

Dynamic Healing Homeopathy

Client/Practitioner Agreement

Successful homeopathic treatment requires establishing and maintaining a safe, trusting relationship between client and practitioner. I have found that establishing clear expectations to support the success of the relationship greatly contributes to the healing process. Therefore, to optimize the therapeutic process, I ask that we agree to the following guidelines:

A. HOMEOPATHY

Homeopathy is an alternative therapy and is not a substitute for medical treatment. Homeopathic treatment is safe for the elderly, children and even infants. It is also safe and beneficial for animals.

The therapy does not include diagnosis of any physical or psychological condition. Homeopathic remedies are available OTC (over the counter) and have been FDA approved. While I am a certified homeopath, I am neither a licensed physician nor a therapist.

Initials _____

B. COMMUNICATION

Successful communication is vital to homeopathic treatment. Follow-up sessions are as critical to homeopathic treatment as the initial intake. As part of your health plan, please make a commitment to maintaining close communication with your homeopath about your progress. Feedback to your homeopath is extremely important to improving your health.

Initials _____

C. CONFIDENTIALITY

Sessions are confidential. If you would like me to share information with another caregiver, I will provide you with a release form to sign.

Initials _____

D. SESSION LENGTH

The initial session takes approximately 1-1 ½ hours. Follow-up sessions are scheduled for ½ hour.

Initials _____

C. TELEPHONE MESSAGES

When I'm unable to receive calls, please leave a message. Be sure to state your name, phone number, times you can be reached and a short message. Please speak clearly and slowly. Do not leave messages containing confidential or complicated information. If I have not returned your call within 48 hours, please call back as I may have somehow missed your message.

Initials _____

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D. EMAIL

Feel free to email me with questions or appointment requests. I generally respond to emails within 48 hours.

Initials _____

E. TELEPHONE CONSULTATIONS

It is always preferable to see you in person. However, sometimes that is not possible. If you have had an initial intake interview (1-1 ½ hrs.), I will consult with you over the phone if it is impossible for us to meet in person. These consultations are fee-based and must be scheduled. There is no charge for short calls (less than 5 minutes).

Initials _____

F. HOMEOPATHIC REMEDIES

Homeopathic remedies are highly diluted, non-toxic preparations made by homeopathic pharmacies in accordance with the *U.S. Homeopathic Pharmacopoeia* and approved by the FDA. Homeopathic remedies usually come in the form of small sugar pellets that dissolve under the tongue. Some may also be taken in liquid form. They are tasteless and odorless.

Your homeopath will provide you with information about purchasing or ordering homeopathic remedies.

Initials _____

G. PUNCTUALITY

I make every effort to begin and end sessions on time. Please commit to arriving for appointments on time.

Initials _____

H. CANCELLATION

Please allow a minimum of 24 hours notice for any cancellations. Any cancellation made less than 24 hours will be charged the full amount unless the appointment time can be filled.

Initials _____

I. FEE SCHEDULE

Initial Consultation (1-1 ½ hours)	\$ 150
Follow-up consultations (up-to 30 min)	\$ 75
Phone follow-ups (up-to 30 min.)	\$ 75
Acute conditions (15-30 min.)	\$ 50
Phone questions < 5 minutes)	No charge

Initials _____

I. PAYMENT

All fees are due at the time services are rendered. Cash or checks are accepted.

Initials _____

J. DISCLAIMER

I, _____, accept full responsibility for any actions taken by myself (or my child) concerning any foods, homeopathic remedies, herbs, supplements, exercises, or educational therapies offer by Sameer Vermani, a certified homeopath. I hereby release the aforementioned from any liability resulting in any possible damages or loss during our association.

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I understand that rather than medical advice or treatment, I am seeking alternative treatment in the form of lifestyle, educational, nutritional and homeopathic advice and/or recommendations. Under no circumstances should any suggestions be taken as a diagnosis. Homeopathy is not a substitute for licensed medical or psychological health care.

I affirm that I am seeking self-help advice in natural health or educational matters only, and if I desire a diagnosis or treatment for any medical condition, I must consult a licensed physician. I acknowledge that Sameer Vermani is neither a medical doctor nor licensed practitioner.

Signature (adult/parent)

Date

Child's Name

Sameer Vermani, CHom

Date

cc: Client