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*Section 1- Providing Consent

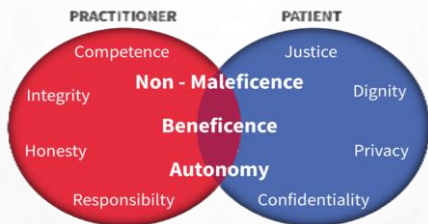


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Consent for Care services

Providing Consent for assessment, examination, care or therapy

As holistic natural healthcare providers we desire and purpose to do good, and if we unable to do the good we would, above all we will do no harm. Our patient/client has the right to be treated with fairness, dignity and privacy in a confidential manner, and we desire to honour these rights to the best of ability. Consequently, we require each patient/client to complete a care consent form when such services are requested. Our patients have the right to withdraw consent at any time. Withdrawing a care consent, will also terminate current care services, as we cannot provide services to patients/clients they will not (or have not) given consent for.

Electronic Communications: Consent to Use Email and Other

Risks of Email Communication

Email is a widely-used form of communication and can be convenient for patients to exchange information with a healthcare practitioner. However, using email to share medical information poses risks and the patient should be aware, understand and accept such risks including, but not limited to, the following:

- The privacy and security of email communication cannot be guaranteed
- Emails can be used to introduce viruses into computer systems
- Emails are easy to forge, easy to forward (sometimes accidentally) and may exist indefinitely

Conditions of Using Email

The healthcare practitioner/Clinician and or Integrative staff will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the healthcare practitioner/clinician and or Integrative staff cannot guarantee the security and confidentiality of email communication and will not be liable for improper disclosure of confidential information. Therefore, the patient must consent to the use of email for patient information. Consent to the use of email includes agreement to the following conditions:

- Emails to and from the patient concerning diagnosis or treatment may be printed and placed into the patient's physical chart
- The healthcare practitioner may forward emails internally to the Integrative staff and to those involved, as necessary, for evaluating cause, assessment, therapy, healthcare operations, and other handling
- The healthcare practitioner/clinician and/or Integrative staff is not responsible for information loss due to technical malfunctions
- The patient should not use email for emergencies or other time-sensitive matters
- The patient is responsible for updating email addresses and informing the healthcare practitioner and/or Integrative staff of any information that the patient does not want sent by email.

Using Other Electronic Means

All patient/Client will be able to select their preferred means of communication and information exchange. Please note that ALL electronic and digital means has similar risks- some greater or less than others. The patient therefore, assumes the risks and responsibilities on accepting to use the services. Please note also, that at times and for various reasons some communication medium may be inaccessible. In such cases the default means of communication will be via email.

Acknowledgement and Consent

I have read and fully understand that Natural Care Clinic intends to do their best to protect the information I have shared for the purpose of providing a service I have requested. And, that the entity cannot accept responsibility for vulnerabilities, software malfunction, nor security breaches in third party services used by Natural care Clinic. I agree for Natural Care Clinic to contact me by the means I have chosen; or by email if others services are unavailable.

Signature (Patient, Parent, or Guardian)

Date (MM/DD/YY)

Important Information

Missed Appointments and Cancellations and Fees

Your appointment time will be reserved for you. If you are unable to keep the appointment, we will require 48- hours (2-business days) notice, otherwise it may be necessary to charge for the time lost. **Please note, late cancellations and no-shows are equivalent to a full appointment fee.**

Fees

All visit charges are expected to be paid at the time service is rendered. All Tele-Consult services are expected to be paid at the time of making/submitting an appointment request.

Medical Coverage

Generally, medical and healthcare plans will not cover any Herbal, Holistic Natural Care, Naturopathic or Massage Therapy visits. Should a patient have a healthcare plan that facilitates such services; you will pay our normal fee and seek the appropriate reimbursement from your health insurance or health coverage plan partner. You will be provided with invoices/receipts of payments made in used of our services. Please let the front desk know if you are on health insurance that covers natural holistic/herbal care.

Insurance Claims

Your health/medical insurance policy is a contract between you and your insurance company. This business/office does not collect payment from any insurance company nor guarantee reimbursement. We can provide receipts that can be submitted to your health insurance/health coverage plan.

Declaration and Informed Consent to Evaluation & Therapeutic services

This declaration is to acknowledge that I have been informed and understand that:

1. I am not limited to exclusive care or natural therapies from a Natural Health Practitioner or Herbalist. I may also continue to seek treatment and continue medical care from a medical practitioner or other licensed health care provider.
2. I understand that video and listening devices are not permitted during a consultation, an evaluation/visit unless consent is given by my practitioner.
3. I authorize my Natural Health Practitioner to discuss and share my file with any or all of the Natural Care Clinic's Practitioners, if pertinent to my health care.
4. I understand that I will receive explanation of the therapies performed and foreseeable side effects of services that I will receive from my Natural Care Practitioner.
5. I hereby authorize and consent to Holistic treatment/therapies including but not limited to dietary and lifestyle modification, botanical medicines, massage, hydrotherapies, and spiritual counselling.
6. I understand that therapy advice will not be given over the phone unless directly relating to specifics discussed during intake of case.

7. I agree to pay my account in full at the time of each visit or therapy unless otherwise arranged. This includes fee for care/consultation services, cost of supplements and remedies, cost of laboratory tests and other fees.
8. I understand Natural Care Clinic's Missed Appointment Policy of 2 full business days of notice of an appointment cancellation and that failure to give appropriate notice will result in a missed appointment charge up to the full charge of my appointment.

Please Sign and Date

I have read and understand the above declaration. No guarantee of successful therapy or advice has been implied. I understand that I am entitled to a copy of this consent form upon request and that I may withdraw this consent for further care upon request in writing at any time.

Signature (Patient, Parent, or Guardian)

Date (MM/DD/YY)

Practitioner Declaration

I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge, the patient has been adequately informed and has consented.

Practitioner Signature

Date(MM/DD/YY)

Policy Changes/Updates

Please note that Natural Care Clinic reserves the right to update our policies and terms of use and client forms without written consent. It is the patient's duty to seek for the most current information for their service usage. It is also your right and responsibility to seek clarification when, should there be need of clarification on any written material that you do not understand. By continuation of the service, you are consenting that you both understand and agree.