Vanessa Nixon Klein, DiHom 301 Young Rd Mossyrock, WA 98564 Phone & Fax – 888.817.1831 Skype – herbso

Skype – herbsofgrace

Disclaimer and Consent for Services

I,, understand that homeopathy is a
complementary form of healing, and is not represented by Vanessa Nixon Klein, DiHom as a replacement for
standard medical care. This form of treatment is not intended to supplant or replace treatment given by
physician, physical therapist, psychotherapist, or other licensed practitioner. I understand that Vanessa Nixo
Klein, DiHom is not a licensed medical doctor, nor does she represent herself as such. Vanessa Nixon Klein
DiHom is providing educational services consisting of, but not limited to professional consultations for self-car
and products to be self-administered. I understand that homeopathic and herbal remedies, personal care and over
the- counter self-care products may be provided for my convenience for extra charges, in addition
to the cost of the professional consultations.
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I understand that, due to the nature of disease, individual motivation for compliance with the consultants' recommendations, and because people are biologically and genetically unique, that no claims
or guarantees are or can be made as to the outcome of this advice. No cure, improvement or outcome is or
can be guaranteed for any condition. Compliance with any suggestions or recommendations are
undertaken by, and the responsibility of myself as client or parent/guardian of the client.
I acknowledge that I/my child is undertaking therapies without coercion which may evoke certain
previously experienced and occasionally uncomfortable emotions and/or physical sensations, as part of the
healing process. I realize that I should be willing to make a commitment to myself or my child to continue
this therapy over whatever course of time it may take to complete my/his/her life timeline (usually 2-3 years),
and to keep in communication with my practitioner if problems, concerns or discomfort should arise.
I accept all responsibility for compliance or non-compliance with the recommendations at my discretion an
agree to hold Vanessa Nixon Klein, DiHom, harmless for any unforeseen effects of these therapies. I also
understand that homeopathy is incapable of creating any new pathology, it can merely elicit a "detoxification"
or healing response if harmful elements have already been in the system, as a means of eliminating their
long or short-term ill effects. I understand that homeopathic remedies are FDA-regulated, non-toxic, non-
pharmaceutical, natural medicines.
In the event of dispute over services or products rendered by Vanessa Nixon Klein, DiHom, I understand that by
signing this form, I acknowledge that I will attempt solution of the dispute first by means of communication
with the practitioner, and second via arbitration/mediation, and waive my right to litigation.
I understand that it is strongly recommended that any prescribed medications from a medical
doctor not be discontinued or changed while undertaking homeopathic care without first consulting both the
prescribing physician and Vanessa Nixon Klein, DiHom.
I understand and accept the above terms and hereby request that Vanessa Nixon Klein, DiHom provide me with the
services and products as outlined generally above, and specific to my/my child's case. I understand that in
the event that I do not cancel at least 24 hours before or fail to arrive for a scheduled appointment there will
be a \$25 "missed appointment fee". I agree to provide payment at the
time of service or provision of products by check, cash, VISA or MasterCard. (Fees subject to change.)
Client signature (or parent/legal guardian if a minor) Date
Client signature (2nd parent/guardian if client is a minor)
Please initial one statement:
I agree to the publication of my/my child's case study in a professional journal, presentation,
lecture or in other professional or educational settings or publications with the express understanding that
my/my child's name or other identifying information will not be published or presented.
I DO NOT wish my/my child's case to be presented, published, or in any way disseminated for
any purpose, educational, professional or otherwise.