

**Confidentiality Agreement / Client Consent, Statement, Commitment & Declaration / Cancellation Policy – Healing Naturally With Stasia**



**Stasia Petralia– Healing Naturally With Stasia**

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## **New Client Contract Agreement**

### **Declaration**

I am a Qualified and Registered Naturopath with the CMA (Complementary Medicine Association) membership number 1955. I have insurance with AON Insurance – Policy Number LPS 019843889.

### **Nature of the Relationship**

You, as the client are aware that this relationship is in no way construed as psychological counselling or psychotherapy. In the event that you feel you require professional counselling or psychological therapy, it is your responsibility to seek a licensed professional to provide you with that service.

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The client: I understand that results are not guaranteed. I understand I am responsible for creating my own results. I do not expect Stasia Petralia, my Naturopath to anticipate and explain all risks and complications. I understand that Stasia Petralia, will answer any questions I have to the best of her ability. I will rely on my Naturopath, Stasia Petralia, to exercise judgement during the course of our contract which she feels is in my best interest based on the facts which are known.

**I understand that Practitioner grade supplements, herbal medicines, homeopathic products, and food supplements prescribed and sold by my Naturopath, Stasia Petralia, may be a part of my treatment protocol. This is to ensure that the appropriate dose and quality of medicine is administered and immediately available, in order to provide the most effective treatment possible. I understand that these practitioner grade supplements, herbal medicines, homeopathic products, and food supplements are an additional cost. I also understand that there may be an additional cost for certain diagnostic procedures.**

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With this knowledge, I voluntarily consent to the diagnosis and therapeutic procedures mentioned above. I intend for this consent to cover the entire course of treatment for my present condition and all subsequent appointments thereafter. I am free to withdraw my consent and discontinue participation in these procedures at any time. I also testify that I am able to give legal consent or there is a parent/guardian able to sign on my behalf.

**Client’s Full Name (please print)** \_\_\_\_\_

**Date of Consent** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Procedure**

An email will be sent to you, the client, with a link to a health history questionnaire as well as paperwork that needs to be signed, scanned and emailed back to me. This needs to be completed 2 working days prior to the appointment. The email will also contain available dates/times that we can meet or talk online through Skype or by phone. Please allow 1 hour of uninterrupted time for the initial consultation as this is where I will be gathering a client history, all necessary information to formulate the best health plan and setting up your health goals.

If you are unable to make the scheduled consultation, please provide a minimum of 48 hours advance notice.

**Preparation**

After our initial consultation, I ask that you come into future consultations prepared with an agenda of what you want from each consultation. Please have a list of questions, comments or observations ready.

Please take time to fill out any necessary paperwork or homework prior to our consultation.

**Expectations**

Please be honest with yourself and with me throughout our contract. You can expect me to be straightforward, constructive and confidential. You can say anything to me; positive or negative. This includes honesty in your responses to me and letting me know if something makes you uncomfortable or if you don’t want to respond to a question.

The key to an effective Naturopathic consultation is communication. Please let me know at any time if you have concerns that haven’t been addressed. I do keep highly detailed notes and sometimes, recordings of our sessions (only to be heard by Stasia Petralia) in order to keep all health goals on track.

As your Naturopath, I am a resource for you to use to your best advantage. I will share concepts or insights and ask re-orientating questions that are intended to increase your success in attaining your health goals.

I expect a full commitment from you toward your own growth and development. If at any point, this does not feel feasible, I ask that we discuss this in our consultations. I expect you to be willing to grow and willing to discuss if this growth feels uncomfortable. From time to time, I may make a direct request

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of you to accomplish something by a given date. You always have the option of accepting my request, declining it or counter-offering something that might be more workable for you.

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**CLIENT STATEMENT**

In order to comply with state and national legislations, could you please complete the following:

I hereby attest to:

1. I fully understand that Stasia Petralia is not a medical doctor or practitioner and I am not here for medical diagnostic or treatment procedures.
2. The services performed by Stasia Petralia are all times restricted to consultation on the subject of nutritional and naturopathic matters intended for the maintenance of the best possible state of nutritional health, and do not involve the diagnosing, prognostication, treatment of prescribing of remedies for the treatment of disease, or any act which will constitute the practice of medicine in this State, in which a license is required.
3. I understand that should my prescription pharmaceutical medicine change that I will need to book an appointment to review this change with Stasia Petralia, or I will otherwise inform my GP or Pharmacists of the Natural Medicines that I am also taking.
4. It has been fully explained to me by Stasia Petralia that in prescribing certain remedies (nutritional, herbal, homeopathic etc) to restore balance and/or rectify possible nutritional deficiencies, and that some slight risks to taking that which is prescribed, may be in the form of a reaction to possible unknown allergies or similar. If such should occur I should stop taking them and call Stasia Petralia to obtain further advice as to dosage or modification of the remedies.
5. That I am here, on this or any subsequent visit, solely on my own behalf and not as a State or local agent on investigation.

**Client's Full Name (please print)** \_\_\_\_\_

**Date of statement** \_\_\_\_\_

**Signature** \_\_\_\_\_

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### **Payment Options**

All fees are required to be paid at least three working days prior to the scheduled appointment unless there is a payment plan that is mutually agreed upon by Naturopath and client. Methods of payment are credit card, direct deposit or Paypal.

You, the client, agrees to pay for all services, cost of supplements and remedies, cost of laboratory tests (if required), administrative fees as well as any other applicable fees. You, the client, understands that all supplements, laboratory tests and Consultation/Naturopathic fees are non-refundable.

There will be no refunds for forfeited consultations.

### **Cancellation Policy**

A minimum 48 hour notice is required for cancellation or change of appointment. Late cancellation fees do apply for less than 48 hours notice of appointment postponement, cancellation or missed appointments. I understand that there are times when you are unable to make your appointment, so to make it fair on everybody, please make note of the following:

- **Missed appointment/Late cancellation/ “no shows”, change of mind, no one home, “forgot”, not given correct phone number or Skype account, no answer or not taking phone or Skype call, ect.**

- The standard full fee will apply

### **Confidentiality Agreement**

The conversations that we have within our consultations are confidential and will be protected as such. I am bound by the same laws and regulations as a Medical Practitioner or GP.

I, Stasia Petralia, recognize that in the course of our consultations, you may give me the following: future plans, health information, financial information, job information, goals, personal information and other proprietary information. I will not at any time, either directly or indirectly, use any information for my own personal benefit, disclose, or communicate in any manner, any information to any third party.

I will not divulge that I am your Natural Health Care Practitioner (Naturopath) without your permission.

Information will be shared outside of our consultations only with your written consent or in the event that a Court Judge demands it. However, the following are instances where I would be obligated by law to break our confidentiality agreement without our permission:

- If it is assessed during our consultation that abuse or neglect of children or elders is occurring
- If in my presence you threaten to kill or harm another individual, and I am convinced that you will act on this threat, or that you may lose control of your actions
- If at any time during the course of our consultations, I determine that you are a danger to yourself, I will inform you of that opinion and make every effort to keep you from endangering your life. In some cases, this may include notifying the police or family members

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**Declaration and Consent to Treatment**

Caution must be taken in physiological conditions such as pregnancy and lactation, in very young children, persons with diabetes, heart, liver or kidney impairment or in persons taking multiple medications.

It is important that you inform your Naturopath, Stasia Petralia, immediately of:

- Any disease process from which you currently suffer
- If you are on medications; either prescribed or over the counter
- If you are pregnant, suspect you are pregnant, planning to become pregnant or are currently breastfeeding

There is some slight health risks associated with treatment by Naturopathic Medicine. These include, but are not limited to:

- Homeopathic remedies may occasionally result in the aggravation of pre-existing symptoms. When this occurs, the duration is usually short
- Some clients experience allergic reactions to certain supplements and herbs. Please advise your Consultant/Naturopath of any allergies you may have

I realise that physical examination, which may or may not be necessary or crucial in my health assessment, is not possible during an online consultation.

THIS IS TO ACKNOWLEDGE that I have been informed and I understand that:

Any treatment or advice provided to me as a patient, is not mutually exclusive from any treatment or advice that I may now be receiving, or may in the future receive from another licensed health care provider;

- I. I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider;
- II. Healing Naturally with Stasia – Stasia Petralia is NOT suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider;

I DECLARE that I have received a full and complete explanation of the treatment or services that I may receive at Healing Naturally With Stasia and hereby authorize and consent to treatment.

**Client's Full Name (please print)** \_\_\_\_\_

**Date of declaration** \_\_\_\_\_

**Signature** \_\_\_\_\_

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**Client Consent Form for Collection, Use and Disclosure of Personal Information**

Full details of Healing Naturally With Stasia’s Privacy Policy can be found here

<https://healingnaturallywithstasia.com.au/privacy-policy/>

Your Naturopath, Stasia Petralia, understands the importance of protecting your personal information.

To help you understand how she does that, here is an outline of how Stasia Petralia may use and disclose this information:

- To assess your health concerns
- To provide health care
- To advise you of treatment outcomes
- To establish and maintain contact with you
- To inform you of change of location/moving
- To send you newsletters and other information mailings
- To remind you of upcoming appointments
- To communicate with other health care providers e.g. GP’s, ND’s, Osteopaths, etc
- To allow your Naturopath to efficiently follow up for treatment, care, billing
- To invoice for goods and services
- To process payments
- To collect unpaid accounts
- To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse, reportable diseases and individuals who may be an imminent threat to harm themselves or others
- To be used for research purposes. Your identity will be protected at all times and if necessary, identifying information will be altered to protect your privacy in the above instances

By signing this Patient Consent Form, you have agreed that you have given your consent to the collection, use and or disclosure of your personal information as outlined above. Your private information will never be sold to a third party.

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I have reviewed the above information that explains how my Naturopath, Stasia Petralia, will use my personal information and the steps she is taking to protect my information.

**I agree that my Naturopath can collect, use and disclose personal information about \_\_\_\_\_ as set out in the information about my Naturopath privacy policies.**

**Client’s Full Name (please print)** \_\_\_\_\_

**Date of consent** \_\_\_\_\_

**Signature** \_\_\_\_\_