

# Informed Consent

Kelley Palomino, Restoring to Health with Homeopathy, LLC

Client / or Parent Name \_\_\_\_\_

Minors Name \_\_\_\_\_

Client Date of Birth \_\_\_\_\_

Homeopathy has been explained to me as a complement to traditional medicine involving the use of homeopathic remedies for the purpose of increasing one's well-being. Kelley Palomino, Restoring to Health with Homeopathy, LLC provide homeopathic and personal consultation that may offer increased well-being benefits to the individual. Any traditional homeopathic remedies recommended may be obtained from any homeopathic remedy provider.

## Confidentiality

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

## Office policy

I understand that after the initial appointment, follow up appointments will occur every 4-6 weeks. Questions arising in between follow ups will be responded to as soon as possible during office hours. communications are intended to resolve brief dosing, administrative and other minor questions.

## Cancellation Policy

I understand that payment remains due for any consultation cancelled less than 48 hours in advance of the appointment and payment may be required for last minute cancelations.

## Consent

The undersigned gives Informed Consent for the homeopathic consultation and/or other services that will be provided.

I, the undersigned, am over 18 years of age. I have read and understood the information above, and I have voluntarily chosen homeopathic care for myself/for my child. Kelley Palomino has answered my questions with regard to her practice. I understand that Kelley is a homeopath and not a medical doctor, and it is therefore recommended that I retain the services of a physician for appropriate evaluations and check-ups for myself/for my child.

I further understand that Kelley does not diagnose, treat or prescribe for any particular symptom, disease or condition. I understand that she will work on increasing my/my child's general vitality and constitutional strength.

In the event of an emergency concerning me or my child, I am to call 911 immediately, go to the emergency care center and or contact my physician.

The undersigned acknowledges that Kelley, Restoring to Health with Homeopathy, LLC. do not provide medical, physical rehabilitation or mental health services and do not engage in the maintenance of human health by the prevention, alleviation, or cure of disease, involving or reasonably thought to involve an assumption of responsibility for the other person's physical or mental well-being. Kelley and Restoring to Health do not provide diagnosis, treatment, or the prescription or administration of drugs for the relief of physical disease or mental conditions. Under no circumstances should any suggestions be taken as a diagnosis or direction against a licensed physician or mental health professional.

The undersigned hereby releases Kelley and Restoring to Health as well as agents, partners and associates from all claims and liabilities arising from the use or misuse of homeopathic, nutritional and/or wellness modalities, indemnifying and holding Kelley and Restoring to Health with Homeopathy, LLC, and agents and associates harmless from all claims and liabilities therefrom whatsoever. Kelley Palomino reserves all rights.

\_\_\_\_\_ Date

\_\_\_\_\_ Client Signature