



INFORMED CONSENT & DISCLOSURE FORM

Eat in Peace Wellness Consulting
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This form is provided to clarify the client/practitioner relationship and to outline my standards of practice as a wellness consultant. With this information, you can make an informed choice concerning whether or not you wish to consult with me, and if you do choose to consult with me, understand each person's role and expectations within the client/practitioner relationship.

The Role of a Wellness Consultant

My goal is to help you achieve the highest state of health and vitality consistent with your own goals. Proper nutrition, herbs, and lifestyle choices are in essence “adaptive,” helping support the structure and function of the body. My practice is based on the belief that the human body is a marvelous system that is innately self-healing – and that the proper use of whole foods, herbs and lifestyle changes help nudge the body in its effort to return to a healthy state. I neither diagnose nor directly treat disease. Rather, I focus on educating you, the client, on how to best enhance your body’s own innate healing capacity.

All client records are confidential. I hold in strict confidence all information gathered and discussed with you in the office, unless you specifically request otherwise. I will gladly answer any question regarding my training, credentials and scope of practice. If I feel that your needs and desires are beyond the scope of my training and expertise, I will refer you to another practitioner. I support and encourage your right to consult any practitioner of your choice, especially in the diagnosis and treatment of disease.

Client Rights and Responsibilities

I charge \$105 per hour. Payment for the consultation is due at the time services are rendered; I accept checks, cash, and PayPal is available on my website. I require pre-payment for long distance consultations. **Except for emergency situations, you will be charged 50% of the consultation fee for missed appointments without 24 hours notice.** Consultations are sometimes covered by insurance: check your policy or with your carrier to see if they will pay. You may purchase herbs and herbal products through my office or we can make other arrangements. Please note you are not obligated to do either and may purchase your herbs and supplements wherever you desire. You the client have the right to respectful, courteous care. You can refuse to follow any or all recommendations provided as a result of this consultation. You have the right to choose another practitioner for any reason and to request that any of your health information be disclosed to another practitioner or health care provider. You the client have the right to file a complaint or grievance with the American Herbalist Guild, (770) 751-6021, ahgoffice@earthlink.net through which I am a registered member.

Herb Safety

The historical record and modern research indicate that the herbs most often used for healthcare have an exceptional safety record. Likewise, confirmed cases of herb and drug interactions are rare. However, adverse events can occur after using any active substance. Herbs should not be used in pregnancy or lactation without expert advice, and if you are to become pregnant, you should stop taking herbs until advice is received. It is also your responsibility to fully disclose any medications currently in use, including other herbs and supplements, so that you can be offered informed advice. Any suggestion that the effect of a drug is being altered by simultaneous use of an herb should be reported directly to all health professionals involved. It is also advisable to stop taking herbs at least 72 hours before surgical operation, and/or in the event of being prescribed anticoagulants, antiepileptic drugs, and digoxin.

I, _____, have read this document and I understand the nature and extent of the client and practitioner relationship. I hereby voluntarily consent to a wellness consultation. I understand that I am free to discontinue service at any time. I understand that Charlotte Kikel is not a licensed physician and therefore cannot diagnose or treat disease, or prescribe drugs. I understand that an herbal consultation is not a substitute for regular medical care. If I have not already done so, I agree to consult a medical doctor for any serious or life-threatening disease conditions, either for myself or someone under my guardianship.

Client Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____