



Dr. Ali McMillan

NATUROPATHIC DOCTOR



Informed Consent

Every patient is required to read and sign this form before any treatment can be provided. This form will apply to all advice and treatment provided by Dr. Ali McMillan ND at any clinic location.

Your signature on this form acknowledges that you understand the following: Naturopathic medicine is the treatment and prevention of disease by mostly natural means. Naturopathic doctors strive to assess the whole person, taking into account a patient's physical, mental and emotional state. Naturopathic treatment requires a thorough case history and depending on the symptoms presented, may require physical exams and diagnostic testing.

There are some rare or minor health risks associated with naturopathic treatments. These include but are not limited to:

1. Allergic reactions to herbs and supplements. If you have any allergies, please let Dr. McMillan know, even if they seem unrelated. It is always possible to develop a new allergy, even for someone who has never had them in the past. If you experience unusual side effects from an herb or supplement, stop taking it and contact Dr. McMillan as soon as possible.
2. Pain, bruising, fainting or organ puncture from acupuncture. Pain can occur during needle insertion but usually fades quickly. If a needle continues to hurt once inserted, let Dr. McMillan know so the needle can be readjusted or removed. Minor bruising can occur if a capillary is damaged and this should resolve within a week. Organ puncture is possible but extremely rare. Fainting during acupuncture happens from time to time. If you have had fainting spells in the past, please let Dr. McMillan know, as there are many things that can be done to prevent fainting.
3. Accidental skin burning from moxa.

By signing this consent form I understand:

1. The clinic does not guarantee results. As with all medical therapies, naturopathic medicine has limitations and may not be able to treat all conditions.
2. That my Naturopathic Doctor will explain the nature of my treatment and will answer any questions that I have.
3. That I am free to withdraw my consent and discontinue treatment at any time.
4. That naturopathic medicine can work in conjunction with other forms of therapy and need not be considered exclusively beneficial. You need not choose between one form of medicine over another.
5. That expenses for Naturopathic Care are not covered by provincial health care plans. This includes the cost of diagnostic testing. Naturopathic Care is often covered by extended health care plans. Check with your provider for coverage details. Costs associated with Naturopathic Care may be tax deductible.

6. My care is a joint responsibility between myself (the patient) and the practitioner. I have the final say in the direction my health care takes and I am free and encouraged to voice my opinions and preferences. I am willing to be an active participant in my wellness.
7. My health records are held in the strictest confidence and will not be released to others except in the following specific situations:
 - a. My health records may be used in research providing that my name and all identifying information is not revealed, and my consent is given.
 - b. With my permission, Dr. McMillan may share some records with other members of my healthcare team. This will require my express consent.
 - c. My health records could be accessed by the College of Naturopathic Physicians of BC if an investigation into Dr. McMillans' practice were ever opened. The College would keep my records in strict confidence should this occur.
 - d. All doctors have a duty to report in cases of child abuse. By law, Dr. McMillan would be forced to reveal the few details necessary to Child Protection Services. Dr. McMillan would also have to disclose identifying information and possibly a whole health record in any case where the patient presented an immediate threat to their own life or the life of another person. Dr. McMillan must provide files to law enforcement if presented with a court order or subpoena.
 - e. Dr. McMillan may seek guidance from other Naturopathic Doctors with regards to cases. As few details as necessary are to be shared. No identifying information will ever be shared in these cases.
8. I understand that I may see my health records at any time and may request a copy of them by paying an appropriate fee for photocopying.
9. I understand that the decision to discontinue any prescribed medications or medical treatments is my own responsibility and I assume any potential risk that may entail.
10. I understand that even the gentlest therapies may cause complications in certain physiological conditions. This depends greatly on the individual and the severity of the disease. Some therapies must be used with caution in certain diseases like diabetes, heart disease, liver or kidney disease. It is very important that you inform Dr. McMillan immediately of any disease process you have and any medications (prescribed or over the counter) that you are taking. Should you develop one of these conditions during treatment, consult Dr. McMillan to have your treatment plan adjusted. If you are pregnant or breast/chest feeding, inform your doctor immediately.

Patient Name (Please Print)

Signature of Patient (or Legal Guardian)

Date

Fees for Services

Payment is due at the end of each visit. Cash, debit, mastercard or visa are accepted. .

New Patient Initial Visit	60-75 minutes	\$225
Second visit or longer follow up	45 minutes	\$140
Second visit or short follow up	30 minutes	\$100
Acupuncture specific appointment	30-45 minutes	\$75

Cancellation Policy

Life happens and Dr. McMillan is pretty understanding so if you need to cancel or reschedule an appointment, please call as soon as you can. No shows or repeat last minute cancellations will be charged the full cost of the missed appointment. Signing this form indicates you understand the cancellation policy.

Privacy Policy

Dr. McMillan is committed to protecting your personal information in accordance with the Canadian Federal Government's Personal Information Protection and Electronic Documents Act (the Act) of 2004. The Act requires the office to obtain your consent before obtaining or using information about you or disclosing this information to others (there are some exceptions). This notice explains why the office collects personal information from you, how it will be used and the steps being taken to ensure your privacy is protected.

Personal information is information that identifies you as an individual. It includes information such as your name, address, telephone number, e-mail address, medical history and medical records.

Personal information is required to provide a detailed assessment, diagnose conditions and select an individualized health plan. All information collected by this office will be locked in cabinets only accessible by Dr. McMillan and her personal staff. From time to time, case histories may be discussed, without identifying information, with other practitioners in an effort to provide the best possible course of action for patients.

All staff and future staff are required to sign a confidentiality agreement upon employment with Dr. McMillan. All information contained in the practice including telephone conversations, correspondence and files are privileged information and cannot be released, copied or discussed without prior consent of the client.

I have read this notice and understand its contents.

Signature: _____ Date: _____

Email Communications Consent Form

I hereby acknowledge that I have requested the opportunity to communicate by email. I understand that in communicating in this way that I am exposed to certain risks. These risks include:

- That the privacy and security of email communications 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 carry computer viruses to your system which can potentially damage or disrupt your 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, server or in a cloud.
- If the patient's email requires a response from Dr. McMillan and one is not received within a reasonable period of time, it is the patient's responsibility to follow up to determine whether the intended recipient did in fact receive the email.
- The patient is responsible for informing Dr. McMillan of any type of information the patient does not want sent by email.

Dr. McMillan will use reasonable means to protect the security and confidentiality of email information sent and received; however, because of the risks outlined, Dr. McMillan cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct.

Dr. McMillan will endeavour to read and respond promptly to emails from patients but a quick response is not always possible. Accordingly, patients should not use email for medical emergencies or other time sensitive matters.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication by email between Dr. McMillan and myself. I consent to communicating by email despite these risks.

Name: _____ Email: _____

Signature: _____ Date: _____