



DR. AARON VAN GAVER

NATUROPATHIC DOCTOR
ADDICTION COUNSELLOR

Clinic Policies and Waiver

Dr. Van Gaver is bound by law to protect your privacy. We also comply with the privacy regulations of the College of Naturopaths of Ontario. Please **initial** next to the following to indicate your understanding and consent.

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

_____ **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 Dr. Van Gaver at the end of each visit. We require at least 48 hours notice if you wish to cancel or reschedule 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.

_____ **I understand that Dr. Van Gaver will store my credit card in a secure system, and that I will automatically be charged for late cancellations.**

Extended Health Insurance:

Many extended healthcare insurance providers cover naturopathic visits. Please check with your provider to determine the amount of coverage under your policy.

Insurance Provider: _____
Policy # _____
Plan # _____

Preferred Communication:

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:

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

Giving Back Through Research:

Dr. Van Gaver's mission is to help make a difference in healthcare. You can help out by allowing us to use portions of your health information for research purposes. No identifying information would be used, and you would remain anonymous as bound by law. Please ask us for clarification if you are unsure and want to know more.

Y / N **I want to help. I consent to having my health information used for research purposes.**

Y / N **I want to know more first, please talk to me.**

FEES:

Initial 1 hr Naturopathic Consultation :	\$275	
½ hr Follow-up Consultation:	\$175	
Brief Visit: (up to 15min):	\$125	
Intravenous Therapy:	\$145 - \$850	
Acupuncture Consultation:	Initial \$275	Follow-up \$175
Lab testing	various	

Disclaimer:

Dr Van Gaver will do everything possible to ensure your visit runs smoothly. In the unlikely event that things happen beyond our control (late for appointment, last minute cancellation); we will do everything to ensure this is mitigated.

I, _____, have read, understand, and agree to the above clinic policies of Dr. Aaron Van Gaver.

Signature

Date

Witness

Witness (printed)