

Confidentiality Agreement

I understand that information revealed to my homeopath in the case- taking process is held in strictest confidence unless otherwise permitted, or as noted below.

Please initial the statements below for which you give your consent, leaving blank those to which you do not consent:

1. My Homeopath may discuss my case with my physician or other health care providers. Initial: _____

2. My Homeopath may discuss my case with family members in order to obtain information pertinent to remedy selection or assessment of progress.

Initial _____

3. My Homeopath may consult, anonymously, with another Homeopath regarding remedy selection. Initial: _____

4. My Homeopath may use my case, anonymously, for teaching purposes.

Initial: _____

Printed Name _____

Signature _____

Date _____