

## *Healing Hope*

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### **HUMAN CONSENT FORM FOR HOMEOPATHIC TREATMENT**

Homeopathy and other holistic methodologies view health and illness from a different perspective than the standard, conventional medical approach, which limits its concerns to individual symptoms. The homeopathic interview takes the whole person into consideration, and regards the spiritual, mental and emotional symptoms as important as the physical aspects.

~I understand that Dr. Tamara Hebbler is a fully trained and certified homeopath (and DVM) and not a human physician, and does not diagnose, treat or prescribe for any particular symptom, disease, or condition for humans. Homeopathy is not a replacement for regular or urgent medical care, but is a modality to be used in conjunction with your regular physician's recommendations.

~ I understand that the nutritional and biological regimens suggested in these consultations --- including homeopathics, nutraceuticals, foods, herbs, vitamins, juices, etc are not offered as cures for disease, but only as supportive measures in aiding the human body's own inherent healing energy and assisting mechanisms in rebuilding itself to a healthful foundation. You can allow the body to bring about the actual health potential by creating a favorable internal body environment. All recommendations are designed to help me move towards my best state of health through personalized recommendations in lifestyle, exercise, health habits and advanced nutrition.

~I understand that a minor aggravation or worsening of some symptoms may occur temporarily as part of the healing process.

~I understand that all information disclosed to the practitioner during the homeopathic consultation is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law.

~I authorize discussion of my case notes with other professional practitioners if my (or my child's) best interests will be served by such a consultation. My right to privacy will be protected by withholding my name and any other identifying information.

~I am over 18 years of age and have voluntarily chosen homeopathic treatment for myself / my child.

~I understand that it is recommended that I retain the services of a primary care physician for appropriate evaluations and check-ups. I understand that the goal of homeopathy is to increase my / my child's general vitality and constitutional strength.

~I commit to open and honest communication with the doctor regarding my health, so that balance and health can be achieved.

I hereby release Dr. Tamara Hebbler of Healing Hope, (and all practitioners and associates of Healing Hope) of any legal liability that may arise from my handling or consumption of homeopathics or supplements recommended to me, and from the use of facilities operated by Healing Hope. I have read this informed consent and understand it and agree to it. Additionally, I am here on this day and any subsequent visit solely on my own behalf and not as an agent for federal, state, or local agency on a mission of entrapment or investigation.

Patient Signature: ..... Date: .....

Patient Name: .....