of treatment using naturopathic medicine, but that no warranty is made with respect to any treatment, action, or medical advice given, as many factors will be important in determining actual results. I also recognize that even the gentlest therapies potentially have their complications in certain physiological conditions or in very young children or those on multiple medications and hence the information provided is complete and inclusive of all health concerns including risk of pregnancy and all medications, including over-the-counter drugs and supplements.

There are some rare health risks that may result from naturopathic treatments, including but not limited to: aggravation of pre-existing symptoms; allergic reactions to supplements or herbs; unforeseen interactions between medications and supplements or herbs; pain, fainting, bruising or injury from acupuncture; puncturing of an organ with acupuncture needles; muscle strains and sprains; disc injuries from spinal manipulations.

I intend this consent form to be in force for the entire course of treatment for my present condition. I acknowledge that I have the ability to accept or reject this care of my own free will and choice, and that I am free to withdraw my consent and to discontinue my participation in these procedures at any time.

Our Privacy Policy ensures the following:

- 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;
- Privacy protocols comply with the legislation and standards of our naturopathic regulatory body.

Payment for Services:

- Payment for services is due at the end of each visit and 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 **debit, cash or credit card only.**
- Refunds are not available for medical services rendered, including lab tests performed.
- Our clinic does not bill insurance providers directly.

Cancelled and Missed Appointments

- Please ensure to give at least **24 hours** for a cancellation notice. For appointments cancelled on the same day or missed appointments, a cost of the appointment will be charged.

Acknowledgement of Policies & Consent

I, _____ have read, understood and agree to the contents herein:
(print name)

Signature: _____

Date: _____