

XYZ Clinic - Policies and Informed Consent

Clinic Policies

Patient Confidentiality

The practitioners at XYZ clinic are required to maintain patient confidentiality as per the bylaws of the College of Naturopathic Physicians of BC (CNPBC). Your personal information is collected for the purpose of providing health care and for administrative purposes. It will not be disclosed for other purposes without your consent other than for reasons stated in the bylaws of the CNPBC. A copy of these bylaws may be found at the CNPBC website (www.cnpbc.bc.ca) or we will print a copy of the relevant section for you at your request.

Payment and Cancellation Policy

XYZ clinic does not collect payment from MSP. You are responsible for full payment for any fees incurred during your visit to XYZ clinic at the end of the visit. If you are on income assistance and will be applying for reimbursement from MSP then a claim form will be filled out and a copy will be given for you to submit. If you are claiming reimbursement from an extended medical plan then the standard receipt that you will be supplied should be sufficient for your provider to process your reimbursement. XYZ clinic requires at least 24 hours notice if you wish to cancel or re-schedule an appointment or you will be charged for the time set aside and, in the case of a scheduled treatment, the cost of non-reusable products prepared for that treatment. Notice of cancellation or re-scheduling must be given during regular clinic hours or prior to regular clinic hours covering this 24 hour period.

I, _____, have read, understand, and agree to the above clinic policies of XYZ clinic.

Signature: _____.

Informed Consent

As a diagnosis is made and treatment options are presented, the practitioners at XYZ clinic will either have you sign a consent form or verbally agree to the proposed treatment options. Scheduling an appointment for a specific treatment will be considered consent to that treatment. Before consent is obtained, the practitioner will ensure you are informed of the risks, benefits, cost, and adverse effects of the proposed treatment. If there are any relevant alternative treatments for your diagnosed condition the practitioner will also inform you of the possible risks, benefits and adverse effects of those treatments, along with the risks of not treating the diagnosed condition. You have the right to refuse or withdraw consent to any treatment at any time.

XYZ clinic practitioners and staff thank you for taking the time to read and fill out this form and we welcome you to our clinic.