

Heinrichs Homeopathy

Gentle Medicine • Genuine Health

Lisa Heinrichs, Homeopathic Consultant

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Homeopathic Consultation Agreement

Client Name _____

Nature and Scope of Services

As your Homeopathic Consultant, I will review your entire condition from a holistic homeopathic perspective that seeks to stimulate your body's natural healing ability with remedies prepared in accordance with the guidelines of the Canadian Homeopathy Pharmaceutical Association ("CHPA"). Throughout the homeopathic therapy, we may discuss the use of other integrative therapeutics (adjunct therapies) to improve your health. These are within the scope of therapy only to the extent they are provided by me. The goal of your homeopathic therapy is to enhance your ability to establish and maintain a healthy mind and body.

**Pleased be advised that my services are not covered by insurance.*

Professional Manner of Service

I am not a licensed medical physician and do not present myself as such. More specifically I do not seek to diagnose, treat, or prescribe for a disease, disorder, illness, injury, or other pathological condition.

Fee for Service:

Consultation and Follow Up

Consultations are between 1.5 and 2 hours. If it is a chronic case, follow up consultations are conducted every 6 to 8 weeks and are between 45 minutes and 1 hour. Remedies are received approximately 5 business days from reordering. Please note that remedy invoices must be paid in full before they are ordered.

Consultation fee \$275^{CAD} + GST, follow up Consultation fee \$125^{CAD} + GST

Acute Care/Emergency Cases

For acute illnesses such as influenza, throat or ear infections, sinus infections, or injuries, I offer the convenience of telephone or online appointments. These remote consultations allow us to address your immediate health concerns without the need for an in-person visit.

Acute Care/Emergency Cases fee \$50^{CAD} + GST

Custom Services

I offer various services to cater to your specific needs, such as creating personalized family kits, travel kits, emergency kits, or preparing for surgery and post-recovery. Each service includes a 45-minute consultation via Zoom, where we will discuss your requirements and provide clear instructions on how to use the kits effectively.

Custom Service fee \$150^{CAD} + GST

Payment

You are responsible for payment of all fees and charges for Consultations, services and products at the time the Consultation or service is rendered, or the product is supplied.

Confidentiality

A client record of services will be maintained throughout the course of your therapy. This record is confidential and will not be released to others unless you provide prior written consent, or the law requires it. By signing this Agreement, you expressly acknowledge and agree that information from your client record may be shared for research purposes. If your information is used for research purposes, your identity would be maintained as confidential.

Client Participation

To maximize the benefits of the homeopathic therapy, you agree to:

1. Provide a comprehensive summary of medical and non-medical healthcare services you have sought or are considering seeking;
2. Take the homeopathic remedies in accordance with the instructions provided;
3. Immediately stop the remedies and notify me if you feel or suspect any negative symptoms (this is a gentle process and it may take some time to achieve results);
4. Call 9-1-1 or your physician if you experience serious pain, discomfort or symptoms.

Consent, Release and Waiver Consent for Services

The consents provided in this Agreement apply for the duration of your homeopathic therapy, unless withdrawn by you upon written notice to Lisa Heinrichs.

Consultation with Licensed Medical Physician

You should consult with a licensed medical physician regarding any medical concern that presently exists or manifests at any time throughout the homeopathic therapy and inform me of the assessment of the licensed medical physician to the extent that it applies to my work with you.

- You acknowledge your understanding of and having been informed that:
- Any therapy or advice provided is not mutually exclusive from and does not replace any treatment or advice received from a licensed medical physician or healthcare provider;
- You are at liberty to seek or continue medical treatment with a licensed medical physician, surgeon, or other health care provider, and at no time will you be discouraged from seeking or following the direction of an alternate health care provider; and
- The remedies, therapies and adjunct therapies rendered or recommended may differ from those offered by a licensed medical physician or other licensed health care provider.

Risks

Homeopathic remedies minimize the risk of harmful side effects by supporting the body's natural capacity to heal using less invasive procedures, processes and therapies, whenever possible. Although relatively safe, even the least invasive therapies and remedies have the potential for complications. Some therapies must be used with caution in the presence of diseases or circumstances, such as:

- Diabetes, heart, liver or kidney disease, pregnancy or breast feeding, young children or patients taking multiple medications. It is important to immediately advise me of:
- Any disease process you are suffering from;
- If you are taking any prescription or over-the-counter drugs or supplements; and
- If you are pregnant, suspect you are pregnant, actively attempting to become pregnant or are breastfeeding.

Some of the known risks of homeopathic therapy include but are not limited to aggravation of pre-existing symptoms, predispositions or illnesses, and/or allergic reactions to supplements, herbs or remedies. In choosing this approach, you acknowledge that symptoms of discomfort may worsen before they improve, and this may require some time. At any point during the homeopathic therapy, you may choose to minimize or eliminate uncomfortable symptoms by obtaining treatment from a licensed medical physician or other healthcare provider.

Results Not Guaranteed

I will make every effort to answer your questions to the best of my ability. However, results cannot be predicted and are not guaranteed. Furthermore, it is not reasonable to assume that I will be able to anticipate or explain all potential risks and complications.

Release From Liability

In consideration of the covenants, promises, obligations and proviso's contained in this Agreement and the client's informed decision to seek alternate forms of health therapy in addition to or in substitution for the health treatment provided by a licensed medical physician, the client, its administrators, executors and assigns hereby remise, release and forever discharge Lisa Heinrichs, Homeopathic Consultant, from any and all manner of direct or indirect injuries, action and actions, cause and causes of action, suits, claims, demands, costs, debts and damages of every kind and nature whatsoever that it ever had, now has or may have, for or by any reason existing up to the present time and in particular, without restricting the generality of the foregoing, whatsoever caused by or associated with, directly or indirectly, the provision of homeopathic therapies, services, remedies, recommendations or information provided by Lisa Heinrichs throughout the duration of this Agreement.

This Agreement shall be governed by and interpreted in accordance with the laws of the Province of Alberta.

All notices shall be in writing and deemed duly given if delivered in person, via e-mail or mailed via prepaid registered mail to the Homeopathic Consultant at the address listed on page 1 of this Agreement, or to the client at the last address provided to the Homeopathic Consultant by the client in writing.

This Agreement may only be amended in writing, signed by both parties.

This Agreement may be executed and delivered in counterparts and by facsimile, with such counterparts and electronic copies deemed to be as binding as if in or original form.

BY SIGNING THIS HOMEOPATHIC THERAPY AGREEMENT, I, _____
ACKNOWLEDGE AND AGREE THAT (Client Name)

- I have accurately and completely disclosed my current health condition.
- I hereby provide my authorization and consent for the homeopathic therapy I am to receive, and such therapy has been fully explained to me.
- I hereby provide my authorization and consent for the use of my personal information from my client record for the purpose of research, although personal information regarding my identity will be maintained as confidential unless I consent to its use, in writing.
- I have received a comprehensive explanation of the homeopathic therapy or services I am to receive.
- The risks associated with homeopathic therapy have been explained to me and understand and accept them.

DATED _____, at the Town of Sylvan Lake, in the Province of Alberta.

Lisa Heinrichs
Homeopathic Consultant

Client Signature