**Consent to Services Agreement**

**Paris Holistic Health**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request and consent to receiving nutrition and/or herbal medicine recommendation, services, and products from Pamela Paris (“Practitioner”) and Paris Holistic Health, LLC.

**Services.**

I understand that the services offered by Pamela Paris and Paris Holistic Health may include nutritional, life style, and/or herbal recommendations. Utilizing the service of a nutritionist/herbalist can serve as an excellent adjunct to medical treatment and should not be a substitute for that treatment. I understand that herbal medicine involves oral and topical use of plants in order to strengthen and support general health and wellness. Herbs are considered to be food supplements and may be orally administered in the form of teas, alcoholic extracts, or powders.

I understand that the State of Maryland does not provide licensing for herbal medicine practitioners. As an herbalist, Pamela Paris does not diagnose, treat, or cure any disease and cannot recommend the use or discontinued use of pharmaceuticals.

The State of Maryland does license people who practice dietetics and nutrition via the State Board of Dietetic Practice. Pamela Paris is a Licensed Dietitian-Nutritionist (LDN) in the State of Maryland. She is also a Certified Nutrition Specialist (CNS) receiving this certification from the Certification Board for Nutrition Specialists, the accrediting body of the American College of Nutrition.

**Medical Treatment.**

I understand that seeing a nutritionist/herbal practitioner should not be a substitute for seeing a medical doctor. If the client is under the care of a physician, that care should continue until the physician and client agree that care is no longer necessary. It is the client’s responsibility to consult with his or her physician before altering any medications or medical treatments. I understand that if there is an emergency, a worsening of an existing condition, or a new condition develops, that I should consult a physician.

**Client Responsibilities.**

I understand that it is my responsibility as a client to inform my practitioner of all aspects of my health and that, as service progresses, to inform the practitioner of changes that occur. If I am a female client, I will inform my practitioner if I become pregnant and/or suspect pregnancy at any time. If I experience any pain, discomfort, or possible adverse side effects, it is my responsibility to notify my practitioner as soon as possible.

**Risks.**

Side Effects. The historical record and modern research indicate that the herbs most often used for healthcare have an excellent safety record. However, adverse reactions and unintended side effects can sometimes occur when taking herbs. Side effects that have occasionally been reported after using herbs include headaches, skin rashes, and digestive issues. Such effects generally resolve rapidly, especially if the dosage is reduced or the herb is stopped. Allergic reactions are also very rare but have been reported, usually in individuals with contact allergy to specific plants. Should adverse reactions or unpleasant side effects occur, I agree to discontinue taking the herbs and contact the practitioner as soon as possible. My practitioner may be able to propose measures to reduce any discomforts or may refer me to a physician or other health-care practitioner.

Herb-Drug Interaction. Although herbs and other supplements have the potential to interact with pharmaceuticals and certain herbs have been shown to have some effects on a limited range of pharmaceuticals, clinically significant interactions between most herbs and pharmaceuticals are rare or are merely theoretical. Nevertheless, some pharmaceuticals are very strong and have a narrow range of safe dosage, which makes any interaction more risky. It is the responsibility of the client to fully disclose any medications currently in use, including other herbs and supplements. Clients are also expected to inform their physicians of any herbs or supplements they are using. Any indication that the effect of a medication is being altered by simultaneous use of herbs should be reported directly to all health-care practitioners involved. It is also advisable to stop taking herbs at least 48 hours before surgical procedures, and in the event of being prescribed anticoagulants, antiepileptic, and digoxin until advice is received.

Toxicity. Herbs are generally considered safe and non-toxic at recommended doses for most people. It is important that the client use the herbs in accordance with the dosage recommended by the practitioner. As the liver and the kidneys are the body organs most vulnerable to any ingested or absorbed substances, it is also important that the client disclose to the practitioner any past or current disease in either of these organs. Female clients should not use herbs during pregnancy or lactation without advice of a healthcare practitioner and those who become pregnant should stop taking herbs until that advice is received. I understand and agree that it is important that I do not exceed the recommended dose of the herbs suggested by my practitioner. I also understand and agree to disclose to my practitioner any previous or current liver or kidney disease or related disease as well as any other condition that I believe may have an impact on my health status.

**No Guarantees.**

I know that each person is unique and has ultimate responsibility for his or her own healthcare. I acknowledge that I have not received any guarantees or promises as to the results or success that will be obtained from the services provided.

**Fees.**

I have been informed of the fees for services and I understand that payment is due when services are provided. If I do not cancel an appointment at least 24 hours in advance, then I am liable for the appointment fee.

**Confidentiality.**

I understand that my health information will be kept secure and confidential in accordance with the Privacy Policies of Paris Holistic Health. Client files are the property of Paris Holistic Health and a copy may be obtained by written request at a charge of $0.25 per page.

I have read and understand this Consent to Services Agreement and my practitioner has explained any areas of the agreement that I did not understand. I acknowledge that the purpose, goals, techniques, procedures, limitations, potential risks and benefits of the services to be provided have been explained to me. I have had the opportunity to ask my practitioner questions regarding the proposed services and this consent form and have received satisfactory explanations. I understand that I am free to discontinue services at any time.

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Client Signature Date