

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

Patient Policy and Consent Form

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. Felicia's goal is to help you heal, and good health must be maintained to prevent further illness. It is important that you continue care even after an acute crisis has resolved, so you can enjoy the full benefit of good health.

In order for you to receive the full benefits of your health care program, it is essential that you follow your health care instructions. There are no "quick fixes", especially when a chronic condition has existed for a lengthy period of time.

Each person seeking care from Felicia should understand that she is a Homeopath, 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: _____

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Privacy Legislation Consent Form

Felicia understands the importance of protecting your personal information. She will collect, use, and disclose information about you for the following purposes:

- To deliver safe and efficient patient care and to advise you of treatment options
- To establish and maintain communication with you for the purpose of distributing health care information and to set up appointments for treatment
- To communicate with other health care providers, including specialists
- To comply with legal and regulatory requirements, including the delivery of patients charts and records to the College of Homeopaths of Ontario, when required, according to the provisions of the Regulated Health Professions Act
- To invoice for goods and services including processing credit card payments

By signing this consent, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information; we will seek your approval in advance. Your information may be accessed by regulatory authorities under the Terms of the Regulated Health Professions Act (RHPA) for the purposes of the College of Homeopaths of Ontario fulfilling its mandate under the RHPA, and for the defence of the illegal issue.

Our office will not supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent. If any unusual requests are received, we will contact you for permission to release such information. We may also advise if such a release is inappropriate.

I, _____ have read, understood, and acknowledge the above statements. I agree that the office can collect, use and disclose personal information about myself as set above in the information about the office private policy.

Signature: _____ Date: _____

Witness: _____ Date: _____

Holistic Healing Arts
Paula Felicia De Candia