



# RED CANOE

FAMILY NATUROPATHIC

**BRYAN KNAPPETT, BSc, ND**

*Board Certified Naturopathic Doctor*

*Restoring health, removing limitations ...*

*...Respecting the healing power of nature*

Declaration and Consent to Treat

Name \_\_\_\_\_ Date \_\_\_\_\_

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

1. I have read all the foregoing information and that I understand that the ultimate responsibility for my health is my own.
2. I will be seeing a Naturopathic Doctor not a Medical Doctor
3. The Naturopathic Doctors at the Red Canoe Naturopathic Clinic work within the Naturopathic scope of practice.
4. Any treatment or advice given to me as a patient of the Red Canoe Naturopathic Clinic is not mutually exclusive from any treatment or advice that I may receive now, or in the future, from another licensed health care provider.
5. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider.
6. No employee, agent, or anyone else under the Red Canoe Naturopathic Clinic's direction or control is suggesting or recommending to me to refrain from seeking or following the advice of another health care provider.
7. The treatment and therapies rendered or recommended by the Red Canoe Naturopathic Clinic may be different than those usually offered by a medical doctor or other licensed health care provider.
8. I agree to abide by the financial policies as outlined and I accept full responsibility for any fees incurred during care and treatment. I agree to fully discharge this responsibility at the time of the visit unless prior arrangements have been made.

I declare that I have received a full and complete explanation of the treatment of services that I may receive at the Red Canoe Naturopathic Clinic and hereby authorize consent to treatment.

Signature \_\_\_\_\_