**DISCLOSURE STATEMENT ABOUT THE NATURE OF WORK PERFORMED BY HOMEOPATHIC PRACTITIONER:**

I understand that my practitioner Vandana Pitke ( BHMS MS CCH) evaluates my entire condition based on a holistic, homeopathic approach, and seeks to assist me to stimulate my body’s own healing mechanisms with the use of substances/ homeopathic medicines prepared according to the guidelines of the Homeopathic Pharmacopeia of U.S.

I understand that my practitioner Vandana Pitke may also discuss with me the use of other integrative therapeutics to improve my health, and that these are within her scope of practice to the extent that she incorporates them. I agree that I am interested in enhancing my own abilities to establish health in mind and body.

**Training and Credentials of Practitioner:**

Vandana Pitke holds BHMS; a 5 and half years medical degree in Homeopathy from Pune University, India (2003).

She is a Certified Classical Homeopath (CCH) by the Council for Homeopathic Certification (2016).

I have reviewed the training and credentials of the practitioner. I understand that my practitioner is an unlicensed practitioner and does not seek to diagnose, and that she provides alternative/ natural health consultation services under the Codes of Conduct & Practice of Homeopathy. I got a copy of Unlicensed Health Care Client “Bill of Rights” in Rhode Island and Code of conduct by Council for Homeopathic Certification.

**General Policies Regarding Fees, Payment, Scheduling and Shipping:**

**Cost of Consultation:**

It is clients’ responsibility to pay the consultation fees at the time of the consultation/services provided.

Clients are free to discontinue treatment at any time without penalty.

**Payments** may also be made via Credit Cards, Cash, Cheque, Paypal or Online bank to bank transfer.

**Medicines and Shipping:**

Medicines will be shipped to the clients at the address provided. Cost of medicines is variable depending upon the potency, dose of the medicine, and pharmacy selected. This cost is not included in consultation fees. Usually it may cost from $10- $30 for a months supply. Shipping is $15 to $ 25 in USA.

**Insurance:**

It is client’s responsibility to check with their insurance providers whether homeopathic consultations are covered in their plans or not. Clients are encouraged to investigate their healthcare plans as it may allow coverage for natural therapies and homeopathic care/medicines for certain conditions.

**Cancellations:**

If it is necessary to cancel and/or reschedule an appointment, notification must be made at least 24 hours in advance. Missed or late cancellation appointments will result in a 50% fee of the cost of your session.

**Contacting other than appointments:**

Clients can email for reports, updates, questions, scheduling, and other non-urgent topic. Calls are generally answered each day; emails are answered as time allows which can be delayed during times of travel or high volume of emails. If there is any concern that requires prompt response, or you have not gotten a reply from an email in the timeframe you require, please call 401-573-3757.

**Confidentiality:**

The information contained in all files, documents, email messages, and/or any documents accompanying the emails to and from the client are private and confidential. This communication is legally protected and intended for the personal and confidential use of the client and practitioner only.

**Note:**

Homeopathic consultations are not a substitute for medical care.

In case of emergencies please call 911. For need of conventional medical care, consult your primary care physician.

Signature

Print Name: Date: