



Clinic Policies

Payment Policy

Payment methods available are, cash, credit card, debit card, e-transfer. Direct Billing is available for a variety of Extended Health Providers. Patients are responsible for managing their own insurance limits. We do not guarantee coverage for any Extended Medical Plan. Patients are responsible for any amount not covered by their Extended Medical plans due immediately upon services rendered. *** Cheques are not accepted.** Payment is due strictly at the time services are rendered. Dispensary items must be paid for in full before leaving the clinic.

Cancellation Policy

Notice of **any cancellation or re-scheduling** must be given **via phone** during **phone reception hours** or changed from our online booking system **with minimum 24 hours notice**. **** Phone reception hours are listed on our website's home page, located at the bottom of the page, and may be slightly different from our booking hours. Emails and voice messages are not an acceptable form of communicating cancellations or appointment changes. Failure to notify the clinic in less than 24 hours** will result in a charge of 75% of your appointment fee and in the case of a scheduled treatment, the full cost of non-reusable products prepared for that treatment. Patients **arriving more than 15 minutes late** will forfeit their appointment and will be charged full price plus the cost of any non-reusable products prepared for that treatment. Patients **failing to show up** for their appointment will be charged full price plus the cost of any on-reusable products prepared for that treatment.

Patient Code of Conduct and Communications

Our clinic is a scent free zone. For the consideration of others, please refrain from wearing perfumes, colognes, or other fragrances to your appointment. Please turn your phones on silent mode when in the clinic. For the consideration of others, please take any urgent calls outside of the clinic. Yelling at staff or conducting yourself in a disrespectful manner is not tolerated. Email communication with Butterfly Naturopathic is not confidential. Please be advised that emails and phone messages are not checked after hours or during our closed days (Sat, Sun, & Mon). If you require more immediate assistance please visit your nearest walk-in clinic or hospital emergency department. During our weekly office hours, we try to answer emails in 48 hours but this is not always possible. The physicians at Butterfly Naturopathic do not take phone calls or emails outside of your scheduled appointment time. If you have a quick question then you may ask staff via email or phone to ask your physician and the staff will get back to you. Should you want to speak with one of our physicians directly you may book an appointment. Phone consultations are available for patients who have already had an in-person first appointment and **must be paid at time of booking**. ***Meet and greet appointments are not considered a first appointment.** Our office is not equipped for emergency medicine. If you have an emergency please call 911 or go to the emergency room.

Pharmaceutical Prescription Refills

All prescription refills require a follow-up appointment. Appointment availability may be limited, patients should plan in advance to their prescriptions running out to avoid interruption of their medications. Due to legal and ethical guidelines, we are unable to provide recommendations or prescriptions via email.

I, _____, have read, understand, and agree to the above clinic policies of Butterfly Naturopathic Medical Clinic.

Signature of patient: _____ Date: _____

Patient Confidentiality

The practitioners at Butterfly Naturopathic clinic are required to maintain patient confidentiality as per the bylaws of the College of Naturopathic Physicians of BC (CNPBC). Your personal information is collected for the purpose of providing health care and for administrative purposes. It will not be disclosed for other purposes without your consent other than for reasons stated in the bylaws of the CNPBC. A copy of these bylaws may be found at the CNPBC website (www.cnpbc.bc.ca) or we will print a copy of the relevant section for you at your request.

Informed Consent

As a diagnosis is made and treatment options are presented, the practitioners at Butterfly Naturopathic clinic will either have you sign a consent form or verbally agree to the proposed treatment options. Scheduling an appointment for a specific treatment will be considered consent to that treatment. Before consent is obtained, the practitioner will ensure you are informed of the risks, benefits, cost, and adverse effects of the proposed treatment. If there are any relevant alternative treatments for your diagnosed condition the practitioner will also inform you of the possible risks, benefits and adverse effects of those treatments, along with the risks of not treating the diagnosed condition. You have the right to refuse or withdraw consent to any treatment at any time.

Statement of Acknowledgement

I, _____, as a patient at Butterfly Naturopathic understand that I am agreeing to be treated under the practice philosophy and scope of **naturopathic medicine** and other supportive principles and practices.

I recognize that even the gentlest therapies can result in complications.

The information I have provided is complete and inclusive of all health concerns including possibility of pregnancy and all current medications, including over the counter pharmaceuticals. **Slight** health risks of some naturopathic treatments include, but are not limited to:

- temporary aggravation of pre-existing symptoms
- allergic reactions or adverse reactions to supplements or botanical medicines
- pain, fainting, bruising or injury from injection, venipuncture, or acupuncture
- headaches, muscle strains and spasms, disc injuries from spinal manipulations

I also recognize the following:

- I will be given the opportunity to discuss risks, benefits, cost, and adverse effects of any treatments prior to consenting to any treatment plan.
- Any treatment or advice provided to me as a patient at Butterfly Naturopathic is **not mutually exclusive** from any treatment that I may now be receiving or may in the future receive from another licensed healthcare provider. I am at liberty to seek or continue medical care from a medical doctor or other healthcare providers.
- I understand that results from naturopathic treatments are not guaranteed.
- I am able to accept or reject any suggested treatment at my own free will.
- I understand that a record will be kept of my visits. This record will be kept confidential and **will not be released** without my consent.
- I understand that all practitioners at Butterfly Naturopathic reserve the right to determine which cases fall outside of their scope of practice, in which case the **appropriate referral will be recommended**.

I consent to receive naturopathic treatment. I understand this consent is voluntary and may be revoked at any time.

Signature of patient: _____ Date: _____

Thank you for taking the time to read and fill out this form and we welcome you to our clinic.

BUTTERFLY NATUROPATHIC
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