

## **Informed Consent/Full Disclosure Statement**

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### **What is Western Herbalism?**

People seek Western Herbalist services to gain support in dealing with a particular health complaint or as a way to improve overall health. Western Herbalism can support homeostasis of numerous body systems, including cardiovascular, respiratory, reproductive, nervous, digestive, urinary, endocrine and musculoskeletal. Herbalists use their knowledge of constitutional theory, body systems, and client input to suggest herbal, nutritional, and lifestyle suggestions to support physical and mental wellbeing.

### **What to expect at your appointment:**

The consultation will involve a detailed verbal and written health history. Some of the questions are personal in nature. I may ask to measure your blood pressure, look at your tongue, check your pulse, check your rate of respiration or ask to see an afflicted area; however, the session is mostly conversational. Everything you share, including your identity, will remain confidential unless I have your explicit permission otherwise.

### **What you should know:**

Herbalism is not licensed by the State of Colorado. Herbalists are not medical doctors, cannot provide diagnoses, prescribe, treat medical conditions, or change drug regimens initiated by appropriately licensed health professionals. Please, if you have an emergency, dial 9-1-1.

Herbs contain active phytochemicals that interact with your body and can potentially interact with other supplements and pharmaceuticals. Please inform me of all medications and supplements you are currently taking or have taken in the past 6 months and notify me immediately if you experience any uncomfortable responses to the herbs supplied. For safety and efficacy, follow dosing instructions on any herbs you decide to take.

### **Release:**

I, the Undersigned, assume all responsibility for the decisions I make concerning my health care, recognizing that (i) no claims are made about herbal medicine, life style changes, nutritional, dietary recommendations to treat or cure any medical condition (ii) all information is for educational purposes only, (iii) there is no applied or stated guarantee of success or effectiveness of any specific plan or treatment, (iv) I am free to act on or disregard the recommendations of Katharine Husted and The Herb Hut Free Clinic as I so choose. I hereby release Katharine Husted, The Herb Hut Free Clinic, and any entity or organization that hosts clinics (on whose property clinics are conducted) from responsibility for my actions and consequences thereof in present time and in future with no constraints. I hereby affirm and consent to the above statements with my own free will, and, request to engage in the services provided.

Signing and dating below indicates that you have read and understand the information contained herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_