CoherenceClinic®

INFORMED CONSENT

STATEMENT OF ACKNOWLEDGEMENT

| l, | $_{\scriptscriptstyle -}$ (printed name) acknowledge that as a client |
|---|---|
| of CoherenceClinic, I have read the information pro | ovided here and understand that the form of |
| health care provided is based on supportive princip | oles and practices. |
| I hereby certify that I have not had any implant of a | an electromagnetic device (such as a |
| nacemaker) and any form of anti-rejection medicat | ion (for tissue transplant). If female, I have |

I hereby certify that I have not had any implant of an electromagnetic device (such as a pacemaker) and any form of anti-rejection medication (for tissue transplant). If female, I have advised my practitioner if there is any chance I am pregnant, and will continue to advise my practitioner. I recognize that all therapies have potential complications for people in certain psychological and physiological conditions including pregnancy, lactation, early childhood, old age, end-of-life-care and use of multiple medications. I therefore confirm that I have <u>fully</u> informed (and will continue to fully inform) my practitioner about my medical history, health complaints and experiences, medications and\or supplements (over-the-counter and prescription) that I currently take or have taken, as well as family history, lifestyle and environmental factors in my health and well-being.

Despite low incidence, there are some slight risks related to some treatments. These are not limited to, but include, aggravation of pre-existing or otherwise unseen symptoms or conditions.

I understand that a record will be kept of services provided to me, and this record will be kept confidential. The record will not be released to others without my consent unless required by law. I may request to look at my health record at any time and receive a copy of it by paying the Clinic an appropriate admin. fee. Services are provided within the laws for business in Ontario.

I also understand that the practitioner will answer questions that I have to the best of his/her ability. I understand that the results of treatments differ from one person to the next so that results are not guaranteed. I do not expect the practitioner to be able to anticipate and explain all risks and complications of treatment relative to me or my personal condition.

| With this knowledge, I voluntarily consent to assessment and treatment proced | dures mentioned |
|---|-------------------|
| above, except | (list exceptions) |
| I understand that fees are to be paid at or before the time of consultation and treatment | |

CoherenceClinic®

INFORMED CONSENT

sessions. As the client, I am responsible for the total charges incurred for each visit, and have been informed of the fee schedule and accepted methods of payment including administrative fees for missed appointments or cancellations for which I provide less than 24 hours notice.

I agree that the assessments and treatments I receive are unique to me, my health and situation and that the nature of these services may change over time. Services provided by my practitioners are personal and private: I understand that reports to others of my individual experience and sense of changing health are not on their own significantly indicative of other individuals' situations or experience with their practitioner. CoherenceClinic may use data from my health reports in case-related analysis which may inform statistical studies for purposes of medical and scientific research, but will protect personal privacy and not identify data by name.

My appointments may include family members or other health advocates at my discretion if and when I receive prior agreement by the health practitioner(s) in attendance.

I have read and understand the policies and information stated above, and background provided herein (below). I intend this form to cover the entire course of diagnostic assessments and treatments I receive. I understand that I am free to withdraw my consent and discontinue participation in these procedures at any time. I confirm that I have the ability to accept or reject this care of my own free will and choice. I agree that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating.

| NAME Client's (please print) | DATE SIGNATURE of Client or Guardian |
|--|--|
| | |
| Practitioner or Witness Signature and Date | |

THE FORM MUST BE COMPLETED AND SIGNED PRIOR TO APPOINTMENTS

CoherenceClinic is a complementary and holistic health practices to free up innate capacities for self-healing and Loving Healthy Self ®

Services are provided to clients by practitioners on the basis of respect for our mutual privacy and clients' Statement of Acknowledgement and General Principles of Understanding based on ideas about holistic health articulated by the American Board of Holistic Medicine:

GENERAL PRINCIPLES OF UNDERSTANDING

- The primary healing force is the unimpeded and coherent flow of life energy through mind, body and spirit. This energy is considered "Love" in traditional and now advanced science;
- Holistic practices recognize health as a field seeking harmony and growth that can include the relationship between the whole person and his/her holistic practitioner:
 - o THE WHOLE PERSON is unique and brings distinct opportunity to know:
 - ✓ Health is more than the absence of sickness, as it includes self-healing capacities and potential to enjoy life;
 - ✓ The personal experience of life, illness, pain and dying, as:
 - Manifestation of the whole person;
 - Not an event, but a learning process..
 - ✓ Practices to prevent illness are preferable to treatment;
 - ✓ Good relationships are based on self-autonomy including the relationship between the person and service providers.
 - HOLISTIC PRACTITIONERS have choices in services they provide or request and follow practical guidance that suggest, practitioners:
 - ✓ Serve as educators and wherever possible, lead by example;
 - ✓ Offer and facilitate complementary approaches to treatment:
 - Treat the underlying conditions, not just symptoms correlated to a disease label;
 - Encourage love, hope, harmony or coherence and self-healing;
 - Release toxins and consequences of fear and shame;
 - Coordinate care with conventional doctors.
 - ✓ Share experiences of life, illness pain and dying as a learning opportunity;
- Holistic practices don't aim to cure, but can facilitate personal self-healing, helping to inform coordinated self-care in relation to a person's family, friends and other health practitioners.