

U Value U – Naturopathic Health Clinic

FEES AND POLICIES

Please sign/ initial the end of each line:

I understand that I will be responsible for payment of my account at the time of service.

X\_\_\_\_\_

Our fees are as follow:

\$150 for an initial consultation \_\_\_\_\_

\$75 for 30 minutes or less visit

\$105 for 45 minutes visit \_\_\_\_\_

\$135 for visits between 60 minutes \_\_\_\_\_

All other packets/programs are \$375 \_\_\_\_\_

Family packet for 1 yr (must live in same house) \$5000 \_\_\_\_\_

Shorter or longer visits will be billed according to visit length \_\_\_\_\_

I acknowledge that telephone consultations are part of the services and will be charge at \$25 for 10 minutes consultation via phone \_\_\_\_\_

Missed appointments have a negative impact on our services. Missed appointments may prevent other clients from getting into the clinic to be seen timely. **In the event that you need to reschedule your appointment we ask that you please PROVIDE AT LEAST 48 hours notice to avoid the visit being billed to your account.** \_\_\_\_\_

Please note that some of our clients and workers have **CHEMICAL SENSITIVITIES**, therefore, this is a **FRAGRANCE-FREE CLINIC**. Accordingly, please do not use any perfume, cologne, cigarettes or any other strong chemicals on the day of your visit.

I hereby agree to abide by the above stated clinic policies and understand that if I do choose to wear a chemical that causes our employees to suffer from an allergic reaction, it may delay/ prevent me from being seen.

\_\_\_\_\_  
Patient (or Guardian) Signature / Date signed

## CONSENT FOR ELECTRONIC COMMUNICATIONS

About 12 times per year we send out a newsletter via email with information that will give you opportunities to help support your health. This information may include upcoming workshops, clinic location/ hours changes, and other events. You can unsubscribe at any time by clicking the link at the bottom of the newsletter. If you would like to sign up with us just sign on the line below.

Yes, please sign me up to receive the email newsletter.

Email Address (printed please) \_\_\_\_\_

Your signature and initials \_\_\_\_\_

For further support and inspiration, we welcome you to visit our website at [U-VALUE-U.COM](http://U-VALUE-U.COM).

## Consent for Collection, Use and Disclosure of Personal Information

Privacy of your personal information is an integral part of our practice. We understand the importance of protecting your personal information and work diligently to do so.

In this clinic, Cheryl Graham, N.D., acts as the Privacy Information Officer. Any other individual/s that 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.

Our privacy policy outlines what our clinic is 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 protocol.
- Our privacy protocols comply with privacy legislation and standards of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy.

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

- To assess your health concerns.
- To provide health care and advise you of treatment options.
- To establish and maintain contact with you.
- To communicate with other health care providers treating you.
- To allow us to follow-up for treatment, care and billing.
- To invoice for goods and services.
- To comply with legal and regulatory requirements of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy acting under the authority of the Drugless Practitioners Act;
- To assist this clinic to comply with all regulatory requirements.
- To comply generally with the law.
- To allow potential purchasers, practice brokers or advisers to conduct an audit in preparation for a practice sale.

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

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