

# Patient Rights

## As my patient you have the right to:

### KNOW WHAT I AM RECOMMENDING, INCLUDING:

- the nature and purpose of the treatment;
- the intended outcome and possible side effects;
- the risks and anticipated benefits; and
- Reasonable alternatives.

### AT ANY TIME, ASK A QUESTION.

### REFUSE OR STOP TREATMENT AT ANY TIME.

### CONSENT, OR WITHDRAW YOUR CONSENT, TO ALL ASSESSMENTS INCLUDING PHYSICAL EXAMINATIONS OR LABORATORY TESTS.

### ENSURE THAT YOUR PERSONAL HEALTH INFORMATION REMAINS CONFIDENTIAL AND THAT YOUR PRIVACY IS RESPECTED.

### OBTAIN A SECOND OPINION FROM ANOTHER HEALTH PROFESSIONAL.

### BE LISTENED TO.

### EXPRESS CONCERNS ABOUT CARE/SERVICE AND BE INFORMED OF THE PROCESS FOR DOING SO.

### KNOW THE NAMES AND ROLES OF THE MEMBERS OF YOUR HEALTH CARE TEAM.

### TO FILE A COMPLAINT WITH THE COLLEGE OF NATUROPATHS OF ONTARIO, THE REGULATORY BODY FOR NATUROPATHS IN OUR PROVINCE.

### BE FREE OF MENTAL, PHYSICAL, SEXUAL AND FINANCIAL ABUSE.

### PROFESSIONAL CARE FREE FROM BIAS.

### A CLEAR EXPLANATION OF THE SERVICES YOU WILL RECEIVE AND WHO WILL PROVIDE THEM.

### ACCESS A COPY OF YOUR PERSONAL HEALTH RECORD.

