

CLINIC POLICIES & WAIVER

Empower Health Clinic Inc. (“**Empower Health**”) provides space and administrative services to **independent healthcare professionals** who provide multi-disciplinary, integrative health services to you, your family and your community. These Practitioner's in turn collaborate as a **team** in order to **empower you with tools, processes and programs** to help you meet your goals!

To provide you with the best possible care, the Professionals at Empower Health **share a client record keeping system**. All Professionals and Staff are bound by a Privacy & Confidentiality Agreement to protect your privacy. They also comply with the privacy regulations of their professional colleges, as well as by provincial law.

Please **initial** next to the following to indicate your understanding and consent:

_____ **I understand that my file is accessible to, and that my health history and treatment plan may be discussed amongst, the professionals at Empower Health**

You are always in control! And we are here to help, meaning that you have the right to give, refuse or withdraw consent to any treatment at any time, and this will not affect your ability to receive care in the future. (**Initial**)

_____ **I understand that I am free to pursue other medical opinions and treatments including conventional medical care at any time. I understand that no warranty or guarantee regarding a promise of cure as a result of care is provided for any condition.**

Payment and Cancellation Policies:

You are responsible for the **full payment** of any fees incurred during your visit to Empower Health at the **end of each visit**. We require at least **24 hours notice** if you wish to **cancel** or re-schedule an appointment or you will be charged for the time set aside and, in the case of a scheduled treatment, the cost of non-reusable products prepared for you. Notice of cancellation or rescheduling must be given during regular clinic hours or prior to regular clinic hours covering this 24 hour period. (**Initial**)

_____ **I understand that Empower Health may store my credit card information in a secure system, and that I will automatically be charged for late cancellations.**

Extended Health Insurance and MSP:

Many extended healthcare insurance providers cover naturopathic, massage therapy, acupuncture, physiotherapy and psychotherapy visits. Please check with your provider to determine the amount of coverage under your policy.

We bill directly to a number of extended health providers. Please ask at reception if your plan is covered. We can also submit for MSP Premium Assistance claims, if you are covered under this program. Again, please ask our reception staff about your eligibility.

How we communicate your medical information:

While email is not a preferred method of communication, many patients wish to communicate at least some health information via email, such as quick updates, or sending and receiving lab results. Please indicate your consent below: **(Circle)**

Y / N I consent to discussing my case through email if necessary, and can revoke this consent any time.

Giving Back Through Research:

Empower Health's mission is to make healthcare more accessible, which is supported through integrated medical research. You can help out by allowing us to use portions of your health information for research purposes. Just so you know, all identifying information would remain anonymous, and is bound by our Privacy Policy as well as the law, so please ask us for clarification if you are unsure and want to know more! **(Please choose or leave blank)**

- I want to help! I consent to having my health information used for research purposes.**
- I want to know more first, please talk to me!**

Disclaimer:

Empower Health Clinic, Inc. does not provide health services to the public. All such health services are provided by the various independent health care practitioners who operate from the space provided by Empower Health ("**Practitioners**", and each a "**Practitioner**"). Any questions or concerns you may have in regards to the health services you are provided, must be discussed with your Practitioner.

Empower Health expressly denies any liability associated with the provisioning of health services by any Practitioner to you. By signing this informed consent, you acknowledge and agree that Empower Health is not liable for any claim(s) arising from the relationship between you and any Practitioner, including any acts or omissions of any Practitioner related to the services or treatment provided by such Practitioner, and that you will indemnify and save and hold harmless Empower Health against any such claims that you or your personal representatives may have in such regard.

I, _____, understand & agree to all of the above Clinic Policies and Waiver.
[print name]

Patient Signature

OR Parent/Guardian

Date

Witness

Witness (printed)

