



Consent for Homeopathic Support

Homeopathy views health and wellbeing in a holistic manner and consultations include a comprehensive intake that carefully evaluates symptoms experienced physically and emotionally. Clients will be asked about their temperament, personal habits, likes/dislikes and unique outlook on life. Providing this information will allow the homeopath to understand each client as an individual, and to provide the most appropriate means of care. This view differs from most conventional approaches, which typically limit concerns to the individual symptoms and their treatment. The goal of homeopathic support is to strengthen the constitution of the whole person, which results in alleviation of symptoms and an overall increase in health.

CONFIDENTIALITY

I understand that all information disclosed is confidential and may not be revealed to anyone without written permission, except when disclosure is required by law. (Disclosure may be required in circumstances such as: a reasonable suspicion of child or elder abuse or a reasonable suspicion that a client presents a danger to him/herself or others.)

CONSULTATION

I authorize discussion of my case notes with other homeopaths and or health care professionals should assistance in remedy selection and or case analysis be necessary (for me or my child) or if my best interest is served by such a consultation. I understand that my right to privacy will be protected by withholding my name and all other identifying information.

PAYMENTS

I understand that I am responsible for payment at the time of my consultation but will be extended to 48 hours after. If payment is not received, I understand that this will delay my remedy recommendation being sent to me. In order to avoid any delays or disruptions in homeopathic support, I will ensure that payment is made promptly. By signing below, I agree to pay for services provided within the stated time frame listed.

CONSENT

I am over 18 years of age and have voluntarily chosen homeopathic care for myself/my child. I understand that Iryna Serravalle of Island Homeopathy is providing a homeopathic evaluation/recommendation and is not equivalent to care by a medical doctor. It is therefore, recommended that I retain the services of my primary care physician for appropriate evaluations and check ups for myself/my child. I further understand that Iryna Serravalle does not diagnose, treat, or prescribe for any particular symptoms, diseases or conditions. I understand that she will work to increase my or my child's general vitality and overall constitutional strength.

I am aware that the outcome and duration of homeopathy care may vary by individual and cannot be guaranteed. Iryna Serravalle offers no warranty or guarantee as to the outcome of the homeopathy care. While every effort will be made to provide beneficial services, as a non-licensed professional Iryna Serravalle cannot guarantee specific outcomes. By signing this form, you agree to release her and any affiliated parties from liability related to the integrative services provided, to the extent permitted by law.

Name: _____ Signature: _____

Date: _____ Client name (if under 18): _____