



Holistic Healing Arts Centre

213 King George Rd., Unit 209
Brantford, ON N3R 6S8
519-751-3488 www.ndoc.ca
Your Natural Path to Wellness

Statement of Acknowledgement

Welcome to the Holistic Healing Arts Centre. The Naturopathic system of health care is centered around and supportive of your body's own ability to heal. Naturopathy uses noninvasive methods for the assessment of bodily functions and natural therapies for correction, including dietary recommendations, lifestyle changes, acupuncture, bodywork, and remedies and/or supplements.

Each person seeking care in our clinic should understand that we are naturopathic doctors and not medical doctors. We work within a naturopathic scope of practice. If conventional medical treatment is desired, it must be obtained from a licensed medical doctor. 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 and laboratory testing.

If at any time, during your course of treatment, you would like to receive services from a different clinician, please ask. In order to maintain consistency and quality of care, an administrative fee will apply when transferring between naturopathic doctors.

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 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. If you have not been in for an appointment in the last 24 months a reactivation fee will apply. A fee of \$25.00 will be charged for any appointment missed without at least a 24-hour cancellation notice.

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

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Privacy Policy Consent Form

Our clinic understands the importance of protecting your personal information. Our privacy protocols comply with the Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the standards of our regulatory body. This privacy policy outlines what Alfred Hauk, ND and Holistic Healing Arts Centre are doing to ensure that:

- Only necessary information is collected about you;
- We only share your information with your consent;
- Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- Our privacy protocols comply with privacy legislation and standards of the Naturopathic Doctors' regulatory body, the Board of Directors of Drugless Therapy – Naturopathy.

Collection, Use, and Disclosure of Patient Personal Information

Alfred Hauk, ND will collect, use, and disclose information about you for the following purposes:

- To assess your health concerns
- To provide health care
- To advise you of treatment options
- To establish and maintain contact with you
- To communicate with other treating health-care providers
- To allow us to efficiently follow-up for treatment and care
- To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse, reportable diseases and individuals who may be an imminent threat to harm themselves or others.

Holistic Healing Arts Centre will use and disclose contact information for the following purposes:

- To send you newsletters and other information mailings
- To remind you of upcoming appointments
- To allow us to efficiently follow-up for billing
- To complete claims for insurance purposes
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts

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

I, _____ have read, understood, and acknowledge the above statements.

SIGNATURE

DATE

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DATE