

Dr. Angela Lee LLND
204-22 Richmond Street, Richmond Hill ON L4C 3Y1
Phone: 905 237 7031 Fax: 905 237 7034

Non-Patient Consultation Waiver

I acknowledge that non-patient consultations are solely based on educational purposes only. The advice or recommendations given by Dr. Angela Lee LLND are considered general recommendations and that it is my responsibility to consult and discuss any therapies with my professional health care provider.

I acknowledge that the ND who I am consulting with does not know my medical history, medications or health conditions, if not discussed during the first consultation visit.

The primary care ND who I will be consulting with does not bare any responsibility for your health as a primary physician and is not responsible for any adverse outcome on your choice of use of the therapeutic recommendations that are discussed during the session. I understand that in order to be considered under the care of the ND as a primary care physician, an initial visit must be completed.

I have discussed, or have had the opportunity to discuss, with the ND the nature and purpose of this naturopathic treatment along with possible side effects, and safety. Also the contents of this waiver form will be discussed.

I consent to participating in an educational consultation with Dr. Angela Lee ND and any disclosed information will remain confidential.

I understand:

- **That I am responsible to pay the fees for the consultation and any products from the dispensary at the time of the visitation. I understand the fee schedule and cancellation policy as outlined by Angela Lee LLND.**
- **I am free to withdraw my consent at any time.**

PLEASE READ BEFORE SIGNING

Patient Name

Signature of Patient/Guardian

Patient Signature

Witness Signature

Date

Date