

Consultation Agreement

Nature of Work Performed by Practitioner:

I understand that my practitioner evaluates my entire condition based on a holistic, homeopathic approach, and seeks to assist me to stimulate my body's own healing mechanisms with the use of substances prepared according to the guidelines of the Homeopathic Pharmacopoeia of the U.S, as regulated by the FDA. I understand that my practitioner may also discuss with me the use of other integrative therapeutics to improve my health, and that these are within her scope of practice to the extent that she incorporates them. I agree that I am interested in enhancing my own abilities to establish health in mind and body.

Training and Credentials of Practitioner:

I have reviewed the training and credentials of the practitioners listed below. I understand that my practitioner is not a medical doctor, has not presented herself as such, and does not seek to diagnose, treat, or prescribe for disease, disorder or other pathological conditions, and that she provides health consultation services under the California Business and Professions Code sections 2053.5 - 6.

Carol Janelle, CCH

Carol is a graduate of the University of Maine with undergraduate degree in Natural Health and Biochemistry. She graduated from The New England School Of Homeopathy in the mid 90's. Studied at Bastyr Medical School for a program in Homeopathy. Studied with various international Masters, including Henne Huden-Mast from Belgium for over ten years. Has continued her long term studies with Dr. Durr Elmore from the Naturopathic School of Medicine in Portland Oregon. She is a nationally certified in homeopathy by the Council for Homeopathic Certification.

Cost of Consultation:

I have reviewed the fee statement. I agree to pay these fees at the time that services are provided, by cash, check, pay pal, or credit card. I agree to the office policies and charges as described in the fee statement.

Professional Conduct and Consultation:

Practitioner agrees to honor confidentiality and assures professional conduct as defined by the Code of Ethics of the Council for Homeopathic Certification; Client grants permission for my practitioner to discuss details of my health in conferral with colleagues and other practitioners with whom client consults without additional confidentiality waiver. This agreement becomes part of client's case records. Client agrees to consult a licensed physician for any medical concern that now exists or arises at any time during the term of this agreement, and to inform Carol of the physician's assessment in so far as it applies to my work with her.

Client Signature and Date:_____

Practitioner Signature and Date:_____