



BOUCHER NATUROPATHIC MEDICAL CLINIC
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Privacy Policy

In order to comply with the regulations as set out in the Personal Information Protection and Electronic Documents Act (PIPEDA) enacted on January 1, 2004, the following policy has been developed for use by Boucher Naturopathic Medical Clinic.

The privacy act applies to the collection, use, or disclosure of personal information. “Personal information” means any identifiable information about an individual that relates to their personal characteristics eg. age, gender, colour, ethnic background, family status, education, health history, family medical history, etc.

Privacy of your personal information is an important part of this teaching clinic providing you with quality naturopathic care. We understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information.

All staff members who come into contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information. We have outlined what our office is doing to ensure that:

- Only necessary information is collected about you
- We only share your information with your consent
- Storage, retention, and destruction of your personal information complies with existing legislation and privacy protection protocols
- Our privacy protocols comply with privacy legislation, standards of our regulatory body (CNPBC), and the law

Do not hesitate to discuss our policies with any member of our staff. Please be assured that every staff, faculty member and student at this office is committed to ensuring that you receive the best quality naturopathic care.

How Our Office Collects, Uses, and Discloses Patients’ Personal Information

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information.

This office will collect, use, and disclose information about you for the following purposes:

- To deliver safe and efficient patient care
- To identify and to ensure continuous high quality care
- To assess your health needs
- To provide health care
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care, and services in relationship to preventative medicine, acute and chronic naturopathic health care generally
- To communicate with other treating health-care providers, including specialists, family practitioners, referring physicians, and any other provider involved in the care of a patient with your signed consent

- To allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments
- To allow us to efficiently follow-up for treatment, care, and billing
- For teaching and demonstrating purposes on an anonymous basis
- To comply with legal and regulatory requirements, including the delivery of patient’s charts and records to the CNPBC in a timely fashion, when required, according to the provisions of the Health Practitioners Act
- To comply with the agreements/undertakings entered into voluntarily by the member with the CNPBC, including the delivery and /or review of patient’s charts and records to the Board in a timely fashion for regulatory and monitoring purposes
- To permit advisors, and regulatory boards to evaluate the naturopathic practice
- To deliver your charts and records to the Naturopathic Doctor’s insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the CNPBC complaints committee
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To assist this office to comply with all regulatory requirements
- To comply generally with the law

By signing the consent section of this Privacy Policy Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

This office will not, under any circumstances supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate. You may withdraw your consent to use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

Patient Consent: I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information. I know that your office has a Privacy Code, and I can ask to see the Code at any time.

I agree that BNMC can collect, use, and disclose personal information as set out above in the information about the office’s privacy policies.

signature

print name

date

witness

Boucher Naturopathic Medical Clinic (BNMC), is a teaching clinic for students studying at Boucher Institute of Naturopathic Medicine. BNMC uses a “Team-Care” approach that is designed to ensure a high standard of care and supervision as you begin to work with your student clinicians. In order to maintain consistency in the care that you receive, you will be paired with a Supervising Naturopathic Physician. This pairing will happen at the time of booking your initial visit, at which time, a student intern will be assigned to provide care and treatment during your visits. You will be required to book subsequent appointments with your Supervising Naturopathic Physician. This will ensure continuity of care as you work with your student intern(s) over the course of your health care at the BNMC.

Your Supervising Naturopathic Physician will be: _____ . If you request or are referred to another Supervising Naturopathic Physician, we will require you to sign a Transfer of Care form at that time.

As this is a teaching clinic, student clinicians, depending on their levels of experience, may observe or participate in the care provided and are always supervised by a licensed Naturopathic physician. I understand my medical history, treatment plan and progress are discussed (without identifying information) among other student clinicians and will be evaluated by the supervising faculty for appropriateness and effectiveness, and may be discussed for educational purposes at the BNMC.

Due to the diversity of modalities offered at BNMC, your treatment may include but may not be limited to any or all of the following core modalities and procedures to assess, treat or otherwise address your health concerns:

- ⊙ **Therapeutic nutrition:** prescribing of nutritional supplements, which may include intramuscular and subcutaneous injections of vitamins
- ⊙ **Acupuncture and Oriental Medicine:** insertion of thin sterilized needles at specific points on the body, application of ear seeds, cupping (vacuum cups placed on the surface of the body), prescribing of oriental herbal combinations.
- ⊙ **Botanical Medicine:** prescribing of botanical substances as teas, tinctures (contain alcohol), glycerites, solid extracts, powders, creams, plasters, suppositories or other forms.
- ⊙ **Physical medicine:** soft tissue massage, stretching, traction, ultrasound, LIL Therapy.
- ⊙ **Homeopathy:** prescribing of dilute quantities of plants, animals, and minerals.
- ⊙ **Lifestyle counseling:** recommendations on the use of food, dietary plans, exercise, sleep hygiene and stress reduction for benefits to health.
- ⊙ **Naturopathic manipulation:** techniques of physical manipulation to correct the musculoskeletal structure.
- ⊙ **Electromagnetic and Thermal therapy:** the use of low volt muscle stimulation, micro-current, diathermy, infrared sauna, hydrotherapies, moxa (electric, spray or burning), and hydrocollator packs.
- ⊙ **Diagnostic Procedures:** including but not limited to: venipuncture, PAP smears, blood, saliva and urine lab work, ECG, spirometry, physical exams, neurological exams, musculoskeletal assessments, SIBO, SPhENo-Cardiograph.

Potential risks: include, but are not limited to: pain, discomfort, bruising, blistering, discolorations, infection, burns, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat or frictional therapies, electromagnetic and hydrotherapies; allergic reactions to prescribed herbs or supplements; soft tissue or bone injury from physical manipulations, and aggravation of pre-existing symptoms.

Potential benefits: Restoration of health and the body’s maximal functional capacity, relief of pain and other symptoms of disease, assistance in disease and injury recovery, and prevention of disease or it’s progression.

Notice for pregnant women: all female patients must alert the doctor if they know or suspect that they are pregnant, as some treatments could present a risk to the pregnancy.

I also recognize that even the gentlest therapies potentially have their complications in certain physiological conditions, in very young children or in those on multiple medications. I acknowledge that the information I have provided is complete and inclusive of all health concerns including risk of pregnancy; and all medications, including over the counter drugs and supplements.

Boucher Naturopathic Medical Clinic Informed Consent

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I understand that a record of the health services provided to me will be kept by the BNMC. This record will be kept completely confidential and will not be released without my personal consent or that of my representative, unless it is required by law. I understand that I may look at my medical record at any time and can request a copy of this record by paying the appropriate fee and completing a request form. I understand that my medical record will be kept for a minimum of 7 years after the date of my last visit.

At times, the BNMC staff, interns or supervising doctors will need to contact you by phone, such as reminder calls for appointments, or notification that lab results have arrived. I give BNMC consent to leave phone messages regarding my appointments, or a message to return a call to BNMC at the phone numbers I have provided. **(please circle) YES or NO**

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to treatment at BNMC. I realize that no guarantees have been given to me by the BNMC Clinic, or any of its personnel, regarding cure or improvement of my condition(s).

I accept full responsibility for any fees incurred during care and treatment.

I authorize the student clinicians and clinical faculty of the BNMC to gather my information and perform procedures as deemed necessary to facilitate my diagnosis and treatment.

_____ Patient's Name (PRINT)	_____ Guardian/Personal Representative Name (PRINT)
_____ Patient's Signature	_____ Signature of Guardian/Personal representative
_____ Date (mm/dd/yy)	_____ Relationship/Representative's Authority
	_____ Witness
	_____ Date (mm/dd/yy)

Research

I understand that information from my medical record may be analyzed for research purposes and that in any such instances, my identity will be protected and kept confidential. In addition, for the purpose of research, I authorize the research staff of the Boucher Institute of Naturopathic Medicine (BINM) to contact me by phone or mail/email to ask about my experience with the services I received from the BNMC.

_____ Date(mm/dd/yy)	_____ Signature of Patient/Patient representative/Guardian	_____ Witness
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