**Weaving Energy, LLC**

Rosemary Thompson

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**Client Information and Consent Disclosure Statement**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a competent adult over the age of 18 years and I do hereby voluntarily choose and consent to homeopathic care/neurofeedback for myself or my child(ren)/ward(s), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . I voluntarily consent to the use of the homeopathy/neurofeedback for myself, my said child(ren)/ward(s), after having fully informed myself about homeopathy/neurofeedback.

I have read and understand the information in this handout. I understand the Homeopath/Neurofeedback Practitioner is not a licensed medical doctor, physician or health care provider. I have had the opportunity to ask questions about things I did not understand.

If I have a medical complaint or question about my health, or that of my said child(ren)/ward(s), I will consult with a licensed physician or medical doctor. If I wish to discontinue any medications that have been prescribed for me, I will do so under the supervision of a licensed medical doctor trained in the use of the kinds of medication I am taking.

I further understand that the Homeopath/Neurofeedback Practitioner does not diagnose, treat, prevent or prescribe for any disease, illness, syndrome or condition. The Homeopath/Neurofeedback Practitioner is helping me to increase my general energy and constitutional vitality.

If the services are for my said child/ward, I represent that I have legal authority to make health care decisions for my said child/ward, and that in my judgment it is in the said child’s/ward’s best interest to receive homeopathic/neurofeedback care. If I have any concerns or questions whatsoever about said child’s health, I will take said child/ward to a licensed physician.

I understand that all information disclosed by me, the client, is confidential and may not be revealed by Weaving Energy, LLC to anyone without my express written consent except where disclosure is required by law. I understand that disclosure is required by law in the following circumstances: (1) a reasonable suspicion of child or elder abuse and (2) a reasonable suspicion that a client presents a danger to him/herself or to others.

I hereby authorize disclosure of my case notes by Weaving Energy, LLC with other professional homeopaths/neurofeedback practitioners in the event that assistance in remedy selection and/or symptom analysis be required for myself, my said child/ward or if my best interests would be better served by such a consultation. In doing so, I understand that my right to privacy will be protected by Weaving Energy, LLC through the withholding of my name and all other identifying information.

I understand that everything in this Information and Consent Disclosure Statement that refers to me or the client, also refers to my said child/ward, if any, as appropriate.

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Signature Date

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Name (Print) Date of Birth

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Name of Child/Ward (Print) Date of Birth