



Consent for Homeopathy Treatment

As a part of its professional training program, the Academy of Homeopathy Education (AHE) 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.

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.

CONSENT FOR TREATMENT

I am over 18 years of age and have voluntarily chosen homeopathic treatment for myself/my child. I understand that AHE 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 the 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.

CONSENT FOR RESEARCH

I consent to have the anonymized clinical information from my case used for academic and research purposes. I understand that my right to privacy will be protected by withholding my name and all other identifying information. I also understand that I have the right to withdraw consent to have my information used for academic and research purposes at any time. By consenting, I do not waive any rights to legal recourse in the event of research-related harm (TCPS2-2022, article 3.2 (k)). For any questions about the nature and scope of the research, you can contact research@hohmfoundation.org.

CONSENT FOR RECORDING

I consent to have the consultation recorded to be used solely for AHE teaching purposes. Any recordings will always be password protected.

Name _____ Signature _____ Date _____

Client name (if under 18) _____