

T: 416 922 2000 F: 416 922 2005 drlaurabrass.com

## DR. BRASS'S POLICY AGREEMENT

This form must be read and submitted by all patients as validation of understanding of the office policies and procedures for patients of Dr. Laura Brass ND.

This form outlines the policies and procedures for patients of Dr. Laura Brass ND. By reading and agreeing to the following you are indicating that you understand our office policies, our privacy and collection of information policies and expectations of patients of our office. If you disagree, or have any concerns, please check NO and we will discuss this at your visit. Failure to agree with office policies may require patients to be referred for treatment elsewhere.

#### **PRIVACY POLICY**

Privacy of your personal information is an important part of our clinic while providing you with quality naturopathic care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We will try to be as open and transparent as possible about the way we handle your personal information. In this clinic, Dr. Laura Brass ND acts as the Privacy Information Officer. 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. Our privacy policy outlines what our Clinic is doing to ensure that (1) Only necessary information is collected about you (2) We only share your information with your consent (3) Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols (4) Our privacy protocols comply with privacy legislation and standards or our regulatory body, the College of Naturopaths of Ontario.

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I have read the abo	e privacy policy		
Yes	No		
CANCELLATION POLICY			
that, visits that are will be billed as mi can be paid by cre	cheduled specifically for you. I allow one missed appointment of canceled within 24 hours are subject to the full visit fee. Council sed appointments and are not eligible for insurance claims. Council to the time of cancellation, and invoices must be paid governments. The cancellation policy is exempt for emergencies.	cancellation fees Cancellation fees	
I have read, under	and and agree to the cancellation policy for Dr. Laura Brass N	ND	
Yes	☐ No		



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### **CONSENT TO TREATMENT POLICY**

By agreeing, you understand that by working with Dr. Laura Brass ND you will be fully informed regarding your treatment plan, possible side effects, expected outcomes and possible alternative treatments available. Dr. Laura Brass ND does not guarantee treatment results, and you have the ability to withdraw your consent to treatment at any time. You also acknowledge that you have the right to ask questions, and be involved in your treatment process. Our model is to provide patient-centred health care with informed decision making as a priority.

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I have read the consent to treatment policy and understand I will be informed of th risks and benefits of my individual treatment plan.	e particular		
☐ Yes ☐ No			
FEE SCHEDULE			
Initial Consult 75 minutes Comprehensive health assessment, physical exam, and detailed health plan	\$225		
Follow-up Consult 30-45 minutes	\$125		
Extended Consult 60 minutes For patients who require more time	\$175		
Mini-visit or Phone Consult 15 minutes	\$65		
Email Advice For complex email replies an additional charge may apply			
We try to work with your budget and health care plan. We can tailor your health pl means.	an to fit your		
I have read and agree to the fee schedule.  Yes  No			



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## **PAYMENT FOR SERVICES**

Payment for services is due at the end of each visit and a receipt will be given when payment is received. Please retain this receipt for your insurance or income tax claims, if applicable. Fees may be paid by debit, credit, or amex. Please note that refunds are not available for medical services rendered, including lab tests performed. Extended health benefit plans often offer coverage for naturopathic medicine. Plans and policies differ, so please check with your provider regarding your coverage and claim procedures.

		m procedures.
I have re	ead and agree	to the policy on Payment for Services.
	Yes	☐ No
DISPEI	NSARY AND	NATURAL HEALTH PRODUCTS
She offe	ers an in-office	y recommend that you take certain products as part of your treatment plan dispensary for your convenience. Please note however, that you are free to chase the recommended products.
I agree v	with the policy	on Dispensary and Natural Health Products.
0	Yes	☐ No
Sign _		
Date _	/	