

WELCOME TO OUR HEALTH CLINIC

KINGSTON INTEGRATED HEALTHCARE INC.

We're glad you're here!

THANK YOU for taking time to explore our clinic and your healthcare options. We're passionate about our work and look forward to working with you over the coming months!



HEALTH CANADA estimates that more than half of all Canadians use some form of integrative medicine. Integrative medicine combines the strengths of multiple medical perspectives and perceives the person as a whole, integrated unit.

People request our services for a variety of reasons:

- Disease management, prevention, or education
- Chronic pain or disability
- Drug or surgery alternatives
- Desire to improve quality of life
- Physical, mental, or emotional, concerns

We help the body restore optimal function by addressing underlying causes of illness for effective, long-lasting results.

Current information about our services and workshops is offered in our e-newsletter which you may sign up for on our website. Our team members share unique health articles here in what we hope you'll find to be a fun and educational resource worth sharing.

Please take your time when completing the following new patient forms. They are an important initial step toward defining your healthcare needs and achieving your health goals.

We're a team of health professionals offering expertise in complementary, alternative, and integrative medicine.

- Naturopathic Medicine
- Physiotherapy
- Massage Therapy
- Osteopathy
- Acupuncture
- Mental Health Therapy
- Speech-Language Pathology
- Ayurveda
- Shamanic healing & Reiki
- Medical testing
- Community Workshops

With your permission, your KIHc health practitioner may consult other clinic professionals or refer you for co-care.

All practitioners offer complimentary 15-minute introductory appointments to help you find the right professionals for your personal healthcare team.



ADULT INTAKE FORM

Please bring this completed form to your first appointment. The details you provide will remain confidential.

Name: _____ Date: _____

Date of birth (dd/mm/yy): _____ Age: _____ Gender: _____

Address: _____

_____ Postal Code: _____

Home Tel: _____ Work Tel: _____ Email address: _____

What is the best way for us to contact you? _____

May we leave telephone messages at home or work? _____

Would you like to receive our clinic email newsletter? _____

How did you hear about therapy services at KIHC? _____

Emergency contact information:

Name: _____ Relationship: _____ Tel: _____

Please list all other practitioners on your healthcare team (e.g. medical doctor, dentist, etc.):

1. _____ 2. _____ 3. _____

() _____ () _____ () _____

Briefly, what brought you here today? _____



INFORMED CONSENT FOR THERAPY SERVICES

This document contains important information about Mary Broeders' professional therapy services and business policies. When you sign this document, it represents an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights you should be aware of. As your therapist, I have corresponding responsibilities to you as described in the following sections.

GOALS OF THERAPY: There can be many goals for therapy. Some of these will be long-term and others more immediate. Whatever the goals for therapy, they will be set by you according to what you want to work on in therapy. I may make suggestions about how to reach that goal but, ultimately, you decide where you want to go.

RISKS & BENEFITS OF THERAPY: There are many benefits to therapy. It can help you develop coping skills, make behavioural changes, reduce symptoms of mental health disorders, and improve your quality of life. The inherent risk in any personal growth is it may bring uncomfortable emotions or memories to the surface and bring forth friction in interpersonal relationships because of changing patterns of thinking and behaving. The results of therapy are not guaranteed. Positive results in counselling are most often a reflection of the amount of effort, openness, and honesty that clients put towards the process. Your engagement in therapy may be short-term or longer-term and we will work together to create a treatment plan to best support your unique goals.

APPOINTMENTS: Appointments will ordinarily be 50 minutes in duration. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, please provide the clinic with 24 hours' business-day notice. If you miss a session without canceling, or cancel with less than 24 hours' notice, a 50% cancellation fee will apply. In addition, you are responsible for coming to your session on time. If you are late, your appointment will still need to end on time.

ACCESSIBILITY: My therapy room is upstairs and may not be suitable for clients with restricted physical mobility. If this is a concern for you, please contact me in advance to make alternative arrangements.

INCLEMENT WEATHER: If you are scheduled to attend an in-person session and are unable to travel due to inclement weather, your session will be transitioned to a phone or video session allowing you to continue with your therapeutic plan. If you choose to cancel the session, you may be subject to the late cancellation policy noted above.

INSURANCE: We do not provide direct billing to Insurance for clients who may have Extended Health Benefits. Clients are required to pay the entirety of their session fee at the end of each session and are



provided with a receipt for insurance submission purposes. Each client is responsible for determining what services are eligible for reimbursement through their Extended Health Benefits plan if applicable.

CONFIDENTIALITY: Your Personal Information will be treated and stored in accordance with Canadian Privacy Legislation. There are some limitations to confidentiality to be aware of. I might consult with a supervisor to give you the best service, in accordance with my government regulatory body, OCSWSSW. If I consult with another professional, no identifying information such as your name will be released. Any sharing of Personal Information to a third party, such as a family doctor, will only be shared after voluntary consent has been provided.

Confidentiality does not apply in the following circumstances: (1) where a client has disclosed instances of actual or perceived child abuse and/or neglect, (2) perceived or suspected risk of imminent harm to self or others, (3) when mandated by law, such as a subpoena, (4) emergency situations where medical and or legal intervention is required as determined by the treatment provider, (5) if a client discloses abuse by a regulated health professional who is covered by the Regulated Health Professionals Act. In the above circumstances, the therapist will need to share Personal Information in accordance with the law.

RECORD KEEPING: Your therapist will keep records of your therapy sessions and a treatment plan which includes goals for your therapy. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed above. By law, records are kept for at least 10 years.

CONTACTING ME: For appointment booking, rescheduling or cancellations, please contact the administrative staff at Kingston Integrated Healthcare Inc. Alternately, you may send me an email and I will reply as soon as I can. My email is not encrypted and is designed to be used for scheduling and inquiry purposes only. Due to privacy and ethical considerations, we ask that in-between session contact is kept to a minimum. We are not able to respond to crisis or emergency situations. In the event of an emergency, please contact your local authorities. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or dial 911.

STATEMENT OF ACKNOWLEDGEMENT

I have read this Agreement and agree with its terms. I am aware that I am free to withdraw my consent and discontinue treatment at any time. I understand that OHIP does not cover the fees of a Registered Social Worker. I accept full responsibility for any fees incurred during care and treatment, including a 50% late cancellation fee if providing less than 24 hours' notice for cancelling my appointments.

SIGNATURE

DATE

WITNESS



**CONSENT FOR COLLECTION, USE, AND DISCLOSURE
OF PERSONAL HEALTH INFORMATION**

Your health privacy is a primary concern and the personal health information you disclose to your healthcare provider during your appointments will be handled in accordance with current privacy legislation and standards determined by the regulatory body. Personal health information includes identifiable information such as age, gender, family status, and health history.

Your healthcare provider, employees, and health practitioners of 541 Palace Road will collect, use, and disclose information about you for the following purposes:

- To assess your health concerns;
- To provide health care and advise you of treatment options;
- To communicate with other health providers;
- To establish and maintain contact with you;
- To invoice for goods and services, process credit card payments; and
- As required by law.

Employees and health practitioners of 541 Palace Road will have access to your record of personal health information and may come into contact with personal health information that is sent to or from the clinic. Staff members and practitioners will collect, use, and disclose your personal health information accordingly to protect your privacy and the confidentiality of your information.

I have reviewed the above information and authorize Mary Broeders, Registered Social Worker, employees, and health practitioners of 541 Palace Road, to collect, use, and disclose my personal health information as outlined above.

NAME

DATE

SIGNATURE

WITNESS