

Brian Casteels, ND
1-800-868-5508
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www.drbrriancasteels.com

Informed Consent

Naturopathic treatments involve assessing the whole person, taking into consideration the patients physical, mental, emotional, spiritual, and genetic health as well as the patient's medical history. In general, gentle non-invasive techniques will be used to stimulate the body's inherent healing capacity. A thorough case history and complaint oriented physical exam will be conducted. Relevant lab work will be performed in house or requested.

It is essential that your Naturopathic doctor is immediately informed of any disease process you may be suffering, also of medications (prescription / non prescription, birth control etc) and supplements (herbal, vitamins, foods etc) you are taking. You must inform your Naturopathic doctor immediately if you are pregnant or breast feeding.

Your Naturopathic doctor will inform you of your diagnosis and treatment, the treatment options, costs, expected benefits, risks, side effects, and consequences of not having the recommended treatment.

Some slight health risks are associated with Naturopathic treatments.

Risks include but not limited to:

- Homeopathic remedies may cause a return of old symptoms.
- Some supplements and herbs may be allergenic to some patients; please advise your Naturopathic doctor of any allergies you may have.
- Fainting or puncturing an organ with acupuncture needles or accidental burning with moxa.

I understand:

- That the clinic does not guarantee treatment results.
- That I will be explained the nature of my treatment and have my questions answered.
- I am free to withdraw my consent and discontinue treatment at any time.

Patient Name (please print): _____

Signature of Patient or Guardian: _____

Date: _____

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Consent Form for Collection, Use and Disclosure of Personal Information

Your privacy is very important, and all information collected will be handled responsibly. An effort will be made to be as open and transparent as possible with how your information is handled.

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.

Only necessary/relevant information will be collected, and this information will only be shared with your consent. Our privacy protocols are in accordance with the standards of our regulatory body, The Board of Directors of Drugless Therapy- Naturopathy.

Information will be collected, used, and disclosed for the following purposes:

- To assess your health concerns
- To provide health care
- To advise you of treatment options
- To establish and maintain contact with you
- To send you newsletters and other information mailings
- To remind you of upcoming appointments
- To communicate with other treating health care providers
- To allow us to effectively follow up for treatment, care and billing
- To complete claims for insurance purposes
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse and reporting diseases and individuals who may be an imminent threat to harm themselves or others

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

I have reviewed the above information that explains how your clinic will use my personal information and the steps that your clinic is taking to protect my information.

I agree that Dr. Brian Casteels, N.D. can collect, use and disclose personal information about _____ as set out above in the information about the Trent Hills Naturopath privacy policies.

(Signature)

(Print Name)

(Date)