

## Informed Consent and Cancellation Policy for Naturopathic Treatment

### Informed Consent

Physicians (conventional and naturopathic), chiropractors and physiotherapists are required to advise patients about any risks that may be involved with treatments rendered. There is a minor possibility of some slight health risks to treatment by naturopathic medicine. These include but are not limited to: aggravation of pre-existing symptoms; allergic reactions to supplements or herbs; fainting, bruising or pain from acupuncture; or accidental burning of skin from the use of moxa.

By signing this consent form, I agree and understand that:

- Treatment plans and lengths are guidelines only and are subject to change according to individual progress.
- I am free to consult with any other licensed health care provider I choose and that the Naturopathic treatment provided by Jiselle Griffith is not exclusive, but it is important that she is informed of any other treatment I am receiving in order to avoid negative interactions/side effects
- I request and consent to the naturopathic treatment by Dr. Jiselle Griffith N.D.
- I have had the opportunity to consider the nature and purpose of naturopathic medical treatments and other procedures. I understand that the results are variable for each individual and cannot be guaranteed.

I further understand that, as in all health care, in the practice of naturopathy there are some slight risks to treatment. I do not expect Dr. Jiselle Griffith N.D. to be able to anticipate and explain all the risks and complications.

I consent to receiving follow up Naturopathic recommendations via Email.

### Cancellation Policy:

Appointments must be cancelled 24 hours before scheduled, or 100% of full payment for the service will be charged. Also, if you arrive late for your appointment you will receive the remained of the allotted time and be charged in full.

I have read and understand the above consent and cancellation policy. I have also had the opportunity to ask questions about its content, and by signing below I agree to naturopathic procedures. I intend this consent form to cover the entire course of treatment for my present condition.

I understand that I am free to withdraw my consent and discontinue participation in treatments at any time.

Patient Name (please print): \_\_\_\_\_

Patient or Guardian

Signature: \_\_\_\_\_

Practitioner: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_