



Patient Agreement Form

I acknowledge that homeopathic treatment and conventional medical treatments are different but can complement each other. I confirm that there has been no suggestion made to me that I refrain from seeking or following conventional medical treatment. I confirm that any prescription medications I am taking under the care of a physician will not be withdrawn without his/her supervision. All information disclosed is confidential except where disclosure is authorized or required by law. I understand that there may be occasions when an aggravation of my current symptoms or a return of previous symptoms may occur as part of the healing process.

I understand that a 24-hour notification is required if I cancel the appointment. I understand that there is a charge for appointments cancelled less than 24 hours in advance.

Cost of consultation: I understand the cost of treatment and agree to the office policies and charges as described in the fee statement below. I also understand that all fees are non-refundable.

Name: _____	
Signature of client: _____	(Parent/ Guardian for under the age of 18): _____
Date: _____	



Fee and Payment Policies

Cost of Treatment*	Adults	Children (Ages 0 – 18) and Seniors (Ages 65 +)
Initial Consultation (90 Min)	\$350.00	\$225.00
Follow-Up Visit (20-60 Min)	\$50-125	
Initial focus consult (60 min)	\$150	

Tax is not included in the fees.

Payments:

- The client is responsible for payment of all fees at time of service.
- Payment may be made with cash, check, credit card or Paypal.
- Clients who have online consultations are asked to keep a credit card on file with the office to simplify the payments.
- If e-transfer or Paypal is the preferred method, please make the payment before your appointment starts.
- A \$40 fee will be charged for any check returned to this office unpaid or delayed payments.

Your cooperation is highly appreciated. This will help us with reducing the time spent on administrative follow ups so we can focus on client care and quality service.

Insurance coverage:

The office will provide official receipts of payments which clients may submit to their insurance companies to reimburse if they have coverage or they can also claim as a medical expense for their tax return.

**Interim Support:**

For brief check-ins, acute complaints or any questions about your current treatment plan, please call during morning call-in time (9 to 9:30 am) Monday to Friday. There is no charge for calls during this time. These are intended to be brief calls that can be taken care of in 5 minutes or so; if an acute appointment (usually 20-30 minutes) is required, it can often be scheduled shortly after. There will be a minimum \$25 charge for any text or call other than call in time.

Email:

Clients can email at info@classicalhomeopath.ca for scheduling or questions about current treatment plans. Please note that as email confidentiality cannot be guaranteed, this email is best used for administrative purposes not for discussing confidential information. Calls are answered during office hours. Emails are answered as time allows within 48 hours, which can be delayed during times of travel or high volume of email. If there is any concern that requires prompt response, or you have not gotten a reply from an email in the timeframe you require, please call. If you are in crisis, please go to your nearest Emergency department.