

Statement of Informed Disclosure

___ I am a certified herbalist, and have completed more than 1200 hours of classroom education in nutrition, herbalism, basic medical sciences, and related topics. This education does not include the diagnosis and treatment of disease according to the standards of medical science. I am not licensed in any capacity in the State of California or beyond, and my services do not replace those of a licensed physician. I advise all clients who consult with me to seek the advice of a licensed health provider for any illness or persistent symptoms.

___ My consultations are educational in nature, intended to make you aware of the nutritional and other beneficial effects of diet, lifestyle changes, herbs, or herbal formulas. As a client, you take responsibility for the use of any herbs recommended.

___ Herbs can sometimes cause discomfort or side effects. I ask you to stop taking any suggested herbs immediately if such effects or discomfort occurs, and to notify me by calling 919.357.3684.

___ Some herbs may interact adversely with pharmaceutical medications. Although I am trained in some aspects of drug-herb interactions, the knowledge in this field is not well-developed. It is important that you disclose to me any medications you are taking, including over-the-counter medications, and that you discuss possible drug-herb interactions with a licensed physician.

___ I may provide you with published information about possible side effects of medications you may be taking. This does **not** constitute a recommendation to stop taking the medication. If you have concerns about medication side effects, please discuss them with a licensed physician.

___ Any information discussed with me during interviews will be held in strict confidence. Exceptions to this are information regarding impending suicide, homicide, or child abuse.

___ Occasionally, I may consult with my peers on your case. Any consultation will be **anonymous** on your part. If you object to my seeking outside consult, please do not check this box.

___ If you are in any way dissatisfied with my services or advice, please call me immediately at 919.357.3684

I have read the above statements and agree to their terms.

Name (please print) _____

Signature _____ Date _____

The client will receive a copy of this form.