

POLICIES AND CONSENT FORMS

Thank you for choosing Raven Naturopathic Health Services!

We have four (4) policy statements and consent requests, below, for you to read over and consider. In order to save paper and preserve our environment, we ask that you print **ONLY** the signature page (page 6) and return it to us.

Policy version number for this document is printed on each page to ensure that the version you signed can always be confirmed in the future. (We will hold on to each version forever!)

The current version of these forms is v.04.2017.

Thank you for taking the time to read and sign these forms! If you have any questions about any of these forms, do not hesitate to contact us for clarification!

PRIVACY POLICY AGREEMENT

Maintaining the privacy of your personal information is important to us. We understand the importance of protecting your personal information, and are committed to collecting, using and disclosing your personal information responsibly.

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.

Dr. Jason Clifford, ND, and Raven Naturopathic Health Services will ensure that:

- Only necessary information is collected about you;
- We only share your information with your consent, and / or as required by law;
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols;
- We comply with all additional privacy standards and legislation of the College of Naturopaths of Ontario.

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

- To assess your health concerns and provide appropriate healthcare
- To establish and maintain contact with you
- To remind you of upcoming appointments
- To allow us to follow-up regarding your health, care, and treatment
- To invoice for goods and services, to process credit card payments and to collect unpaid accounts
- To complete claims for insurance purposes (*only as requested by you*)
- To send you periodic mailings
- To comply with all regulatory and legal requirements, including court orders and statutory requirements to advise authorities of child abuse, reportable diseases, and individuals who may be an imminent threat to harm themselves or others.

We will independently seek permission prior to the following uses of your personal information:

- To communicate with other treating health-care providers
- To communicate with you regarding your medical information via email.
- To use non-identifying medical information for educational and research purposes, including case summaries, photographs, lab results and other pertinent medical information.

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

EMAIL COMMUNICATION CONSENT FORM

I hereby acknowledge that I wish the opportunity to communicate by email. I understand that in communicating in this manner that I am exposing myself to certain risks. These risks include:

- The privacy and security of email communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and retain emails that pass through their systems.
- It is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email once it has been sent.
- Emails can introduce viruses into a computer system, and potentially damage or disrupt the computer.
- Email is indelible. Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- If your email requires or invites a response from us and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether or not we received the email and when we will respond.
- You are responsible for informing us of any types of information you do not want sent by email.

Raven Naturopathic will use reasonable means to protect the security and confidentiality of email information sent and received; however, we cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information except in the case of intentional misconduct on our part.

Although we will endeavour to read and respond promptly to your email, we cannot guarantee that we will read and respond to any particular email within any particular period of time. Accordingly, you should not use email for medical emergencies or other time-sensitive matters. Email communication is not an appropriate substitute for clinical examinations.

RESEARCH AND EDUCATION CONSENT FORM

Jason Clifford and Raven Naturopathic Health Services are committed to advancing naturopathic medicine through primary clinical research and education. To this end, we wish to have the option of sharing your case information with healthcare students and practitioners, in an anonymous way, in order to further our understanding of medicine. We wish to do this through gated and secured online portals, student mentorship, one-on-one discussions, conference presentations, and publication in various medical journals.

Data of interest may include your case summary (signs, symptoms, assessment, treatment and progress), photographs (for example, of a skin lesion), lab reports, and other pertinent medical information.

Your personal and identifying information will be guarded at all times. If need be, we will alter any identifying data / photographs to minimize the possibility that you may be identified. We are also committed to informing you of any publication involving your case, so that you may have access to your contribution.

There will be no additional time commitment on your part. We use validated outcome tools to measure your progress regardless of whether you opt to be a part of our research. The data collected by these tools replaces the need for additional surveys and testing.

As a point of interest, publication through medical journals and conferences is an expensive process: please be assured that we will never make a penny off your case information.

APPOINTMENT POLICY AGREEMENT

It's all about Respect

The following policy is based on mutual respect between our patients and ourselves. If you have any questions, please feel free to contact us any time.

Appointment and Payment Policies

- Be nice! You can expect courteous, timely service in a safe non-judgemental atmosphere. Disruptive, disrespectful or abusive behaviour will not be tolerated.
- Please arrive on-time for your appointment. If you are late, you will be charged for the full appointment.
 - If your doctor is late for the appointment, we will credit the time to your account, to be used immediately or added free of charge to your next appointment, at your choice.
 - If we run overtime by no fault of your own, you will not be charged extra.
 - If we feel you need extra time, we will advise you before any charges are incurred.
- If you need to cancel or reschedule an appointment, please provide at least 24 hours notice (by phone, text, or email). Missed appointments and failing to provide 24 hours notice will result in a charge for the full cost of the missed appointment.
 - Because life happens, you may miss one appointment per 10 visits at no charge.
- Payment is due when services are rendered. We will provide you with an invoice that you can submit to your insurance company for reimbursement.
 - If you are unable to afford our rates, or need more time to pay off your account, please discuss this with your doctor *before* your appointment.

Cause for Termination

We value your trust, and hope never to be forced to terminate the doctor-patient relationship. That said, situations may arise where we may no longer be able to work together. These include:

- Abuse or disrespect directed at anyone in the office where we operate.
- Missing 3 appointments in a row or 5 in four months.
- Repeated failure to comply with agreed-upon treatment plans.
- Failure to disclose relevant medical information.
- If, despite our best effort, we are unable to help with your concerns.

In the event where we choose to terminate the doctor-patient relationship, you will be provided with the reason for termination, and a referral to someone who should be better able to help you.

Forms of Payment:

We accept Cash, Mastercard, Visa and Check.

(You are responsible for any fees associated with a bounced check.)

We are unable to accept debit at this time.



Patient Name (please print): _____

Privacy Policy AGREEMENT

I have reviewed and understand Raven Naturopathic's Privacy Policy, and I agree that Dr. Clifford and Raven Naturopathic Health Services can collect, use and disclose personal information about me as set out in that policy.

Signature of Patient or Guardian: _____ Date: _____

Email Communication CONSENT

Our Email Communications Policy outlines the risks associated with email communications. Given these risks, do you agree to allow Dr. Clifford and Raven Naturopathic Health Services to communicate with you (and only you) via email regarding your health?

Yes No I wish to discuss this further

Signature of Patient or Guardian: _____ Date: _____

Patient Email: _____

(Please print clearly)

Research and Education CONSENT

Our Research and Education Policy outlines our commitment to advancing naturopathic medicine through primary clinical research and education. May we use your non-identifying medical information for purposes described in this policy?

Yes No I wish to discuss this further

Signature of Patient or Guardian: _____ Date: _____

Appointment Policy AGREEMENT

I have read and agree to Raven Naturopathic Health Services' Appointment Policy.

Signature of Patient or Guardian: _____ Date: _____