



EXPERIENCE HEALING HOMEOPATHY
body mind heart spirit

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Consent for Homeopathic Treatment

Laurie Hoffman is a Certified Classical Homeopath who has successfully completed all the necessary requirements and has been examined by the Council for Homeopathic Certification. She has agreed to abide by the code of ethics of the Council on Homeopathic Certification.

Homeopathy views health and illness in a holistic manner. This view differs from the standard, conventional approach, which usually limits its concerns to individual symptoms. In looking to strengthen the constitution of the whole person, the homeopath regards the physical, mental, emotional and spiritual aspects as important. In addition to a careful evaluation of physical symptoms and health history, a comprehensive assessment includes an understanding of temperament, habits, likes and dislikes, personal challenges, and unique outlook on life.

During the beginning phase of the healing process in some instances, a temporary increase of symptoms may occur for a brief time. This is regarded as a beneficial cleansing or detoxifying effect and is often soon followed by improvement.

CONFIDENTIALITY

I understand that all information disclosed is confidential and may not be revealed to anyone without 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 to others.) My right to privacy will be protected by withholding my name and any other identifying information.

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 myself or my child) or my best interest is 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/my child. I understand that Laurie Hoffman is a homeopath and not a medical doctor, and it is therefore my responsibility to retain the services of a primary care physician for appropriate evaluations and check-ups for myself/my child. I further understand that Laurie Hoffman does not diagnose, treat, or prescribe for any particular symptom, disease, or condition. I understand that she will work to increase my (or my child's) general vitality and overall constitutional strength.

I have read the **Fees and Policies form** and understand and agree to all of the policies regarding fees, appointments, follow-ups and calls/emails/text messages.

Signature: _____ Name: _____ Date: _____