

## **General Disclosure and Consent Form**

Welcome to my practice! Please read this thoroughly and let me know if you have any questions or concerns.

### **Homeopathy Is Different From Allopathic Medicine**

Homeopathy is a healing art that views health and disease in a very different manner from conventional medicine, also known as allopathic medicine, which is focused on managing individual disease symptoms. Instead, a homeopath treats underlying weaknesses and susceptibilities to disease by assessing a person as a whole and selecting a homeopathic remedy that is similar to their state of health in its totality, thereby initiating a self-healing process.

Homeopathic treatment is focused on overall wellness by stimulating the inherent healing capabilities of each person, and does not directly treat any specific medical condition or diagnosis.

Homeopathic remedies are not equivalent replacements for pharmaceutical medications.

### **Reactions to Homeopathic Remedies**

Homeopathic remedies are safe, non-toxic, and will not interfere with prescription medications or conventional medical treatment.

While not harmful, some alternative health therapies may interfere with homeopathic treatment, and vice versa. Please ask me if you have any questions about using homeopathic treatment in combination with another alternative health treatment.

The reappearance of an old symptom or a minor aggravation of a current symptom is not uncommon as part of the general healing process. You should always consult your physician if you have any concerns about the seriousness of any symptom.

### **Scope of Practice**

A professional homeopath is trained to understand the characteristics of homeopathic remedies, to conduct an interview of a client to determine the characteristics the client's holistic state, and to analyze the case in order to select the appropriate homeopathic remedy for the client based on matching the characteristics.

John Ourant is a trained professional homeopath, but is not trained to diagnose disease, perform physical examinations or surgical procedures, make recommendations involving pharmaceutical drugs, or handle medical emergencies.

### **Non-Licensed**

Homeopathy is not licensed by the State of Oregon. John Ourant is not a medical or naturopathic doctor, and is not a licensed health care practitioner in the State of Oregon.

## **Confidentiality**

All information disclosed to John Ourant during a consultation is confidential. All notes and recordings made by John Ourant during a consultation as well as any documents or recordings containing a client's personal information that are transferred to John Ourant are the property of John Ourant and are confidential. These records may not be released to anyone without written permission, except where disclosure is required by law.

I give John Ourant permission to use portions of these records in order to consult with another homeopath about my case or for homeopathic educational purposes. In doing so, these records will be edited to protect the privacy of those mentioned in the records, including the withholding of names and other uniquely identifying information.

## **Acknowledgment and Consent to Receive Homeopathic Services**

I am an adult and have voluntarily chosen homeopathic treatment for myself or my child/legal ward, after having fully informed myself about homeopathy. If services are for my child/legal ward, I have the authority to make health care decisions for him/her, and in my judgment homeopathic treatment is in his/her best interest.

I understand that homeopathic treatment is for improving constitutional vitality only, that John Ourant does not diagnose, prevent, prescribe for, or treat any specific disease or medical condition, and that John Ourant is not a physician or a licensed health care practitioner and does not practice medicine in the State of Oregon.

I understand that it is my responsibility to consult with a physician or appropriate medical expert regarding any medical complaints or concerns I have regarding myself or my legal ward, or regarding altering the dosage of prescription medications, and to seek appropriate medical evaluation and treatment for my legal ward in a timely manner.

I have read this disclosure fully and understand its contents, and have had the opportunity to ask questions about things I did not understand.

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Signature

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Date

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Please print your name

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Name of child/legal ward (please print)