



HomeopathyWay

Patient Disclosure

I have been practicing **homeopathy** since **1996**. My training and education is described below: I have studied with some of the most renowned prominent homeopaths in the world, and my education is always on going. I am a member of National Center of Homeopathy & the North American Society of Homeopaths. I teach clinic at the Los Angeles School of Homeopathy. I am also trained in the mixture and treatment of Bach Flowers.

I am not a licensed physician. Also, the State of California does not offer licenses in homeopathic medicine. Homeopathy is alternative and complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California’s Business and Professions Code (commonly known as the Medical Practice Act) I may offer services in homeopathy as long as I meet certain requirements and restrictions, which are described on a separate page named SB-77.

I recommend that you inform your medical doctor that you are receiving homeopathic treatment. If you have any concerns about your treatment, please feel free to discuss them with me.

Prior to receiving my services, California state law requires that you receive the information provided in this form, and acknowledge that you have received it. Please complete and sign the following statement. One copy is for you. I will keep a copy on file for three years.

Acknowledgement and Consent to Receive Services:

I _____ have read and understand the above disclosure about the homeopathic treatment offered by Rose Kauper and describing her training and education. I have discussed with Rose Kauper the nature of the services to be provided. I understand that she is not a licensed physician and that her services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by Rose Kauper, and agree to be personally responsible for the fees of charged in connection with the services provided to me. I understand the office policies, cancellation polices, office and phone fees.

Signed: _____ Date: _____

_____(Client/parent/conservator/guardian)