

Dinas Homeopathic and Acupuncture Clinic Inc.

1678 Kingsway, Vancouver, BC, V5N 2S1

Tel: (604)298-2982

Informed Consent to Treatment

1. I understand that the practitioner at Dinas Homeopathic and Acupuncture Clinic Inc is a Homeopathic Doctor and an acupuncturist, and will use only natural methods of assessments and treatment which do not in any way replace the diagnoses, treatment, and recommendations of your medical doctor and / or specialist.
2. I understand that any advice given to me as a patient at Dinas Homeopathic Clinic is not mutually exclusive from any treatment or advice I may now, or in the future, be receiving from another health care provider.
3. I understand that I am at liberty to seek, or to continue medical care from another qualified health care provider.
4. I understand, that the homeopathic doctor / acupuncturist, reserves the right to determine which cases fall outside their scope of practice, and an appropriate referral will be recommended.
5. I understand that I am accepting or rejecting this care by my own free will.
6. I understand that the services offered here are not covered by MSP, and fees are payable at the time of appointment including fees for services, prescriptions, and laboratory tests.
7. I understand that minimum 3 days notice is required for an appointment cancellation, otherwise I will be responsible for a cancellation fee.
8. I understand that in order to be sure of my existing condition and / or symptoms, I will have to seek a proper medical screening with tests and analysis as requested by an MD and / or medical specialist, due to the fact that homeopathy and traditional Chinese medicine are not recognized by an official medicine for the purposes of proper screening and treatment.

I,.....have read, understood, and agree to the above statements.

Signature:.....

Date:.....