



ASSOCIATION DES  
NATUROPATHES  
PROFESSIONNELS  
DU QUEBEC

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STRICTLY RESERVED FOR DULY REGISTERED MEMBERS

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## CONSENT to DISCLOSURE FORM

### CLIENT :

For future consultations, I allow the therapist,  
if contacted by my Insurance Company,  
to disclose only the reason for my consultation.

YES

NO

Signed at \_\_\_\_\_

Name \_\_\_\_\_

IN PRINT LETTERS

Date \_\_\_\_\_

Signature \_\_\_\_\_

CLIENT

Signature \_\_\_\_\_

NATUROPATH