



AHE NYC | WORLD

Consent for Homeopathy Treatment

As a part of its professional training program, The Academy of Homeopathy Education NYC | World requires all students to take part in a Student Clinic. All Student Clinics are conducted under the supervision of an experienced professional homeopath and are managed by the Director of Clinical Programming for AHE NYC | WORLD.

Because homeopathy views health and wellbeing in a holistic manner, consultations include a comprehensive intake that carefully evaluates symptoms on the mental, emotional, and physical level. Clients will be asked about their temperament, personal habits, likes/dislikes and unique outlook on life. Providing this information will allow the homeopath to understand each client as an individual, and to provide the most appropriate means of care. This view differs from most conventional approaches, which typically limit concerns to the individual symptoms and their treatment. The goal of homeopathic treatment is to strengthen the constitution of the whole person, which results in alleviation of symptoms and an overall increase in health.

CONFIDENTIALITY

I understand that all information disclosed is confidential and may not be revealed to anyone without written 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 others.)

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 me or my child) or if 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 AHE NYC | WORLD is providing a homeopathic teaching clinic and is not equivalent to care by a medical doctor. It is, therefore, recommended that I retain the services of my primary care physician for appropriate evaluations and check-ups for myself/my child. I further understand that AHE NYC | WORLD Clinic student-homeopaths do not diagnose, treat, or prescribe for any particular symptoms, diseases, or conditions. I understand that they will work to increase my (or my child's) general vitality and overall constitutional strength. **Please note as this is a teaching clinic that you will be on camera and streamed into our classroom of homeopathy students.**

Name _____ Signature _____ Date _____

RECORDING

I also consent to have the consultation recorded to be used solely for AHE NYC | WORLD teaching purposes. Any recording will remain on AHE NYC | WORLD premises and always password protected.

Name _____ Signature _____ Date _____