STATEMENT OF ACKNOWLEDGEMENT AND CONSENT TO TREATMENT

I hereby request and consent to the performance of **acupuncture**, and only acupuncture by Dr. Chris Ford and/or Dr. Darcie Pawlick, Naturopathic Doctors. I understand that even though Dr. Chris Ford and Dr. Darcie Pawlick are licensed Naturopathic doctors, I am not requesting full naturopathic diagnostic or treatments services. I do not and will not hold Dr. Chris Ford and/or Dr. Darcie Pawlick of Roots to Health Family Clinic liable for negligence and/or malpractice during the course of my acupuncture treatments as I am not requesting or receiving full naturopathic medical care.

I understand that any treatment or advice provided to me, by Dr. Chris Ford and/or Dr. Darcie Pawlick, is not being provided to me in the place of, or to the exclusion of, any other treatment or advice that I may now be receiving or, may in the future receive, from a physician, surgeon, or any other licensed health care provider. I also understand that treatment results for any condition are not guaranteed.

I further understand and am informed that, as in all health care, there are some very slight risks to treatment. I understand that acupuncture may be associated with potential side effects including, but not limited to: pain, fainting, bruising or injury. I understand that I am encouraged to ask such questions I may have at any time and to advise Dr. Chris Ford and/or Dr. Darcie Pawlick of any unusual symptoms which may or may not be associated with acupuncture treatments.

I understand that Dr. Chris Ford and Dr. Darcie Pawlick have a privacy policy that complies with regulations set out in the federal privacy legislation *Personal Information Protection and Electronic Documents Act* (PIPEDA) that applies to the collection, use and disclosure of my personal information. I understand that Dr. Chris Ford and Dr. Darcie Pawlick are both committed to protecting my personal information. I consent to collection, use and disclosure of my personal information, and I understand that I may request a copy of the privacy code and policy at any time.

I acknowledge that I am accepting or rejecting this care of my own free will. I understand that the ultimate responsibility for my health care is my own and that Dr. Chris Ford and/or Dr. Darcie Pawlick is/are here to support me in these efforts. I understand that Dr. Chris Ford and/or Dr. Darcie Pawlick reserves the right to discontinue acupuncture treatments where it is apparent that my expectations and the type of services provided by Roots to Health Family Clinic are not compatible, but will supply me with alternative options.

I understand that all fees for acupuncture treatments are payable in full at the end of the appointment. I hereby agree to pay my account at the conclusion of each and every visit. I also understand that MSP does not cover acupuncture treatments (except those on Premium Assistance at $23 per visits for up to 10 visits) and that acupuncture may not be covered under extended medical insurance. I further acknowledge and agree that I will be charged the equivalent fee for all and any missed appointments unless I have advised Dr. Chris Ford and/or Dr. Darcie Pawlick of my cancellation by phone no less than 24 hours in advance of the scheduled appointment.

I am at least sixteen years old and I have read the above statement. I have had an opportunity to ask questions about its content, and by signing below, I agree to the performance of acupuncture as mentioned above.

I intend for this consent to cover the entire course of treatment for my present condition and for future conditions, for which I may seek the services of Dr. Chris Ford and/or Dr. Darcie Pawlick.

OR

I confirm that I am legally authorized to grant consent to have the patient treated by Dr. Chris Ford and/or Dr. Darcie Pawlick.

TO BE COMPLETED BY PATIENT OR LEGALLY AUTHORIZED GUARDIAN:

_____ _____

Print Name Signature of Patient or Legal Guardian

Dated this_____,of_____,_____.

Day Month Year

ROOTS TO HEALTH
NATUROPATHIC CLINIC