

CONSENT FORM

1. This is to acknowledge that I have been informed and understand that:
 - Any treatment or advice provided to me as a patient of the clinic is not mutually exclusive from any treatment that I may now be receiving or may in the future receive from another licensed health care provider.
 - I am at liberty to seek or continue medical care from a medical doctor or other health care provider licensed to practice in Ontario
2. I consent to the clinic's collection, use and/or disclosure of my personal information and medical history as outlined by privacy legislation (PIPEDA).

OFFICE POLICIES

1. **Regarding Insurance:** Most health insurance companies cover Naturopathic Medicine so check with your insurance provider. All individuals with insurance must pay for services at the time they are rendered.
2. **Regarding Payment:** Payment is required at the time services are rendered. We accept cash payments, personal checks, Debit, Visa and Mastercard.
3. **Cancellation/Rescheduling Policy:** Please be aware there is a 24-hour cancellation policy. Appointments cancelled with less than 24 hours notice will be charged the **full cost** of their visit.

I HEREBY CONSENT TO TREATMENT BY VIVIAN BIZIOS N.D. AND THE OFFICE POLICIES OUTLINED ABOVE

Print Patient's Name

Signature of Patient
(or Parent/Guardian)

Witness to Signature Above

Date Signed