

## **Consent to Treatment/Office Policy**

### **Consent to Treatment**

This is to acknowledge that I have been informed and I understand that:

1. At the Dronyk Health Clinic, treatment is recommended on an individual basis, taking into account the whole person including physical, mental, emotional and spiritual aspects of the person.
2. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.
3. A physical exam will be performed on each patient to gather more information about possible diagnoses and to tailor correct treatment.
4. The treatment and therapies recommended by this clinic include but are not limited to: acupuncture, Traditional Chinese medicine, herbal patent medicines, BOS (biocomputer operating systems) therapy, TBM (total body modification), neuro emotional technique, homeopathy, botanical medicine, clinical nutrition, lifestyle counselling, manipulation, bio-energetic evaluation testing and sensitivity testing.
5. It is important to inform the doctor of any medications you are on, any allergies you have, and if you are pregnant, suspect you are pregnant or are breastfeeding. As well as any disease process from which you are suffering from.
6. As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, costs, expected benefits, risks, side effects and the consequences of not having treatment.
7. There are some slight health risks associated with treatment offered at this clinic. These include but are not limited to:
  - a. Homeopathic remedies and Biocomputer operating systems technique may occasionally result in the aggravation of pre-existing symptoms. When this occurs the duration is usually short.
  - b. Some patients experience allergic reactions to certain supplements and herbs.
  - c. Pain, bruising, or injury as well as fainting from acupuncture or intramuscular injections may occur.
  - d. Muscle strains and sprains or disc injuries from spinal manipulation, as well as a very small potential for stroke in neck manipulation.
8. You are responsible for accepting or rejecting care from the Dronyk Health Clinic of your own free will. We are here to guide you but the ultimate responsibility of your health care is your own. We reserve the right to discontinue our service when it is apparent that your expectations and what we provide are not in agreement.



**Concerning Confidentiality**

All information is considered confidential at the Dronyk Health Clinic. This means that staff will not read anyone's file without consent from the patient. There are legal exceptions to confidentiality. The following is a list of examples when confidentiality can be broken:

1. Disclosure of child abuse: past or present
2. Patient may potentially harm self or others
3. Court order or subpoena

**Office Policy**

Payment for service is due at the time of each visit. All supplements and remedies are subject to HST. Payment can be made by cash, personal cheque, debit card, Mastercard or Visa. If your account is left outstanding for 60 days it will be subject to interest charges. Accounts outstanding for 90 days or more will incur an administration fee of \$30.00 and will be sent to collections. NSF cheque fee is \$25.

We would appreciate 24 hours notice for any appointment changes. There is a service fee if no cancellation notice is given (equal to the cost of the visit). For your convenience, our answering machine is always on when the office is closed. Please feel free to use it when necessary.

I, \_\_\_\_\_ have read, understood and acknowledge the above statements.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

**\*\*A parent or legal guardian signature is required for children under 18 years of age.**