

GENERAL CONSENT FORM

Name _____

Child's Name (If applicable) _____ Date of Birth _____

Jackie Clason, RSHom, CCH has been in practice since 1991. She is registered with the North American Society of Homeopaths and is certified with the Council for Homeopathic Certification. She has agreed to abide by the Code of Ethics of each of these organizations.

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 a part of the healing process.

CONFIDENTIALITY

I understand that 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.

CONSULTATION

I authorize discussion of my case notes with other professional homeopaths should assistance in remedy selection and/or symptom analysis be required (for myself or my child) 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.

CONSENT

I am over 18 years of age and have voluntarily chosen homeopathic treatment for myself/ for my child. I understand that Jackie Clason 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-up for myself/for my child. I further understand that Jackie Clason does not diagnose, treat or prescribe for any particular symptoms, disease or condition. I understand that she will work on increasing my/my child's general vitality and constitutional strength.

Signature: _____ Date: _____