



Disclosure and Consent for Services

I, _____, understand that homeopathy is a complementary form of healing, and is not represented by Homeopathy Center of Houston, a subsidiary of Houston Center of Homeopathy, Inc. ("the Center") as a replacement for standard medical care. This form of treatment is not intended to supplant or replace treatment given by a physician, physical therapist, psychotherapist, or other licensed practitioner. I understand that the Center's homeopaths and other practitioners **are not licensed medical doctors**, nor do they represent themselves as such. The Center is providing educational services consisting of, but not limited to professional consultations for self-care and products to be self-administered. I understand that homeopathic remedies, personal care and over-the-counter self-care products may be provided by the Center for my convenience for extra charges, in addition to the cost of the professional consultations.

I understand that, due to the nature of disease, individual motivation for compliance with the consultants' recommendations, and because people are biologically and genetically unique, that no claims or guarantees are or can be made as to the outcome of this advice. No cure, improvement or outcome is or can be guaranteed for any condition. Compliance with any suggestions or recommendations are undertaken by, and the responsibility of myself as client or parent/guardian of the client.

I acknowledge that I/my child is undertaking therapies without coercion which may evoke certain previously experienced and occasionally uncomfortable emotions and/or physical sensations, as part of the healing process. I realize that I should be willing to make a commitment to myself or my child to continue this therapy over whatever course of time it may take to complete my/his/her life timeline (usually 2-3 years), and to keep in communication with my practitioner if problems, concerns or discomfort should arise.

I accept all responsibility for compliance or non-compliance with the recommendations of the practitioners of the Center, at my discretion and agree to hold harmless the Center, its employees, practitioners, heirs, assigns or representatives for any unforeseen effects of these therapies. I also understand that homeopathy is incapable of creating any new pathology, it can merely elicit a "detoxification" or healing response if harmful elements have already been in the system, as a means of eliminating their long or short-term ill effects. I understand that homeopathic remedies are FDA-regulated, non-toxic, non-pharmaceutical, natural medicines.

In the event of dispute over services or products rendered by the Center, I understand that by signing this form, I acknowledge that I will attempt solution of the dispute first by means of communication with the practitioner, and second via arbitration/mediation, and waive my right to litigation.

I understand that it is strongly recommended that any prescribed medications from a medical doctor not be discontinued or changed while undertaking homeopathic care without first consulting both the prescribing physician and the practitioners of the Center. (The Center, however, does request that you keep your practitioner informed of any medications or therapies currently or previously undertaken, or that you plan to use, including herbal or nutritional supplements or drugs.)

I understand and accept the above terms and hereby request that the Center provide me with the services and products as outlined generally above, and specific to my/my child's case. I understand that in the event that I do not cancel at least 48 hours before or fail to arrive for a scheduled appointment there will be a \$110 "missed appointment fee". I understand that in the event of cancellation of an appointment less than 24 hours in advance I will be billed a \$50 "inadequate notice" fee. I agree to provide payment at the time of service or provision of products by check, cash, VISA or MasterCard. (Fees subject to change.)

Client signature (or parent/legal guardian if a minor)

Date

Client signature (2nd parent/guardian if client is a minor)
Please initial one statement:

_____ I agree to the publication of my/my child's case study in a professional journal, presentation, lecture or in other professional or educational settings or publications with the express understanding that my/my child's name or other identifying information will not be published or presented.

_____ I DO NOT wish my/my child's case to be presented, published, or in any way disseminated for any purpose, educational, professional or otherwise.