



Brampton Naturopathic Clinic

Inside GoodLife Fitness in Bramalea City Centre
Unit 50A - 25 Peel Centre Drive Brampton, ON L6T 3R5
Phone: (905) 453-5858 **Fax:** (905) 453-8995
Email: info@ingoodhandswellness.com
Website: www.ingoodhandswellness.com

Welcome

You are in GoodHands.

Doctor: Dr. R. Mitha, N.D.

DECLARATION AND CONSENT TO TREATMENT

Patient's Name: _____ Date: _____
(first) (middle) (last)

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

- i) Any treatment or advice provided to me as a patient of the Brampton Naturopathic Clinic is not mutually exclusive from any treatment or advice that I may now be receiving or may in the future from another licensed health care provider. This information is detailed in my confidential file and a copied transcript is available to me for a small fee to cover copying charges (\$5)
- ii) I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Ontario. No employee, agent, or anyone else under the clinic's direction or control is suggesting or recommending to me to refrain from seeking or following the advice of another Licensed health care provider.
- iii) The treatment and therapies rendered or recommended by this clinic are explained fully and completely. It is my responsibility to work together with my Naturopathic doctor to clarify this information. I also understand that undergoing Naturopathic care may take some time and immediate results are not always seen.
- iv) I agree to pay my full account at the time of each visit or treatment, including fees for services, cost of supplements and remedies, cost of laboratory tests and other fees. I understand that the consultation fee is for the time I spend with the Naturopath and does not include supplements/herbs or remedies suggested.
- v) I know that I may contact the clinic for quick questions or queries but if I require more time on the phone or have a new complaint, I understand that it will be necessary to book another office appointment or phone consultation.
- vi) I understand that BNC can only accept cheques, VISA, Mastercard, Debit and cash as methods of payment at this time. Supplements and remedies cannot be accepted for return once they have been opened.
- vii) I agree to pay the full fee for any appointments missed or cancelled within 24 hours of the appointment time. I realize this fee is posted within the clinic and may be subject to change in the future.

I hereby authorize and consent to treatment with respect to the above conditions.

Patient's Signature
(Parent/Guardian if child under 18)

Date

Office Representative

Date