

## Joy of Herbs, LLC

### **Informed Consent and Disclosure Form**

The purpose of this form is to outline my approach to practice and our responsibilities as practitioner and client in partnership. My intention is that your decision to enter into this relationship is an informed one. It is provided to foster clarity around the client/practitioner relationship, and to outline my standards of practice as an herbal consultant.

### **The Role of the Herbal Practitioner**

As an Herbal Practitioner, my goal is to help you achieve the highest state of health consistent with your own goals. Herbal “medicine” is in essence adaptive, in contrast with regular medical care which is designed to compensate for what the body is not doing for itself. Herbal practice is based on the belief that the human body is a marvelous system that is innately self-healing – and that properly used herbal formulas help nudge the body in its effort to return to a healthy state.

My primary role is as an educator and partner, encouraging and supporting your goals for improved health and wellbeing. I neither diagnose nor directly treat disease. Rather, I focus on educating you, the client, on how to best enhance your body’s own innate healing capacity. Each person is physiologically and emotionally unique. I will work with your individual constitution and nature to recommend the appropriate herbal, dietary and lifestyle changes to help balance both internal and external stressors.

I will gladly answer any question regarding my training, credentials and scope of practice. (Please refer to my biography in my brochure and on my web site). If I feel that your needs and desires are beyond the scope of my training and expertise, I will refer you to another practitioner. I support and encourage your right to consult any practitioner of your choice, especially in the diagnosis and treatment of disease.

### **Confidentiality**

All client records are confidential. I hold in strict confidence all information gathered and discussed with you in our professional relationship, unless you specifically request otherwise. If you would like me to be in communication with any other healthcare practitioners whose services you are using, I will ask you to sign an additional release form.

### **Client Rights and Responsibilities**

Payment for the consultations is due by check or cash at the time services are rendered. The fee for consultations is \$95 for initial consultations and \$60 for established, continuing appointments. Except in emergency situations, you will be responsible for paying \$40 for missed appointments without 24 hours notice. Herbal consultations are not generally covered by insurance, although you may check your policy or with your carrier to see if such services are covered. Herbal consultations are not covered by Medicare or Medicaid. Based on quality and pricing considerations, I will make recommendations to you for where to purchase your herbs, but you may purchase your herbs wherever you wish.

You, the client, have the right to respectful, courteous care. You can refuse to follow any or all recommendations provided as a result of this consultation. You have the right to choose another practitioner for any reason and to request that any of your health information be disclosed to another practitioner or health care provider.

It is your responsibility as a client to inform me about all aspects of your health, as service progresses, to inform me of changes that occur. If you experience any pain, discomfort or possible adverse side effects, it is your responsibility to immediately notify me.

## Cautions

*Side-effects:* The historical record and modern research indicate that the herbs most often used for healthcare have an exceptional safety record. Similarly confirmed cases of herb and drug interactions are rare. However, adverse events can occur after using any active substance. Side effects that have occasionally been reported after using herbs include headaches, skin rashes, and digestive upsets. Such effects generally resolve rapidly, especially if the dosage is reduced or use of the herb is stopped. Allergic reactions are also very rare but have been reported, usually in individuals with contact allergy to specific plants, usually members of the Asteraceae family. I may be able to propose measures to reduce any discomforts or may refer you to a licensed practitioner.

*Herb-Drug Interactions:* Although speculative interactions between herbs and drugs are sometimes publicized, confirmed cases are rare. Nevertheless, some prescribed drugs are very strong and have a narrow range of safe dosage, which makes any interaction more risky. It is your responsibility as the client to fully disclose any medications currently in use, including other herbs and supplements, so that you can be offered informed advice. You are also expected to inform your physician of any herbs or supplements you are using. Any suggestion that the effect of a drug is being altered by simultaneous use of an herb should be reported directly to all health professionals involved. It is also advisable to stop taking herbs at least 48 hours before a surgical operation, and in the vent of being prescribed anticoagulants, antiepileptic drugs, and digoxin, until expert advice is received.

*Other Cautions:* Safety is paramount, and it is my business to stay current with the literature on herbal safety. I will not expose clients to plant doses known to have toxic effects. The organs that are most vulnerable to any potent substances are the liver and kidneys, and it will be important for you as the client to divulge any previous history of disease in either of these organs. Herbs also should not be used in pregnancy or lactation without expert advice, and if you become pregnant, you should stop taking herbs until advice is received.

I \_\_\_\_\_, have read this document and I understand the nature and extent of the client-practitioner relationship. I hereby voluntarily consent to an herbal consultation. I understand that I am free to discontinue service at any time. I understand that Liz is not a licensed physician and therefore cannot diagnose or treat disease, or prescribe drugs. I understand that an herbal consultation is not a substitute for regular medical care. If I have not already done so, I agree to consult a medical doctor for any serious or life-threatening disease conditions, either for myself or someone under my guardianship. I acknowledge that I have not received any guarantee or promise as to the results or success that will be obtained from the services provided.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_