

Ancient Mother Alchemy

Candice Souza

DISCLOSURE/INFORMED CONSENT FORM

My basic approach is to combine alternative healing methods with the latest scientific findings and clinical practices. Because each client is unique, I will use various methods in my work with you. My basic healing philosophy is to offer you the support needed to restore your ability to experience balance and harmony in your life. The focus of my assessment of you is to focus on identifying patterns of strength and weakness. Using this information, depending on your wishes, I will make recommendations that may include nutrition, herbs, supplements, counseling and lifestyle. My recommendation may also include suggestions for creating physical, emotional, mental and/or spiritual balance.

I am NOT a medical doctor nor do I practice standard Western medical assessment, diagnosis or treatment. I do not claim to cure disease, nor do I offer advice about the use of any type of pharmaceuticals or medications at any time. I have no objections to my clients being seen or evaluated by their own medical doctor. If you have any questions or concerns about your health, I highly recommend and encourage you discuss them with your physician.

Clients are not obligated to buy any products/nutritional/herbal supplements I mention during our sessions together. If client chooses to purchase any products/nutritional/herbal supplements I mention I encourage clients to purchase such items wherever it is most convenient for them. The products/nutritional/herbal supplements I mention are not a replacement for the therapies and or medications prescribed by your Medical Doctor.

I am available to discuss any questions or concerns you may have. **Please indicate that you have read and understand the information on this form by providing your signature below.**

Name (Signature) _____ Date: _____

Name (Print) _____

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I hereby attest to the following:

1. I fully understand that Candice Souza/Ancient Mother Alchemy is not a licensed medical doctor, does not diagnose or treat disease, and that I am not here for medical, diagnostic or treatment procedures.
2. The services performed by, Candice Souza/Ancient Mother Alchemy whether in person, by mail, phone, internet, Zoom or Skype are at all times restricted to consultation on the subject of spiritual wellness and holistic health assessment. These services are solely intended to provide me with resources to use to promote my own health and well-being. Her services do not involve diagnosing, treatment, or prescription of remedies for the treatment of disease.
3. I fully understand that it is my constitutional right to decide how I wish to care for my mental, emotional, spiritual and physical health. Candice Souza/Ancient Mother Alchemy has not suggested that I cease any current medical or psychological care I am receiving, be it drug therapy, x-ray treatments, chemotherapy, surgery, counseling, or any other medical and or psychological procedures that my medical doctor or any other health practitioner deems necessary for my physical, mental, emotional and or spiritual health. If I choose not to follow the recommendations made by my medical doctor or other practitioners, I understand that such a decision is my responsibility and will not hold any other persons responsible for any consequences of such a decision.
4. I am here, on this any subsequent visit, solely on my own behalf and not as an agent for federal, state or local government agencies on a mission of entrapment or investigation.
5. I understand that all information discussed will be kept strictly confidential.

Client Signature _____ Date _____

Name (print) _____