

## Patient Disclosure / Patient Bill of Rights

Welcome to the Center of Healing where you receive Classical Homeopathic care provided by Tammara Guterman. This disclosure is intended to inform you of the fact that I am not a licensed physician nor are homeopathic services licensed by the state of California. Homeopathy is considered alternative or complimentary to the healing arts that are licensed in the state. Under section 203.5 and 2053.6 of the California Business and Professions Code, I can offer you these services, subject to the requirements and restrictions described fully in this disclosure.

In the course of your homeopathic treatment, I may make recommendations including, but not limited to, physician consultations, and laboratory testing. If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. I also recommend that you inform your medical physician that you are receiving homeopathic care.

To use my services, California law requires that you acknowledge receipt of the information provided in this form, acceptance by your signature. You will receive a copy and I will keep the original in my records for at least three years.

Please initial your acceptance of these sections of B-577, California Business & Professions Code:

Section 2053.5: I, the client, understand that this treatment will NOT include any of the following by the provider: puncturing of my skin, invasion or insertion into my body, x-rays, or prescription for x-rays, giving or prescribing of legal drugs or controlled substances, telling me to discontinue any pre prescribed drugs or controlled substance prescribed for me by an appropriately licensed practitioner, diagnosing of physical or mental disease, setting of fractured bones, or the use of electrotherapy to treat lacerations (cuts) or abrasions (torn) skin.

Section 2053.6(2): I, the client, have been given my own copies of this form and any other written materials, as may be indicated above. I have initialed each topic to indicate my understanding or receipt.

Section 2053.6 (b): I, the client, have been provided with this information in a language that I understand.

English     Spanish    Other \_\_\_\_\_

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the homeopathic treatment offered by Tammara Guterman, and have familiarized myself with her training and education. I have discussed with Tammara, the nature of the services to be provided. I understand that she is not a licensed physician and that homeopathic services are not licensed by the State of California. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor.

Patient Signature: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date: \_\_\_\_\_

If Patient is a minor:  
Patient Guardian Signature: \_\_\_\_\_  
Patient Guardian Name: \_\_\_\_\_

This paperless form may be completed and sent electronically. Please consider the environment before printing.