

Ritacco Chiropractic

*Naturopathic Care Servicing the
Ottawa and Toronto Regions*

Informed Consent to Naturopathic Treatment

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic doctors assess the whole person by taking into consideration the physical, mental, and emotional aspects of the individual. Gentle, non-invasive techniques are generally used in order to promote healing. Your naturopathic doctor will take a thorough health history, perform a screening physical examination, and take laboratory samples when necessary. Depending on your case, the physical may include, with your consent, more specific examinations such as breast, prostate, rectal, or external genital exams.

It is very important that you inform your naturopathic doctor of any disease you are suffering from, any allergies you have, and any medications or over the counter drugs that you are currently taking. Please advise your naturopathic doctor if you are pregnant, suspect you are pregnant, or if you are breastfeeding. As a patient, you will receive information about your diagnosis, your treatment, and alternative courses of action. You will also be advised of the material effects, costs, expected benefits, risks, side effects, and consequences of not acting upon your diagnosis or treatment.

There are some slight health risks associated with treatment by naturopathic medicine. These include but are not limited to:

- Some patients experience allergic reactions to some supplements and herbs.
- Pain, bruising, or injury from taking blood tests or from acupuncture.
- Fainting or puncturing of an organ with acupuncture needles.
- Muscle strains, sprains, and disc injuries from spinal manipulation.
- There is a very small potential for stroke in neck manipulation. Patients are screened prior to manipulating the neck for potential contraindications. Your naturopathic doctor is trained to handle emergencies should the need arise.

I UNDERSTAND:

- My naturopathic doctor does not guarantee treatment results.
- My naturopathic doctor will explain to me the exact details of any treatments provided and will answer any questions I may have.
- Costs above those included in the naturopathic visit fee will be explained prior to engaging in any treatment or diagnostic test that involves additional fees.
- I am free to withdraw my consent and to discontinue treatment at any time.

Print Name:

Signature:

Date (mm/dd/yy):

Consent for the Collection, Use, and Disclosure of Personal Information

We understand the importance of protecting the privacy of your personal information and we are committed to collecting, using, and disclosing your personal information responsibly. 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. As such, we strive 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, the standards of our regulatory body, and the law.

We will collect, use, and disclose information about you for the following purposes:

- To assess your health needs and advise you of treatment options.
- To communicate with you and remind you of upcoming appointments.
- To communicate with all other health care providers in your health care team.
- To allow us to efficiently follow-up for treatment, care, and billing.
- To assist in complying with all regulatory requirements and the law, including requirements to advise authorities of child abuse and to report diseases and individuals who may be an imminent threat to themselves or others.
- To invoice for goods and services, process payments, and collect unpaid accounts. If a new purpose arises, we will seek your written approval in advance. We will not, under any circumstances, supply your insurer with your confidential medical history. In the event that this kind of request is made, we will forward the information directly to you for review, and for your specific consent.

PATIENT CONSENT:

I have reviewed the above information that explains how my naturopathic doctor will use my personal information. I agree that my naturopathic doctor can collect, use, and disclose my personal information for the purposes listed above.

Print Name:

Signature:

Date (mm/dd/yy):

INFORMED CONSENT FOR ACUPUNCTURE AND MANIPULATION

Recommended Procedures:

Acupuncture: _____

Risks include:

- Pain, bruising, or injury
- Fainting or puncturing an organ

Manipulation: _____

Risks include:

- Muscle strains, sprains, and disc injuries
- Miniscule risk of stroke in neck manipulation

I understand that there is an increased degree of risk for manipulation in the following situations and I have advised my ND if any of them apply to me:

- Atlantoaxial instability • Bone weakening or destruction
- Neurological disorders • Circulatory disorders, stroke, TIA
- Vertebral artery insufficiency • Lack of X-ray imaging
- Injury to the area • Recent surgery to the area

I, the undersigned, do hereby acknowledge that I have been informed of and understand the nature and purpose of the recommended acupuncture and manipulation treatment procedures and have discussed this to my satisfaction with my naturopathic doctor. I further acknowledge that I understand the expected benefits, potential risks and side effects, the likely consequences of not following the after-care instructions, and what alternate courses of action are available to me, including having no treatment. As a result, I hereby voluntarily consent to the recommended treatment as specified above.

Print Name

Signature of Patient

Date