

Restore True Health Homeopathy

INFORMED CONSENT FOR HOMEOPATHIC CONSULTATION & EDUCATION

Client Name: _____

Date of Birth: _____

Leanne Wasilewski holds a diploma in homeopathy from the International Academy of Classical Homeopathy (DIHom), is registered with the North American Society of Homeopaths [RSHom(NA)] and is certified with the Council for Homeopathic Certification (CCH). She has agreed to abide by the Code of Ethics of each of these organizations.

The homeopathic consultation and education being provided are not offered as a cure for disease, but only as supportive measures to assist one's own body to ignite its ability to heal itself. Homeopathy is based on the *Law of Similars* and recognizes symptoms as the body's effort to defend itself against disease. Homeopathy is a holistic approach to treating disease in a scientific method, using minute quantities of medicines derived from animal, plant, and mineral substances. Proper homeopathic medication boosts the body's natural immune and defense system. Homeopathic medicine only works if it is homeopathic to existing symptoms unique to your body's expression of the *dis-ease*.

I understand that:

- ❖ Homeopathy views health and illness in a holistic manner and this view is different from the standard, conventional approach which usually limits its concerns to individual symptoms. In working with the whole person, the homeopath regards the mental and emotional as well as physical aspects as important.
- ❖ A minor aggravation or worsening of some symptoms may occur as part of the general healing process known as a homeopathic aggravation. Temporary development of new mild symptoms may occur which is known as a proving symptom. The difference between chemical side-effects from conventional medicines and the energetic side-effects of homeopathic remedies is that energetic effects are usually minor and do not harm, poison or create addiction. Once the remedy is stopped, they disappear.
- ❖ The therapies I receive will complement the care I receive from my primary care physician and will not replace such care.
- ❖ The suggestions I may receive are education in regards to the utilization of natural methods for building and maintaining health through strengthening my immune system.
- ❖ All information disclosed is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: a reasonable suspicion of child or elder abuse; a reasonable suspicion that a client presents a danger to him or herself or to others.

- ❖ I authorize discussion of my case notes with other professional homeopaths should assistance in remedy selection and/or symptom analysis be required or my best interest be served by such a consultation. In so doing, my right to privacy will be protected by withholding my name and all other identifying information.
- ❖ If I need to reschedule an appointment notification of cancelation is needed 24 hours prior. If I miss my scheduled appointment or cancel in less than 24 hours I will be charged \$50.
- ❖ Consultations are made by appointment only.

Additional Terms of Service:

- ❖ Hours of consultations are normally during hours of 9am-9pm Monday through Friday. Please see the online website calendar for available times.
- ❖ Due to the nature of care homeopathic practitioners provide, Leanne will provide her email and cell phone as means of contact. I understand this is not to be abused and I will be respectful of her time. I understand it is best to book an appointment during normal business hours if care is needed. It is not uncommon to have questions regarding recent consultations, however if there is a new issue being inquired about or a topic being inquired about regarding another family member, I understand I will be sent an invoice in the amount as follows:
 - \$30 fee and additional rate of \$2 per minute spent on phone/text/email. (For example, 30 minutes of time will be invoiced as $\$30 + (30 \text{ min} * \$2) = \$90$. One hour of time would be invoiced as $\$30 + (60 \text{ min} * \$2) = \$150$.)

I am 18 years of age or older and have voluntarily chosen homeopathic treatment for myself. I understand that Leanne Wasilewski is a homeopath and not a medical doctor and it is therefore recommended that I retain the services of a primary care physician for appropriate evaluations and check-ups for myself. I further understand that Leanne Wasilewski does not diagnose, treat or prescribe for any particular symptoms, disease or condition. No claim to cure has been made by Leanne Wasilewski. I understand that she will work on increasing my general vitality and constitutional strength. My signature below indicates that I have read the information in this document, agree to abide by its terms, and hereby consent to homeopathic services from Leanne Wasilewski.

Print Client Name

Client Signature

Relationship to Client: Self Parent Legal Guardian

Date