

Holistic Healing Arts
274 King George Road, Unit 2
Brantford, ON N3R 5L6
519-751-3488 ~ www.ndoc.ca

Statement of Acknowledgement

Welcome to the Holistic Healing Arts. The system of health care provided here is centred around and supportive of your body's own ability to heal. Manual Osteopathy uses noninvasive hands on methods for the assessment of bodily functions and natural therapies for correction, including dietary recommendations, lifestyle changes, visceral therapy, cranial sacral and other modalities.

Each person seeking care from Victoria Podlaski (DOMP) should understand that she is a Manual Osteopath, not a medical doctor. If conventional medical treatment is desired, it must be obtained from a licensed medical doctor and we encourage you not to abandon contact with your medical doctor. Treatment and referral to other health practitioners, if needed, is based upon clinical assessment.

There is an emphasis on patient education, as the ultimate responsibility for the patient's health is his/her own. Changes in dietary habits are not a prerequisite for treatment, but it should be understood that failure to follow sound nutritional and exercise/stretching programs could undermine the positive results.

The patient is responsible for any fees incurred during care and treatment and agrees to fully discharge this responsibility at the time of the visit. **Also, when you give us less than 24 hours notice of cancellation, you will be charged a fee equal to the full cost of the appointment missed.** _____

The patient accepts or rejects this care of his/her own free will and choice.

I, _____ have read, understood, and acknowledge the above statements.

Signature: _____ Date: _____

Witness: _____ Date: _____

Victoria Podlaski, DOMP
Diploma in Osteopathic Manual Practice
Reg #21-415

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Financial Policy

I understand that Manual Osteopathy is an unregulated profession and as such some associations will not be covered by all insurance companies. Even if I have received insurance coverage with a previous Manual Osteopath there is no guarantee that I will be covered for these services.

Email consent

I give my express consent for Holistic Healing Arts to contact me via email on Victoria Podlaski's behalf for the purpose of appointment reminders, as well as future activities.

Privacy policy

I understand that my file, and my condition and personal information will be kept in a safe and secure manner and will not be shared with anyone without my express, signed consent.

By signing below, I am agreeing to all of the above.

Name (print): _____

Signature: _____ Date: _____

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