

CLINIC POLICY AND CONSENT FORM

Welcome to the clinic. As a naturopathic doctor, Dr. Bratt will conduct a thorough case history, physical exam, and may utilize specific blood, urinary or other laboratory tests as part of the treatment work-up. Integrated supportive therapies such as nutrition, herbal medicine, homeopathy, and lifestyle counselling may be implemented.

As a patient of Dr. Anita Bratt ND, I understand that the form of complementary medical care is based on naturopathic principles and practices. I recognize that any therapy can potentially have complications. The information I have provided to Dr. Bratt is complete and inclusive of all health concerns and current medications, including over the counter drugs. Slight health risks of some naturopathic treatments include, but are not limited to:

- Temporary aggravation of pre-existing symptoms
- Allergic reaction to supplements, herbs or injectable therapies

I recognize the following:

- I will be given the opportunity to discuss and consent to any treatment plan.
- Any treatment or advice provided to me as a patient of Dr. Bratt is not mutually exclusive from any treatment that I may now be receiving, or may receive in the future from another licensed healthcare provider. I am at liberty to seek or continue medical care from a medical doctor or other healthcare providers. I understand results are not guaranteed.
- I understand that a record will be kept of my visits. This record will be kept confidential and will not be released without my consent. I understand that I may look at my medical records at any time and can request a copy of them.
- I am responsible for payment upon receipt of services. Consult fees, laboratory tests and supplements dispensed must be paid for in full before leaving the office.
- Naturopathic services are not covered by MSP. The exceptions are patients on MSP premium assistance who are eligible for partial reimbursement of consult fees.
- It is the patient's responsibility to check with their health care insurance carrier regarding eligibility for coverage. I understand that Dr. Bratt cannot submit bills directly to insurers.
- I am aware that 24 hours notice must be given for all cancelled appointments or a cancellation fee will be applied.
- I understand that Dr. Bratt reserves the right to determine which cases fall outside of her scope of practice, in which case the appropriate referral will be recommended.

I consent to receive naturopathic treatment. I certify that I understand and agree to comply with the above stated policies. I understand this consent is voluntary and may be revoked at any time.

Patient Name: _____

Signature of patient or parent/guardian: _____

Date: _____