

Dr. Angela Hanlon, ND Patient Consent Form

Consent to Treat , Collect, and Disclose Information

In accordance with the Federal Government Personal Information Protection and Electronic Documents ACT (PIPEDA), I need your informed consent to provide naturopathic services including assessment and treatment to you, and to collect and use your personal information.

Consent to Treatment

I agree to participate in assessments and treatments given by the contracted naturopathic doctor (Dr. Angela Hanlon, ND) for the purpose of improving my health. I recognize that even the gentlest of therapies potentially have their complications in certain physiological conditions or in very young children or those on multiple medications. Hence the information provided is complete and inclusive of all health concerns including pregnancy, and all medications including over-the-counter drugs and supplements.

The slightest health risks of some naturopathic treatments include but are not limited to: aggravation of pre-existing symptoms; temporary heightened emotions; allergic reaction or stomachache to supplements or herbs; pain, bruising, or swelling from cupping and acupuncture, muscle fatigue, and detox reaction specific to the type of detoxification.

I confirm that I have the ability to accept or reject this care of my own free will and choice.

I confirm that I am not an agent of any private, local, county, provincial, or federal agency, including media, attempting to gather information without so stating. I accept full responsibility for any fees incurred for treatment, lab tests, consultation, and supplementation, with that acknowledgement that the expected results of naturopathic care are not guaranteed.

Disclosure of Information

Dr. Angela Hanlon ND is the only person who has access to your naturopathic file. She will send information along to your other health care providers or family members with your consent only. Without written or verbal consent, no information will be passed along to anyone.

Consent to Collect & Disclose Information

I hereby authorize Dr. Angela Hanlon ND to collect, retain, and share my personal information with other health care providers, upon my consent, to provide health care services. My consent is voluntary and I intend this consent form to cover the entire course of assessment/treatments that I see Dr. Angela Hanlon ND's care for, commencing on the date indicated below.

Signature

Date

Dr. Angela Hanlon, ND. License #1638
Hanlon Naturopathic Clinic
44 North Park Gardens, Belleville, ON, K8P 2M3
519-955-4880