

Changewater Wellness Center Statement of Informed Disclosure

_____ The Changewater Wellness Center is run by certified herbalists who have more than 600 hours of classroom education in nutrition, herbalism, basic medical sciences, and related topics. This education does not include the diagnosis and treatment of disease according to the standards of medical science. We are not licensed in any capacity in the State of New Jersey, and our services do not replace those of a licensed physician. We advise clients who consult with us to seek the advice of a licensed health provider for any illness or persistent symptoms. A referral list of such practitioners, including resources for people on low-incomes, is available to you upon request.

_____ Our consultations are educational in nature, intended to make you aware of the nutritional and other beneficial effects of diet, lifestyle changes, herbs, or herbal formulas. As a client, you take responsibility for the use of any herbs recommended.

_____ Herbs can sometimes cause discomfort or side effects. I ask you to stop taking any suggested herbs immediately if such effects or discomfort occurs, and to notify us through the Changewater Wellness Center promptly (call 908-689-6140)

_____ Some herbs may interact adversely with pharmaceutical medications. Although we are trained in some aspects of drug-herb interactions, the knowledge in this field is not well-developed. It is important that you disclose to us any medication you are taking, including over-the-counter medications, and that you discuss possible drug-herb interactions with a licensed physician.

_____ We may provide you with published information about possible side effects of medications you may be taking. This does not constitute a recommendation to stop taking the medication. If you have concerns about medication side effects, please discuss them with a licensed physician.

_____ Any information discussed with us during interviews will be held in strict confidence. Exceptions to this are information regarding impending suicide, homicide, or child abuse.

_____ You understand that in addition to meeting with certified herbalists that there may be student herbalists in attendance during your interview. These students herbalists will keep all information you share in strictest confidence, and their attendance is to further the education of holistic minded practitioners.

_____ The Clinic Director and other practitioners of the Changewater Wellness Center may review your case anonymously (by case number only, without your name) during periodic case review. You may request that only the Clinic Director review your case if you are concerned about confidentiality.

_____ Any student observers who may be present at a consultation are not responsible or liable for any recommendations given.

_____ If you are in any way dissatisfied with our services or advice, please inform the Changewater Wellness Center at 908-689-6140.

I have read the above statements and agree to their terms.

Name (please print) _____

Signature _____ Date _____