**Consultation Agreement**

**Nature of Work Performed by Practitioner:**

I understand that my practitioner, Gail Wilson, evaluates my entire condition, or dependent family member’s condition, based on a holistic, homeopathic approach, and seeks to assist me to stimulate the body's own healing mechanisms with the use of substances prepared per the guidelines of the Homeopathic Pharmacopoeia of the U.S, as regulated by the FDA.

I understand that Gail Wilson 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:**

I have reviewed the training and credentials of Gail Wilson, listed below. I understand that she is not a medical doctor, has not presented herself as such, and does not seek to diagnose, treat, or prescribe for diseases, disorders, or other pathological conditions, and that she provides health consultation services under the California Business and Professions Code sections 2053.5 - 6.

**Gail Wilson, CFHom:**

Gail Wilson attended San Francisco State University where she received a Bachelor of Arts degree in 1971. She completed a 2-year Foundations in Homeopathy course of study at The Caduceus Institute of Classical Homeopathy in Santa Cruz, California. Gail is also a certified CEASE practitioner, and candidate for Certified Classical Homeopath (CCH) by the National Certification Board.

**Cost of Consultation:**

I have reviewed the fee statement below. I agree to the policies and charges as described in the fee statement.

**Professional Conduct and Consultation:**

Practitioner agrees to honor confidentiality and assures professional conduct as defined by the Code of Ethics of the Council for Homeopathic Certification; client grants permission for practitioner to discuss details of client’s health or dependent family member’s health, in conferral with colleagues and other practitioners with whom client consults, without an additional confidentiality waiver. This agreement becomes part of client's case records. Client agrees to consult a licensed physician for any medical concern that now exists or that arises at any time during the term of this agreement, and to inform practitioner of the physician's assessment in so far as it applies to client’s work with her.

|  |  |  |  |
| --- | --- | --- | --- |
| Client Signature and Date:  |  |  |  |
| Practitioner Signature and Date:  |  |  |  |

**Fees and Policies for Consultation**

**Chronic Care:**

***Initial consultation (1-3 hours) $350***

The initial consultation includes a review and analysis of the completed questionnaire and all case related documents, such as biological test results, vaccination records, and other physical or psychological evaluations.

Homeopathic dry remedies are provided by practitioner according to clinic inventory availability. Additional supplements, herbs, mother tinctures, cell salts, and flower essences are not provided by the practitioner and can be obtained independently by the client from health food stores and online websites.

Acute consultations are included with chronic care. Clients are advised to have a 50-remedy emergency kit on hand.

***Follow up consultation (30-90 minutes) $150***

Conducted once a monthafter the initial consultation, but can be less frequent.

**Acute Care:**

***Acute consultation $ 75***

Acute care is included for clients on chronic care, if they have a scheduled follow up. For minor, non-life threatening illnesses or injuries such as coughs, colds, flu, earaches, stomach upsets, accidents and sports injuries.

Includes a brief consultation and 7 days of follow-ups.

$50 for each additional week of acute consultation.

Clients are advised to have a 50-remedy emergency kit on hand.

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

*Payment*: Clients are asked to keep a credit card on file with the practitioner to simplify payment for chronic care. Charges for chronic care follow-up consultations are made at the beginning of each month for that month. No charges will be made for months where there is no consultation scheduled; however, charges will be applied if phone calls or emails concerning chronic care issues takes place during months that no chronic care consultations are scheduled. Clients may opt to have an acute consultation during non-chronic care months for simple, self-limiting illnesses such as colds or flus. Clients are free to discontinue treatment at any time and a full refund will be made if no communication has transpired during the month of cancellation.

*Insurance*: Account statements will be provided for clients who wish to submit to their insurance companies or FSA/HSA managers for reimbursement. This office does not file any forms for insurance or reimbursement. Clients are encouraged to investigate all options for insurance reimbursement or use of plans such as Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA), which allow reimbursement of payment with pre-tax funds.

*Cancellations*: If it is necessary to cancel or reschedule an appointment, an advance notification of at least 24 hours is requested; appointments that are missed without notice being given represent time that was scheduled for the client and will be charged the full fee.

*Calls and Email*: Clients can email or call at will. Calls are generally answered each day; emails are answered as time allows which can be delayed during times of travel or high email volume. If there is any concern that requires prompt response, or you have not gotten a reply to an email in the timeframe you require, please call the office at 650.952.3150. The office is closed on weekends.

*Off-Site Consultation*: Consultations for clients who live outside of the San Francisco Bay area are conducted through by web video conferencing: GoToMeeting (HIPAA compliant for healthcare privacy), FaceTime, or Skype.

*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.