

## Statement of Informed Consent

- I am an adult and have voluntarily chosen homeopathic care for myself or my child(ren) or ward(s).
- I have read and understood the information in this handout and understand the Homeopath is not a licensed medical doctor, physician or health care provider. I have had the opportunity to ask questions about things I did not understand.
- If I have a medical complaint or question about my health, or that of my child(ren) or ward(s), I will consult with a physician or medical doctor. If I wish to discontinue any medications that have been prescribed for me, I will do so under the supervision of a medical doctor trained in the use of the kinds of medication I am taking.
- I further understand that the Homeopath does not diagnose, treat, prevent or prescribe for any disease, syndrome or condition. She is helping me to increase my general energy and constitutional vitality.
- I voluntarily consent to the use of the homeopathic services, for myself, child(ren), or ward(s), after having fully informed myself about homeopathy.
- If the services are for my child or ward, I represent that I have authority to make health care decisions for my child/ward, and in my judgment it is in the child's or ward's best interest to receive homeopathic care, and that if I have any concerns or questions whatsoever about my child's health, I will take my child/ward to a competent physician in a timely manner.
- I have read, understood, and agree to the Consultation Fee Schedule and Cancellation Policy.
- I understand that everything in this Information and Consent that refers to me also refers to my child or ward, as appropriate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name of Child/ward (Print)

\_\_\_\_\_  
Name of Child/ward (Print)

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