



## HealScape Holistics ©

Holistic Wellness with Homoeopathy

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### INFORMED CONSENT AND RELEASE FORM

At HealScape Holistics, you will receive individualized treatment for your overall wellness. The aim is to promote and restore balance rapidly, gently, and safely. The goal is to explore your concerns and suggest the most appropriate techniques and/or remedies to improve wellness. The healing modalities, listed below, are compatible with and do not interfere with most conventional, complementary or alternative treatments and one may, depending on circumstances, choose to utilize more than one modality. When used correctly under the supervision of a qualified practitioner, Homoeopathy is considered to be a safe integrative and preventive system of wellness.

My work as a holistic wellness practitioner and educator is complementary to existing licensed medical practices, and I recommend that you retain the services of a primary care physician or other licensed provider for appropriate medical evaluations, diagnoses, and treatment. I am not a licensed physician, naturopath, nurse, counselor or therapist and I do not diagnose or treat disease. Any decisions about the treatment of disease or the changing of medical prescriptions should be made solely between you and your physician or other provider who made the prescription.

**If you know or suspect that you have a condition that may warrant the care of a licensed medical professional, you should seek medical advice as soon as possible.**

### POLICIES

Consultations can be provided remotely via **telephone chat or video conferencing**, as needed. All sessions are to be paid fully before the session and are non-refundable.

Patients can contact by text between follow-ups when needed free of charge, and remedies will be prescribed for purchase by the client.

#### **Note:**

- All Reiki sessions will be done remotely.

Fees may be subject to change anytime

**Cancellations:** 24-hour notice for all cancellations is requested. No shows and cancellations made with less than 24-hour notice will be billed at the full rate.

## ACKNOWLEDGEMENT AND CONSENT TO RECEIVE SERVICES

I am over 18 years of age and have voluntarily chosen and consented to a holistic wellness session for [circle one] myself / my child: \_\_\_\_\_ [write name of person receiving treatment]. I have read and I understand the disclosure above about the holistic services offered by Kausar Saiyed. \_\_\_\_\_ (initials)

I understand that Kausar Saiyed has had extensive training in the science and art of Homoeopathy, she is not a licensed physician, doctor, naturopath, nurse, counselor or therapist; that her services are not licensed by the State of California; and that she does not diagnose, treat, or prescribe for any particular symptom, disease, or condition. I understand that it is my responsibility to maintain a relationship with my/my child's medical doctor. \_\_\_\_\_ (initials)

I understand that a block of time has been set aside for my private appointment, and that a 24-hour notification is required if I must cancel. I understand that there is a full charge for appointments canceled less than 24 hours in advance. \_\_\_\_\_ (initials)

I understand that **HealScape Holistics ©** and/or Kausar Saiyed do not bill insurance companies and it is my responsibility to pay in full at the time of service. \_\_\_\_\_ (initials)

I understand that all information disclosed is confidential and will not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required where there is a reasonable suspicion of child or elder abuse and/or a reasonable suspicion that a client presents danger to him/herself or to others. \_\_\_\_\_ (initials)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name here: \_\_\_\_\_

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