



Mandatory Informed Consent for Adjunctive Homeopathy Treatment by Licensed Naturopathic Doctors in Nova Scotia

Practitioner Information

Naturopathic Doctor (ND): _____

Clinic Name: _____

This document is intended to provide you with clear information about the use of homeopathy in naturopathic care, so that you can make an informed decision about your treatment.

Please read this document carefully and ask any questions before signing.

Specific Disclosure Regarding Homeopathy

Homeopathy is a system of treatment developed in the 18th century based on principles such as 'like cures like' and the use of highly diluted substances. It is important that you understand the following:

- Homeopathy is not supported by the prevailing scientific consensus as an effective treatment for medical conditions.
- This position is consistent with Health Canada's stance recognizing homeopathic products as based on traditional use rather than modern scientific evidence.
- Homeopathy is considered a traditional or alternative approach rather than an evidence-based medical treatment.

Voluntary Use of Homeopathy

The use of homeopathic remedies is entirely optional. You may choose to accept or decline homeopathic treatment at any time without affecting your access to other services.

Homeopathy is not to be considered a substitute for medical care.

Homeopathic treatments may only be used by licensed Naturopaths in Nova Scotia as an adjunctive therapy, not as a stand-alone treatment procedure.

Potential Risks

- Lack of scientific evidence supporting effectiveness
- Possible delay in receiving evidence-based care

Opportunity for Questions

You have the right to ask questions about your diagnosis, proposed treatments, alternatives, and expected outcomes. All questions will be answered before consent is obtained.

Consent

By signing below, you acknowledge that you understand that homeopathy is not supported by prevailing scientific consensus, is optional, is not a replacement for medical care, and is based on traditional models rather than modern scientific evidence. You consent to naturopathic care using homeopathy.

Signatures

Patient Name (Print): _____

Phone/Email: _____

Patient Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____