

## **Client Agreement**

## **Personal Information**

| Name:                             | Date of Birth(dd/mm/yy):        |                                    |
|-----------------------------------|---------------------------------|------------------------------------|
| Address:                          |                                 |                                    |
| Street, city,province,postal code |                                 |                                    |
| Office Phone:                     | Home Phone:                     |                                    |
| Cell Phone:                       | Email:                          |                                    |
| Name of guardian if under 16 yrs: |                                 |                                    |
| How did you find out about us?    | Internet search for therapy Int | ternet search for health condition |
| Internet other (what)             | Video inforn                    | nation online FaceBook ad          |
| Personal referral (Who? We rewar  | d referrals):                   |                                    |

- 1. OHIP will not cover services offered by Ottawa Holistic Wellness, however, some of the services are tax deductable or may be covered by private insurance plans. Please check with your provider as plans do vary.
- 2. Some practitioners at Ottawa Holistic Wellness will direct bill insurance companies directly. For those practitioners who are unable to offer this service **payment is due prior to, or at the end of each visit.**
- 3. Our Natural Health Care is a joint responsibility between you, the client, and the practitioner. Improving your lifestyle can be as important in improving your health and wellness as remedies and treatments. We welcome teamwork with Medical Doctors and other Health Practitioners.
- 4. We will explain procedures, probable outcomes and possible risks associated with our treatments in advance. We work alongside, not in place of, medical treatments, and if you choose to forgo such medical approaches in favor of natural healing you assume responsibility for any potential risk that may entail.
- 5. Prescription medications:- please discuss any change in the dose of prescription drugs or any other prescribed medical treatment with the doctor who prescribed then. The decision to discontinue prescription drugs or any other prescribed medical treatment is **your responsibility.**
- 6. Ottawa Holistic Wellness Cancellation Policy
  - We request that you provide us with at least 48 hours notice if you need to reschedule or cancel your appointment. This enables us to maintain our consultation fees at the present rate by making your time slot available to others who may need to see us.
  - We reserve the right to charge you for your appointments missed or cancelled without 48 hours notice unless we can allocate the time reserved for you to another client.
  - We endeavor to send you a reminder of your appointment by phone or via email; however, it is ultimately **your responsibility** to remember your scheduled appointments.
  - We will be there for you at the time reserved for you, we hope you can be there too.

7. Personal Information: we only collect personal information that you choose to give us. This information will be used to keep records of your appointments taken at OHW and will also be provided to your health care practitioner(s) at Ottawa Holistic Wellness. It will not be disclosed to other practitioners or to outside parties unless you provide explicit written consent.

We do not collect personal information if you browse or download from our website.

- 8. Health Information: your health records will be held in the strictest confidence; any and all health information you provide to your health care practitioner(s) on the intake forms and any notes made by those practitioners during a treatment session is confidential and will be used solely by that individual health care practitioner. It will only be shared with other practitioners if you provide explicit written consent.
- 9. Email contact: we provide a free email monthly newsletter containing health tips and information. We may from time to time email you for information regarding changes to our services and current offers. We may occasionally send you emails requesting feedback to enable us to improve our service to you. The booking system will send automatic notification of booking, appointment reminders and confirmation of payment.

You may opt out of any of these emails at any time by replying to our emails to you.

**Important:** new legislation ensures we cannot contact you without your consent;

If you wish to receive any of the email contacts above please indicate below:

|  | I wish to receive emails from the booking system co<br>and receipts for payments I make.<br>We recommend you make use of this service as <b>we</b>  |         |
|--|---|---------|
|  | I wish to receive the regular <b>monthly newsletter</b> containing useful health tips and information, and also occasional emails regarding promotions, offers and free information sessions. |         |
| I authorize email correspondence with Ottawa Holistic Wellness and any practitioners who have treated me for the purpose of providing me with the best health care.  Correspondence may contain personal information. I have been advised of the risk of corresponding by email and I absolve Ottawa Holistic Wellness and my practitioners from any liability related to communicating by email.  I understand that my personal information is being sent in a manner that is not yet guaranteed as a secured means of communication. |   |         |
| I have rea   | ad and understand the above:  |         |
| Signature  | ::  | _ Name: |
| Relations  | hip to client if guardian:  | Date:   |