Naturopathic Health & Wellness Centre

Welcome to Naturopathic Care

Dear New Client,

Congratulations on taking this important step in making your health a priority and committing to Naturopathic Medicine as a part of your health care plan. Naturopathic Medicine is an extensive healing system that can help you achieve your health and wellness goals. The Benefits of optimal health will be proportional to the effort and dedication you put into your daily choices. You have the option to feel better, live healthier, longer, look and feel younger. It is found that lasting improvement in one's health takes place in the presence of heightened focus, dedication and education.

Naturopathic Doctors are trained as primary health care providers. The main difference between a Naturopathic Doctor and your conventional family doctor is the philosophy of care and the treatment options that are available to you. We acknowledge that every sign and symptom your body exhibits has significance and directs the doctor's attention to causative underlying issues that need correcting. Naturopathic Doctors strive to identify and reverse the unique **underlying causes** of your health concerns using gentle, safe therapies that restore your natural ability to heal and support your journey toward lifelong optimal health. We are committed to maintaining the highest professional ethics, competence and personal integrity.

Your **careful consideration** of each of the enclosed questionnaires will enhance our efficiency, improve our accuracy and will provide more effective use of your scheduled consultation time.

Please read and complete each form to the best of your ability. **Note, you will have to get started on the diet survey promptly** as this requires time and careful attention. Many find that completion of these forms a valuable process in itself.

Important: please bring any **supplements & medications** you are currently taking with you to your appointment. Also, please bring with you any lab work (blood work, imaging reports etc.) that may be relevant.

Thank you for your time. We look forward to helping you achieve your health goals.

What to do when you arrive?

When you arrive at the clinic please check in with the main Reception desk as you enter the clinic, or proceed to our Naturopathic reception area. Our Naturopathic Receptionist will come greet you and give you an office tour. She will then bring you to the Naturopathic reception area in preparation to your appointment.

At subsequent appointments please make your way to the Naturopathic Reception to check-in and let us know you have arrived. Please make yourself comfortable in either reception area and enjoy a hot cup of herbal tea or coffee.

It is always our aim to be on time with your appointments. However, complications and emergencies do arise and in these circumstances we appreciate your patience and understanding. You also will receive the devoted time and care of your Naturopathic Doctor.

What to expect at visits

Your first appointment will last 1 1/2 hours. We will discuss your chief concerns and review your history and completed health forms. We will discuss relevant aspects of your lifestyle, beliefs and philosophy about health and healing, and any other issues that impact your wellness. We will also do a relevant physical exam and Naturopathic functional assessment. The Assessment may include but is not limited to EAV testing, Muscle Reflex Testing and Energetic screening. This in-depth assessment allows your Naturopathic Doctor to develop a thorough understanding of your current state of health, energy systems and vital force which will guide a program which is safe and effective for you. Recommendations for relevant blood or lab work may take place. Your Naturopathic Doctor will outline to you how the many tools of Naturopathic Medicine can be used to help you reach your goals for health, recovery and wellness.

Your second visit will be approximately 30-45 minutes and will generally take place 3-4 weeks after your initial appointment. It will consist of relevant follow-up functional testing/evaluation and a discussion of findings in order to provide you with a diagnosis and appropriate treatment plan. Recommendations for any additional lab work may be made if necessary. If your healing needs require work with your energy systems or mental-emotional-spiritual focus, Quantum Energy Healing or Life Transformation Sessions may be suggested. See website under Services for details.

Most follow-up visits are 30 minutes and will be used to provide you with ongoing care, to monitor your progress and address any other concerns that may arise.

In the event that you require care for an acute concern between scheduled visits (ie. treatment for a cold or flu, checking a child's ear for infection, blood pressure check), we will make every effort to accommodate a same-day appointment for existing patients. Do not hesitate to call the clinic with questions or concerns at 519-273-0777.

Office Policies

To facilitate the efficiency of our office and to ensure that you and other clients will derive maximum benefit from the care offered, we have established the following office policies:

1. Full payment is to be made at the time of your visit. We accept cash, cheque, Debit, Visa or MasterCard.
2. We respectfully request ***a minimum of 2 business days' notice*** in the event that you cannot keep your appointment so that someone else on our waiting list could be accommodated. Otherwise ***we will have to invoice you for 50% of you missed appointment fee***. This time has been especially reserved for you and we ask that you advise us if a change in your schedule is needed. We understand that there are unforeseen events and circumstances, and these will of course be taken into consideration. Our answering machine is available outside of business hours to take messages.
3. With the number of clients we thoroughly interview, assess and treat, timing is crucial. For the respect and convenience of our clients and for the efficient operation of the clinic, we endeavor to keep scheduled appointments on time. However, complications and emergencies do arise and in these circumstances, we appreciate your patience and understanding. You also will receive the devoted time and care of your doctor. ***Please note that when you arrive late for your appointment, only the remaining balance of the time that was booked for you can be used.***
4. We reserve the right to discharge any case where the naturopath feels that the case is beyond the scope of practice of this clinic or the client refuses to co-operate with the recommendations mutually agreed upon.
5. We are required by our licensing board to perform a physical examination on each new client. This will be adhered to unless a full report is send by the referring practitioner and it is acceptable by this office.
6. Telephone, Skype, and e-mail consultations provide a professional service and as such will be subject to a fee on the discretion of the attending Naturopathic Doctor. See the enclosed fee schedule.

Patient Intake Form

Date: Name:

Mother's Name: Father's Name:

Age: Grade: Date of Birth:

Sibling name(s) & age(s):

Address:

City: Postal Code:

Home Phone: Cell Phone:

Work Phone: E-mail Address:

Child's Doctor: Phone:

Child's Specialist: Phone:

Main Concern:

Describe carefully any factors that you suspect may have played a role in its onset and perpetuation:

What are the most significant measures which you have taken to-date, to improve your child's state of health?

Is his/her health currently: ◯Getting better ◯Getting worse ◯Staying the same

Secondary concern(s):

Pregnancy & Infancy

Birth Weight: Born: ◯ on time ◯ early ◯late

If born early or late, by how many weeks?

Was the birth natural (ie. Without medical intervention such as forceps, epidural, C-section…)? Please explain in detail:

Complications of mother and/or infant:

During Pregnancy:

During labour/delivery:

After birth:

Developmental landmarks: ◯Delayed ◯Slower ◯Average ◯Faster ◯Accelerated

Additional comments and explanations:

Nutrition

Breastfed ◯Yes ◯No How many months?

Formula fed ◯Yes ◯No How many months?

Colicky baby ◯Yes ◯No Until what age?

First foods: 1. at months

2. at months

3. at months

Vaccinations

◯Yes ◯No Any illness associated with them?

Allergy Shots

◯Yes ◯No For what?

Have you ever suspected or has your child ever had worms or parasites? ◯Yes ◯No

Does your child have any allergies to foods, drugs, inhalants? ◯Yes ◯No

If yes, please explain to what and how he/she reacts:

Present Medications/Supplements

1: Dosage: For what:

2: Dosage: For what:

3: Dosage: For what:

4: Dosage: For what:

Dental Factors

Does your child have any mercury fillings (silver)? Y N If yes, how many?

Does your child have any composite fillings (plastic)? Y N If yes, how many?

Did your child have mercury fillings in his/her baby teeth that have fallen out? Y N

Does or has your child ever been diagnosed with oral thrush? Y N

Has your child had an abscessed tooth? Y N

Are there any dental issues to be aware of in your child? Y N

If yes, describe:

Household Factors

Does mom or dad work in what you would consider a toxic work environment? Y N

If yes, please describe:

Are there any smokers in the home? Y N

If yes, do they smoke inside the home or car? Y N

Do you have wireless technology in your home? Y N

If yes, do you have EMF protective devices installed? Y N What types?

Does your child use a cell phone, or handheld wireless device? Y N

If yes, does it have an EMF protective device on it? Y N

Does your child use wireless gaming devices? Y N

Does the school you child attends have wireless technology? Y N

Do you use conventional cleaning products & detergents? Y N

Do you use organic cleaning products and detergents? Y N

Do you have vinyl shower curtains in your bathroom? Y N

Do you have wall to wall carpeting in your house? Y N

If yes, is it less than 2 years old? Y N

What is the age of your home? _____ years old

If your home was built before 1973, has it been checked for lead & asbestos? Y N

Do you have a moist/wet basement? Y N

Is there mold in your basement, bathroom, kitchen etc? Y N

Do you live within ¼ mile of hydroelectric power transformers or wires? Y N Now or in your past?

Do you live within ¼ mile of a garbage dump? Y N

Do you have an air purification system in your house? Y N

Lifestyle Factors

Does your child consume 4-6 glasses of water daily? Y N

Is the water municipal water with fluoride? Y N

Does your child use fluoridated toothpaste? Y N

Is the water your child consumes filtered? Y N What type of filtration?

Does your child consume water from plastic bottles? Y N

Does your child consume:

◯Pop ◯Sugar-added drinks ◯Energy drinks ◯Fruit cocktails ◯Chocolate milk

Does your child participate in regular exercise or sports? Y N

If yes, please describe:

Review Symptoms

Mark the applicable with: **C** = currently | **F** = frequently | **O** = occasionally | **S** = seldom | **P** = past | **N** = neve

ALLERGIES/INFECTION

____ asthma

____ cough (acute/chronic)

____ sinusitis

____ seasonal allergies

____ year round allergies

____ frequent colds

____ ear infections (acute/ chronic)

____ hearing loss

____ bronchitis (acute)

____ bronchitis (chronic)

____ pneumonia

____ fatigue

____ nosebleeds

____ sore throats

____ tonsillitis

____ runny nose

____ itchy eyes

____ rings under eyes

____ red/dry cheeks

____ post nasal drip

Med. Alert tag ◯ Y ◯ N

For what?_____

Other:_____

URINARY

____ bladder infections

____ kidney malformations

____ bed wetting

Other:_____

DIGESTION

____ canker sores

____ diarrhea

____ constipation

____ stomach aches

____ vomiting spells

____ food allergies

____ gas

____ bloating

____ abdominal cramps

____ colic

____ hernia

Other:_____

SKIN

____ dry

____ eczema

____ psoriasis

____ hives

____ diaper rash

____ acne

____ bumps on back of arms

Other:_____

DYSBIOSIS/CANDIDA

____ thrush

____ diaper rash

____ vaginal irritation

____ colic/gas

Other:_____

MIND & DISPOSITION

____ dyslexia

____ attention deficit

____ hyperactive

____ quick learner

____ mentally challenged

____ slow learner

____ insomnia

____ nervous/anxious

____ timid

____ fearful

____ phobias

____ fearless

____ aggressive

____ angry, irritable

____ violent

____ calm, relaxed

____ sad/depressed

____ happy

____ sociable

____ anti-social

Other:_____

CHILDHOOD INFECTIONS

____ chicken pox

____ red measles

____ German measles

____ croup

____ diphtheria

____ mumps

____ scarlet fever

____ rheumatic fever

____ whooping cough

Other:_____

____ mucous

____ blood

____ green/yellow

Other:_____

BLOOD/LYMPHATIC

____ anemia

____ easy bruising

____ easy bleeding

____ past transfusions

____ lymph node swelling

____ lymphatic disease

____ blood diseases

Other:_____

OTHER

____ heart condition

____ heart murmur

____ vision problems

____ headaches

____ head injuries

____ car accidents

Other:_____

Medication History

Please record from the most recent to the most distant (past). Also, please indicate those that you are on presently, when you started them and how long you were on various medications in the past.

Drug	Start Date	Stop Date	Reason for Medication and its Results	Present	Past
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
Natural Supplements				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○

** Please being all medications & supplements with you to your first visit with the Naturopathic Doctor.

Diet & Activity Report

Name: _____

Please take time to complete the following survey carefully and accurately. List in detail the quantity and the exact nature of all foods and beverages consumed (ie. frozen, canned, etc.). Please mention if the foods were raw or cooked. Be sure to list any condiments used (ie. mayonnaise, ketchup, margarine, relish, etc.).

MEAL	DAY ONE	DAY TWO	DAY THREE
Morning meal & time			
Snack			
Noon meal & time			
Snack			
Evening meal & time			
Snack			
Condiments (salt, sugar, herbs, spices, etc.)			
Fats/Oils used			
Water (cups per day)			
Other beverages			
Type of exercise			

MEAL	DAY FOUR	DAY FIVE	DAY SIX
Morning meal & time			
Snack			
Noon meal & time			
Snack			
Evening meal & time			
Snack			
Condiments (salt, sugar, herbs, spices, etc.)			
Fats/Oils used			
Water (cups per day)			
Other beverages			
Type of exercise			

Fee schedule - Dr. Cormier, HBSc, ND

Naturopathic Care

Initial Consultation – 90 minutes.....$278

Naturopathic Extended Consultation – 60 minutes.....$160

Naturopathic Consultation – 45 minutes.....$144

Naturopathic Review – 30 minutes.....$107

Phone Consults (per15 min.).....$37

Forms or Comprehensive reports.....$16-128

InLight Therapy.....$85

Acupuncture (30 to 60 minutes).....$80-107

Quantum Energy Healing session/Emotion Code/Reiki
1 ½ Hours.....$150
2 Hours.....$175

Meridian/Chakra Balancing/Qi~ssage/Qigong/Crystal Bowl Sound Therapy
1 Hour $145

Craniosacral Therapy.....$144

Dark Field Lab Analysis – 60 minutes.....$160

Facial Rejuvenation – 60 minutes.....$267

Ear Wax Removal.....$32

Prices vary according to service provided and treatment length.

ADDITIONAL LAB SERVICES AVAILABLE: Hair Analysis, Glucose, Cholesterol, Urinary Chemstrip, Allergy Testing, Saliva Hormone Testing, Digestive Stool Analysis, and Various Conventional OHIP Blood Panels. **Note that there is a lab processing fee of $25 on all Lifelab requisitions.**

Services are not currently subsidized by OHIP, and are HST exempt. Check with your independent insurance company for coverage. Fees for health services are due when services are rendered and may be paid in Cash or Cheque, Visa, MasterCard, Debit or e-transfer.

I have read and fully understand the above description of the fee system and agree to honour it.

Cancellation Policy: 48 business hours are required to reschedule or cancel an appointment or 50% of the consultation service will be charged. Exceptions may apply.

_____ _____

Client or Guardian signature **Date**

Code of Ethics

- This practitioner recognizes that the primary obligation is toward the client and at all times I will practice my skills to the best of my ability for benefit to the client. The comfort, safety and welfare of the client always has priority.

- Consultation, assessment and treatments will be carried out with the full consent of the client or guardian/parent in the case of minors.

- Any knowledge or information gained during consultation, assessment or treatment will be confidential in accordance with the guidelines set out by my governing board of Naturopathic Medicine and will not be divulged to anyone without the client's consent, except as required by law.

- I will share professional information with other professional practitioners upon request of the client with written consent upon.

- I expect that this is a mutual partnership towards health & wellness, and it is the client's responsibility to covey any changes in medical conditions and medications, supplementation, lifestyle changes, other treatments or services and relevant information to me in order for me to be sufficiently updated and provide proper care.

- I will not deliberately mislead or misdirect, for my own gain, a client seeking advice and professional assistance.

- All reasonable care will be taken to ensure adequate hygiene, quality of materials, supplements, and safety of equipment used.

- I will not attempt to treat conditions that are above my level of understanding, expertise or training and will refer clients to appropriate practitioners should this be required.

- I reserve the right to cancel any client treatments or discontinue care at any time as I see fit to do so.

- I will post any fee changes one month in advance of the time of change.

- I will not share your email or phone data with any outside groups, they are collected strictly for client communication within this office and for educational purposes related to professional care.

Dawn Cormier, HBsc., ND, Qigong & Energy Practitioner

Acupuncture Meridian Assessment-"New" Medicine Based on Ancient Principles

Acupuncture, originating in China several thousand years ago, is known for alleviating pain and promoting healing. Acupuncture is based on the belief that the balance of the energy flow (Chi) through the *meridians* of the body is the essence of all living organisms for harmony and optimal health.

Meridians are "pathways" of energy flow through the body. Each meridian follows a very specific pathway that includes specific organs, tissues, muscles, and bones. There are hundreds of meridians throughout the body. Acupuncture uses very specific points on a meridian to influence the Chi, the health and vitality, of all the body elements on that meridian. When the chi, the energy flow, is blocked, the body is said to have an imbalance and will, sooner or later, suffer some sort of illness.

There are over 500 acupuncture points that have been established as having specific relationships with internal organs according to Traditional Chinese Medicine. A skilled physician can, in a short time, measure about 50 major Acupuncture points. He/she may discover not only which organs have problems but also the intricate relationships of causes and effects of internal and external disturbances. For example, dental infection might be the cause or effect of an arthritic pain and heart problem; wheat intolerance might be the cause of eczema or an intestinal problem.

So, what exactly is Acupuncture Meridian Assessment (AMA)? AMA simply uses an electronic device placed on acupuncture points to assess energy flow through the meridians of the body. AMA is called by various names such as EDS (Electrodermal Screening), Electro-acupuncture Biofeedback, and EAV (Electro-acupuncture according to Dr. Voll).

Dr. Reinhold Voll, MD, Internist and acupuncturist in Germany in the 1940's, noticed changes in electrical conductivity at each of the body's acupuncture points. He discovered that higher or lower readings than "normal" at the particular acupuncture point indicate degeneration or low energy flow. These imbalances can indicate the root causes of illnesses that are unexplainable by modern biochemistry-based medicine. Based on Dr. Voll's work, a new field of energy medicine was developed in Europe.

Acupuncture Meridian Assessment can help physicians gather more data about the patient to better understand the patient's health and body, and monitor the patient's energy level and balance during treatment, as they return to the desired level. It assists in determining the right remedies at the right timing, level and sequence.

Today, EAV devices are widely used in Europe and Asia. In the North America, EAV is still unknown to most medical practitioners and the public. I have been using Acupuncture Meridian Assessment for over 25 years in my practice. I cannot imagine fully understanding my patient's needs without an EAV device. To me, not using an EAV device as a guiding tool would be like navigating an airplane without radar equipment.

Acupuncture and Energy Medicine are evolving very rapidly. Acupuncture Meridian Assessment is leading the way into the future of medicine. When we can integrate all the above knowledge of ancient wisdom with modern science, there will be a quantum jump in the understanding of the causes of many unexplainable, chronic illnesses from chronic fatigue to environmentally induced illness.

Dr. Dawn Cormier
Naturopathic Doctor

The purpose of this Disclaimer is to explain to you what Dr. Dawn Cormier, Naturopathic Doctor can do for you and what you can expect. Naturopathic Doctors (NDs) in the province of Ontario are considered primary care physicians and as such have the ability to legally diagnose medical conditions. My practice is aligned with a model of integrative natural and energy healing, which is very different from a conventional disease care model. My approach addresses all aspects of your health and wellbeing. This includes physiological, chemical, metabolic, bioenergetics, mental, emotional and spiritual aspects of your whole system. My philosophy is that you are your own healer and that healing comes from within you. Your innate intelligence and Vital Force will direct your healing at the right level, system, and timing for your needs. This often happens in stages in the capacity to which the body can heal and rebalance function back to homeostasis. I can assist and direct your healing process by evaluating your system via various conventional and alternative functional tests and procedures. Natural therapies and treatments will be advised to support you on your restoration of health and wellbeing specific to your needs, bringing balance and healing to the degree you are able. For a list of services and detailed information on Naturopathic Medicine and what to expect, please visit the website or talk to Dr. Dawn Cormier, ND in your visit.

The natural alternative therapeutics, assessments, evaluations, products and services provided at this office are not intended to diagnose, treat, cure or prevent any disease or medical condition. Rather, the natural therapeutics, and services are meant to address any physical, metabolic, chemical, emotional and bioenergetics imbalances, stressors or blockages that may have an impact on wellness facilitating the body's natural ability to bring itself to homeostasis, which may have an impact on health and well-being. Individual improvement may vary and is dependent on the current state of a person's overall health and an individual's commitment to their personal goals.

Informed Consent for Electro Acupuncture according to Voll (EAV) and Acupuncture Meridian Assessment

I have specifically sought out the services and perspective of Dr. Cormier for the way she practices Alternative Medicine. As part of that service, I understand that she commonly uses an EAV device as part of her evaluation. Dr. Cormier has explained to me and I fully understand the following:

a) The Vistron EAV device was a Class II Medical Device by health Canada for many years, however no is longer cleared by Health Canada in this regard since 2017. Manufacturer's specifications are for measuring and evaluating various products, incompatibilities and electrical potential on acupuncture points associated with organ function.
b) The FDA has not approved EAVs for the treatment of any disease or conditions. The EAV device is only approved as a biofeedback device and Ohm meter by the FDA and is not a diagnostic device.
c) The basic principle of EAVs has been explained in the article "Acupuncture Meridian Assessment-New Medicine Based on Ancient Principles". I have received, read and understood this article.
d) The procedure is totally non-invasive and uses a probe to measure the skin resistivity at the acupuncture points located on the hands and feet for over 50 meridians, testing minute electro physical signals.
e) This device is being used for investigational purposes only and is not being interpreted for a conventional diagnosis, however, specifications for this device support its use for diagnosing, treating, mitigating and preventing diseases, disorders or abnormal physical states in human beings.
f) Dr. Cormier will design a treatment plan based on the EAVs data, physical exam, medical history, standard lab and functional tests.
g) This device is one of many tools Dr. Cormier uses for evaluation. There are no guarantees of a successful outcome. Dr. Cormier believes that a patient's active and consistent participation in following recommended therapies results in greater and more consistent changes toward health.
h) I can terminate the EAV evaluation at any time. It was my independent choice whether to see Dr. Cormier and it is always my choice whether to continue with her.

I have fully read and understand the above information, the elements of my informed consent, my rights and responsibilities, and hereby give consent to the use of EAV device.

_____	_____	_____
Patient Name (print)	**Patient or Guardian Signature**	**Date**
_____	_____	_____
Doctor's Signature	**Witness's Signature**	**Date**

Declaration and Informed Consent to Treatment

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

Any treatment or advice provided to me as a client of Dr. Dawn Cormier, Naturopathic Doctor, is not mutually exclusive from any treatment or advice that I may now be receiving or may in the future receive from another licensed health care provider. I am at the liberty to seek or continue medical care from physicians or other health care providers who are qualified to practice. Dr. Cormier, ND has not suggested to me to refrain from seeking or following the advice of another licensed health care provider.

Although Naturopathic Medicine uses very gentle therapies, even these may induce complications in certain physiological conditions such as pregnancy, lactation, very young children and in certain conditions including but not limited to diabetes, liver, heart, kidney, cancer or autoimmune diseases. It is therefore IMPORTANT to inform Dr. Cormier, ND of any illnesses you may suffer from and all medications and supplements you may be taking. Failure to disclose this information may put you at risk. If you are female and are pregnant, suspect you may be pregnant or are nursing it is your responsibility to advise Dr. Cormier ND.

I understand that slight health risks of some Naturopathic treatments may include but are not limited to: aggravation of a pre-existing condition or symptoms, herxheimer reactions, changes in digestive function, allergic reactions, detoxification rashes, pain and inflammation after some physical therapies, very rarely with acupuncture pain, fainting, bruising or injury. I will inform Dr. Cormier via phone or email if I suspect a reaction of concern. Because each individual may respond differently to treatment protocols, Dr. Cormier, ND may not be able to anticipate and explain ALL risks and possible complications to treatments, but will do her best to ensure your safety.

The potential benefits and limitations of Naturopathic treatment and expected outcomes of treatments have been explained to me.

I understand that Dr. Cormier, ND will answer any questions I have to the best of her ability. I understand that the results are no guaranteed and may vary with each client.

This consent form is intended to cover the entire course of treatments throughout the duration of care with Dr. Cormier, ND. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I, the undersigned, do hereby acknowledge that I have been informed of and understand the recommended diagnostic/therapeutic procedures and have discussed to my satisfaction this and any requests or concerns for related information with Dr. Dawn Cormier, ND.

I agree to pay the full amount for each visit and supplement purchase.

_____	_____	_____
Patient Name (print)	**Patient or Guardian Signature**	**Date**
_____	_____	_____
Doctor's Signature	**Witness's Signature**	**Date**

Patient Consent Form - For collection, use and disclosure of personal information

Privacy of your personal information is an important part of our Clinic operations. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly.

In this Health & Wellness Centre, office reception acts as the Privacy Information Officer. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate use and protection of your information as per the Personal Health and Information Protection Act, 2004.

Our privacy policy outlines what our Clinic is doing to ensure that:

- only necessary information is collected about you
- we only share your information to other healthcare professionals with your consent
- storage, retention and destruction of your personal information complies with existing legislation and privacy protection
- our privacy protocols comply with privacy legislation and standards of our regulatory body, the College of Naturopaths

How our Clinic Collects, uses and discloses patient's personal information

The clinic will collect, use and disclose information about you for the following purposes:

- to access your health concerns and provide health care
- to advise you of treatment options
- to invoice for goods and services and process credit card payments
- to collect unpaid accounts
- to remind you of upcoming appointments and establish and maintain contact with you
- to communicate with other treating health-care providers
- to educate via clinic newsletters
- to allow efficient follow-up of treatment and care
- to comply generally with the privacy laws and regulatory requirements
- to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale

By signing the Patient Consent form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information as outlined as above.

I agree that Dr. Cormier's Quantum Naturopathic Health & Wellness Clinic can collect, use and disclose my personal information as set out above in the clinic privacy policies.

Please be advised that emails are not deemed 100% protected when sharing medical information. _____ By initialling this paragraph, you are consenting to share appropriate medical information when requested by either party, necessary for convenience and documentation for your ongoing medical care via written, email, or phone.

Print name _____ **Signature**_____

Date_____ **Witness**_____