CLIENT DISCLOSURE for Kulwant Gill (Doctor of Natural Medicine)

HEALTH FREEDOM ACT -- CALIFORNIA SB-577 DISCLOSURE STATEMENT

**I am a graduate from university of natural medicine and currently an intern practitioner of natro-homeopathy. I am not a licensed physician, nor are naturo-homeopathic services licensed by the state.**

**Homeopathy is based on the notion that like cures like. This means that a substance that causes a particular set of symptoms in a healthy person can cure the same or similar symptoms in a person who is ill. Homeopathy calls these substances remedies. The correct homeopathic remedy sets up a process of healing that can continue for months or years.**

**As a practitioner of natro-homeopathy, I will do a personalized analysis of your unique pattern of interrelated characteristics. These include your physical and emotional symptoms, your diet, your sleep patterns, etc. I will match these characteristics with a particular homeopathic remedy, which I will ask you to purchase either from my stock of remedies or from a local pharmacy. We will schedule an appointment for 4-8 weeks later to evaluate your progress with this remedy, and then schedule another appointment for 4-8 weeks after that. I am available by phone or appointment in between these visits.**

**In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three years.**

**My method of treatment, natro-homeopathy, is an alternative or complementary form of healing arts. Under Sections 2053.5 and 2053.6 of California’s Business and Professions Code, I can offer you these natro-homeopathic services, subject to requirements and restrictions that are described fully on the next page.**

**If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. I recommend that you inform your medical doctor that you are receiving natro-homeopathic treatment. Under the terms of 2053.5 of the California Business and Professional Code, non-licensed healthcare practitioners may offer their services so long as they do not:**

**Initial \_\_\_\_\_\_\_\_\_\_**

**1. Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body.**

**2. Administer or prescribe x-ray radiation to another person.**

**3. Prescribe or administer legend drugs or controlled substances to another person.**

**4. Recommend the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.**

**5. Willfully diagnose and treat a physical or mental condition of another person under circumstances or conditions that cause or create risk of great bodily harm, serious physical or mental illness, or death.**

**6. Set fractures.**

**7. Treat lacerations or abrasions through electrotherapy.**

**8. Hold out, state, indicate, advertise, or imply to a client or prospective client that he or she is a physician, a surgeon, or a physician and surgeon.**

**A person who advertises any services that are not unlawful under Section 2051, 2052, or 2053 shall disclose in the advertisement that he or she is not licensed by the state as a healing arts practitioner.**

**Section 2053.6 of the California Business and Professions Code, specifies that:**

**a) A person who provides services pursuant to Section 2053.5 that are unlawful under Section 2051, 2052, or 2053 shall, prior to providing those services, do the following:**

**1. Disclose to the client in a written statement using plain language the following information:**

**• That he or she is not a licensed physician.**

**• That the treatment is alternative or complementary to healing arts services licensed by the state.**

**• That the services to be provided are not licensed by the state.**

**• The nature of the services to by provided.**

**• The theory of treatment upon which the services are based.**

**• His or her educational training, experience, and other qualifications regarding the services to be provided.**

**2. Obtain a written acknowledgement from the client stating that he or she has been provided with the information described in paragraph (a). The client shall be provided with a copy of the written acknowledgement, which shall be maintained by the person providing the service for three years.**

**b) The information required by subdivision (a) shall be provided in a language that the client understands.**

**Initial \_\_\_\_\_\_\_\_\_\_**

**Acknowledgement and Consent to Receive Services:**

**I have read and understand the above disclosure about the homeopathic treatment offered by Kulwant Gill and SANO HOP training and education. I have discussed with Kulwant the nature of the services to be provided. I understand that Kulwant Gill is not a licensed physician and that homeopathic services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered, and agree to be personally responsible for the fees of Kulwant Gill in connection with the services provided to me.**

**THE INFORMATION YOU PROVIDE BELOW WILL REMAIN CONFIDENTIAL**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**