

Informed Consent for Holistic Herbal & Wellness Services

1. Nature of Services

I understand that services provided by Ozigbo's Herbal Healing are holistic wellness services that may include:

- Herbal education and recommendations
- Nutritional guidance
- Lifestyle wellness support
- Stress management strategies
- General wellness education

These services are designed to support overall wellness and are not medical care.

2. No Medical Diagnosis or Treatment

I understand that the practitioner is not a medical doctor, nurse, or licensed physician and does not:

- Diagnose medical conditions
- Prescribe medications
- Perform medical treatment
- Replace primary care services

Services are not intended to diagnose, treat, cure, or prevent any disease.

I understand that I am responsible for consulting my licensed healthcare provider regarding any medical condition, medication changes, or health concerns.

3. Herbal & Nutritional Support

I understand that:

- Herbal and nutritional recommendations are educational in nature.
- Individual results vary.
- Herbs and supplements may interact with medications.
- It is my responsibility to disclose all medications and supplements I am currently taking.

I agree to inform my healthcare provider before beginning any herbal or nutritional program.

4. Voluntary Participation

I acknowledge that:

- My participation is voluntary.
 - I may discontinue services at any time.
 - I am responsible for my own health decisions.
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5. Scope of Practice & Referrals

I understand that if the practitioner identifies symptoms or concerns that require medical evaluation, I may be referred to an appropriate licensed healthcare provider.

6. Confidentiality

All personal information shared during consultations will be kept confidential to the best of the practitioner's ability, except as required by law.

7. Consultation Booking Policy

- All consultations must be scheduled in advance.
- Payment is required to confirm your appointment.

8. Cancellation Policy:

Appointments canceled with less than 24 hours notice will incur a \$25 fee.

No-shows will be charged 50% of the consultation charge.

Acknowledgment & Consent

By signing below, I acknowledge that:

- I have read and understand this Informed Consent.
- I have had the opportunity to ask questions.
- I voluntarily agree to participate in holistic wellness services provided by Ozigbo's Herbal Healing.

Client Name (Printed): _____

Client Signature: _____

Date: _____