**Homeopathic Consulting Agreement**

I understand that Lisette Narragon is a Homeopathic Consultant, certified in Classical Homeopathy and is not a licensed physician. I understand the homeopathic advice offered is not represented or intended to be a substitute for medical diagnosis or medical treatment and that homeopathy does not diagnose or treat specific medical, pathological or psychological conditions, diseases or symptoms. I understand that homeopathy is alternative or complementary to the healing arts services licensed by the State of California.

I am not seeking diagnosis or treatment of specific medical, pathological or psychological conditions, but rather an enhanced state of overall mental, emotional, and physical well-being. I understand that homeopathy seeks to stimulate an individual’s vital energy to regain a state of balance and in doing so it aims at increasing the individual’s general state of wellness or vitality.

I understand that the nature of the service involves an interview with the homeopath to gather the information needed, analysis of this information, recommendation of a homeopathic remedy, and assessment of the action of the remedy at follow up consultations. I understand that the outcome of homeopathic advice varies by individual, and is not guaranteed.In consideration of the above-stated facts, I hereby indemnify and hold harmless Lisette Narragon from any and all claims, damages, costs or liabilities including attorney’s fees and costs, based on or in any way related to the homeopathic advice which I (or my child) receive.

I have received a copy of this Consulting Agreement.Signature and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_