



RISK DISCLOSURE

It is very important that you inform your ND immediately of any disease process that you are suffering from and any medications/over the counter drugs that you are currently taking.

Please advise your ND if you are pregnant, suspect you are pregnant or if you are breast-feeding.

As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

There are some potential health risks associated with treatment by naturopathic medicine. These may include but are not limited to:

- Some patients experience allergic reactions to certain supplements and herbs. Please advise your ND if you have any allergies.
- Pain, bruising or injury from injections, blood draws, acupuncture or IV therapy.
- Fainting during injections, blood draws, acupuncture or IV therapy.
- Puncturing of an organ with acupuncture needles. (*EXTREMELY RARE*)
- Accidental burning or bruising of the skin from the use of moxa and/or during cupping.
- Muscle strains and sprains from spinal manipulation.

The attending ND is trained to handle emergencies should the need arise.

PERSONAL INFORMATION – PATIENT CONSENT FOR COLLECTION, USE & DISCLOSURE

We value your privacy! Dr. Eriksen and the staff at Tailor Made Wellness Clinic commit to being open and transparent about the way we handle your personal information. 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 have signed confidentiality agreements and are trained in the appropriate use and protection of your personal information.

- *We only share your information with your consent;*
- Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- Our privacy protocols comply with privacy legislation and standards of our regulatory body, the College of Naturopathic Doctors of Alberta.

PATIENT CONSENT

I have reviewed the above information and I understand:

- ***The clinic may collect, use and disclose personal information as set out above.***
- ***The clinic does not guarantee treatment results.***
- ***My ND will explain to me the exact nature of any treatment provided, discuss side effects and possible adverse reaction and answer any questions I may have.***
- ***I am free to expressly withdraw my consent for any individual treatment and/or to discontinue treatment in full at any time.***
- ***I may, from time to time, receive emails regarding upcoming events, courses and seminars (if email address is provided on form.)***
- ***I understand that Dr. Eriksen has a 24-hour cancellation policy and the clinic reserves the right to bill for missed appointments and same-day cancellations.***

Patient's Name (print)

Patient's Signature

Date