Professional Services Agreement & Informed Consent

Welcome

Thank you for choosing Restore True Health. My goal is to provide individualized, holistic care that supports your body's natural ability to restore health and well-being. This document explains the services offered, your rights and responsibilities as a client, and the policies that help ensure a positive professional relationship.

Please read this agreement carefully. By signing below, you acknowledge that you understand the information provided and voluntarily consent to receive services through Restore True Health.

Scope of Services

Restore True Health provides individualized consultations and education in the areas of:

- Classical Homeopathy
- Integrated Nutritional Therapy
- Wellness Coaching and Lifestyle Education (when applicable)

The purpose of these services is to educate and support the body's natural healing processes through individualized recommendations based upon your unique health history, symptoms, lifestyle, and wellness goals.

These services are intended to complement—not replace—the care of your physician or other licensed healthcare providers.

Understanding Homeopathy

Homeopathy is a holistic system of wellness that considers the physical, mental, and emotional aspects of the individual. Homeopathic remedies are selected based upon each person's unique symptom picture rather than a diagnosis alone.

I understand that:

- Homeopathic recommendations are intended to support the body's natural healing processes.
- Temporary changes in symptoms may occasionally occur as part of the body's response to a homeopathic remedy. These may include a temporary increase in existing symptoms (often referred to as a homeopathic aggravation) or, less commonly, the temporary appearance of mild symptoms (sometimes referred to as proving symptoms).
- Individual responses to homeopathic remedies vary from person to person.

Understanding Nutritional Consultation

Nutritional consultation is intended to provide education regarding food, lifestyle, nutritional supplementation, and healthy habits that support overall wellness.

Recommendations are individualized and based upon the information provided during consultation.

Professional Disclosure

I understand that Leanne Wasilewski is a professional homeopath and integrated nutritional therapist.

She is **not a medical doctor**, and the services provided through Restore True Health are educational and wellness-oriented.

Restore True Health does not diagnose disease, prescribe medications, or claim to cure medical conditions.

Clients are encouraged to maintain a relationship with their primary healthcare provider for appropriate medical evaluation, diagnosis, and emergency care.

Client Responsibilities

To receive the greatest benefit from consultations, I agree to:

- Provide complete and accurate health information.
- Notify Restore True Health of any significant changes in my (or my child's) health, medications, supplements, or medical diagnoses.
- Ask questions whenever I need clarification regarding recommendations.
- Accept responsibility for healthcare decisions made for myself or my child.

Professional Collaboration

Occasionally, consultation with another qualified healthcare professional or homeopathic colleague may be beneficial.

If consultation occurs, every reasonable effort will be made to protect your privacy. Identifying information will not be shared unless you provide written authorization or disclosure is otherwise required by law.

Confidentiality

Your privacy is important.

Health information shared during consultations will be kept confidential in accordance with applicable federal and state privacy laws and the Restore True Health Notice of Privacy Practices (HIPAA).

Information will only be disclosed with your authorization or when disclosure is required by law.

Examples may include:

- suspected child abuse or neglect
- suspected abuse or neglect of a vulnerable adult
- court orders
- imminent threats of serious harm

Communication

Communication outside scheduled consultations is welcomed for brief questions related to your current plan of care.

Examples include:

- clarification regarding recommendations
- reporting progress
- questions regarding remedy or supplement instructions

Questions involving new health concerns, additional family members, or issues requiring significant review may require scheduling an appointment or may incur additional consultation fees.

Appointments & Cancellation Policy

Consultations are provided by appointment only.

If you need to cancel or reschedule your appointment, please provide at least **24 hours' notice**.

Appointments cancelled with less than 24 hours' notice, or missed appointments without notice, may be subject to a cancellation fee.

Current consultation fees and cancellation policies are available through Restore True Health and may be updated periodically.

Emergencies

Restore True Health does not provide emergency medical care.

If you believe you or your child is experiencing a medical emergency, please contact your physician, call 911, or seek emergency medical care immediately.

Acknowledgment

By signing below, I acknowledge that:

- I have read and understand this Professional Services Agreement & Informed Consent.
- I have had the opportunity to ask questions.
- I voluntarily request services through Restore True Health.
- I understand the scope and limitations of the services provided.
- I understand that recommendations are educational in nature and are intended to support overall wellness.
- I understand that these services are not a substitute for appropriate medical care.
- I understand that this agreement applies to services provided to me or to my minor child.

Client Information

Client Name: _____

(If the client is under 18 years of age, please print the child's name.)

Parent/Guardian (if applicable): _____

Signature: _____

Relationship to Client (if applicable): _____

Date: _____