



Consent for Treatment:

I, (your name, print) _____ authorize Dr. Jane Li-Conrad to provide homeopathic treatment which may also include suggestions for nutrient, herbal, integrative, alternative, preventive therapies. (This consent is intended to provide an opportunity for you to make an informed decision so that you may give or withhold your consent to treatment that may be considered alternative by most physicians trained in the United States.)

I understand that Dr. Jane Li-Conrad is a board certified osteopathic family physician but will not give conventional diagnosis or treatment for my illness. I understand that I am receiving a homeopathic assessment and evaluation and will be treated according to the principles of homeopathic medicine.

I agree to maintain a relationship with a primary conventional physician outside of this homeopathic practice for necessary labs, screening, and conventional treatment recommendations as my primary physician sees fit. The therapies I receive will complement the care I receive from my primary care physician, and will not replace such care. I am fully aware that homeopathic practice, diagnosis and treatment is very different from that of conventional medicine and that homeopathy may not address all medical needs and conventional recommendations.

I agree to release Dr. Jane Li-Conrad from using conventional osteopathic standards of care so that she may use her knowledge of homeopathy to treat me according to standards of homeopathic principles and practice.

I agree to be treated by Dr. Jane Li-Conrad only with natural remedies and supplements and if drugs are needed, I will seek advice from my primary allopathic or conventional physician.

The safety and efficacy of alternative therapies has not been established with controlled studies to the satisfaction of conventional medicine.

I have sought care from Jane Li-Conrad and the services I am choosing to receive today have been explained to me fully in detail. Interactions, reactions and side effects have been fully explained to me regarding the treatments I am receiving, conventional or non-conventional. Side effects to homeopathic treatment (although uncommon) may include temporary worsening of present symptoms (aggravations) or temporary development of new symptoms (proving symptoms).

No claim to cure has been made to me. I understand that no method of treatment guarantees a cure or even an improvement of any disease. Natural treatments are meant to stimulate my body to increase health so that a process of healing might occur.

I understand that when allopathic and homeopathic medicine medicines are used together, the chance of improvement of health may be altered.

I understand that if I continue certain habits (stressful lifestyle, poor diet, unhealthy emotions, etc..) that cause or contribute to my illness, homeopathic medicine is less effective, as is allopathic or conventional medicine.

Jane Li-Conrad will NOT be providing hospital or emergency care for me.

PAYMENT: Jane Li-Conrad asks all patients to pay at the time of visit with cash or check.

INSURANCE Dr. Jane Li-Conrad does not accept insurance however, upon your request she can provide you with documentation of treatment if you are seeking reimbursement through a Flexible Spending Account or something similar.

Canceling Appointments: Follow-up appointments may be canceled up to 48 hours before a scheduled visit without incurring fees. When less notice is given or if an appointment is missed, the following fees will be charged: New Homeopathic \$50.00. Follow Up \$20.00 Note that these fees must be paid before your next appointment. Phone Consultations: Fees are charged for phone consultations under the following conditions: 1) When a change in treatment/remedy prescription must be made & further case analysis time is required 2) When the call exceeds fifteen minutes The fee is \$25.00 for every fifteen minutes of time. Fees are not charged for phone calls made to clarify issues discussed during an office visit, questions concerning treatment or brief progress reports on the effectiveness of treatment.

Concerns After Hours and Emergencies: While in treatment, any questions or concerns can be addressed by calling 440-334-6200 or 440-290-7847. In emergency situations please use common sense. If the condition is life threatening or it becomes severe, please take one of the following precautions: 1) Contact your local family practice physician

2) Contact the nearest hospital emergency room or urgent care facility Please follow the medical advice you are given by these people. Homeopathic medicines do not interfere with standard medical treatment.

My signature below acknowledges that I am choosing homeopathic care over conventional osteopathic medicine standards of care and that I agree with this entire contract. My signature below indicates that I have read the information in this document and agree to abide by its terms during our professional relationship.

SIGNATURE(patient): _____ DATE: ____ / ____ / ____ .

PRINT NAME: _____