



CONSULTATION AGREEMENT

Dear Client,

Thank You, for choosing Satva The Essence for your Integrative Healthcare needs. Enclosed is a client consent form. Kindly sign the client consent form below and email it to Satvatheessence@protonmail.com. Once we receive your signed forms, we will work with you and schedule a consult.

By Signing this consultation agreement you consent in good faith to restrict the use of our services solely for the purpose of betterment of health for yourself or your children. The use of our interactions for any reason other than actively pursuing Homeopathy or Homeoprophylaxis for the betterment of health of yourself or your children is strictly prohibited. By contacting Madhure Kumar, CCH, you affirm that you are voluntarily entering into this agreement on behalf of yourself or dependents without any pressure or promise of cure of disease or disease prevention. You also affirm that you do not represent any State or Federal agency whose purpose is to regulate and approve products. You affirm that you do not belong to any cult, group, media outlet or any group and that you are an individual who will not misrepresent any information regarding homeopathy or homeoprophylaxis. By signing this consultation agreement You affirm that you choose to actively pursue homeopathy for the sole and only reason for betterment of the health of yourself or your children. You agree in good faith that you will not carry out any mission of entrapment or investigation against the Practioner (Madhure Kumar) or Homeopathy or Homeoprophylaxis.

Sincerely yours,

Madhure Kumar, CCH

satvatheessence@Protonmail.Com

<https://www.SatvatheEssence.com>

Client Signature (Legal Name) and Date: _____

Nature of Work Performed by Practitioner:

I understand that my practitioner evaluates my entire condition based on a holistic, homeopathic approach, and seeks to assist me to stimulate my body's own healing mechanisms with the use of substances prepared according to the guidelines of the Homeopathic Pharmacopoeia of the U.S, as regulated by the FDA. I understand that my practitioner may also discuss with me the use of other integrative therapeutics to improve my health, and these are within his scope of practice to the extent that he incorporates them. I agree that I am interested in enhancing my own abilities to establish health in mind and body.

Training and Credentials of the Practitioner:

Madhure Kumar is a Certified Classical Homeopath and has graduated the Homeopathic Practitioners Program from AMCH – PIHMA. Additionally he has also completed his certificate diploma in German.

Professional Conduct and Consultation:

Practitioner agrees to honor confidentiality and assures professional conduct as defined by the Code of Ethics of the Council for Homeopathic Certification; The Client grants permission for my practitioner to discuss details of my health in conferral with colleagues and other practitioners with whom the practitioner consults and confidentially write about cases in medical journal without additional confidentiality waiver. This agreement becomes part of client's case records. Client agrees to consult a licensed physician for any medical concern that now exists or arises at any time during the term of this agreement, and to inform the practitioner of my physician's assessment in so far as it applies to my work with him.

I have reviewed the training and credentials of the practitioners listed below. I understand that my practitioner is not a medical doctor, has not presented himself as such, and does not seek to diagnose, treat, or prescribe for disease, disorder or other pathological conditions, and that he provides health consultation services.

Client Signature and Date: _____

Fees and Policies for Consultation:

Consultation Fees:

Initial Therapeutic Focus Consult (up-to 60 Minutes)*	\$180
Follow up consultation (60 minutes)	\$120
Follow-up/Acute consultation (30 minutes)	\$60

* Consult time exceeding time mentioned in the brackets are charged additionally as per the 30 min scale.

General Policies Regarding Scheduling, Payment, and Client Support:

Scheduling and Cancellations:

- Madhure Kumar, CCH is the primary point of contact for scheduling. He will work with you by email and phone to set appointment times
- We understand that plans change, and unexpected circumstances arise that can disrupt your schedule, and require a change of appointment
- If it is necessary to cancel / reschedule an appointment, notification of schedule change must be made at least 24 hours in advance. The practitioner will work with you to move the appointment to a new time and date
- Appointments that are missed or cancelled late represent time that was scheduled for the client, and this time is unlikely to be rebooked in a late cancellation or missed appointment
- Each client is offered one 'first miss' or late cancel that is not charged. A second or later event will be charged at the full fee
- As our valued clients you have a right to confidentiality; your electronic records will be kept securely and are password protected. You, the client consent to allow, the practitioner (Madhure Kumar) approval to confer with a mentor or colleague regarding your case and has my permission to do this (keeping my identity anonymous) without further waivers

Cost of Consultation:

I have reviewed the fee statement below. I agree to pay these fees at the time that services are provided, by cash or check. I agree to the office policies and charges as described in the fee statement.

Client initials and Date: _____

Payments:

- The client is responsible for payment of all fees at time of service
- Payment may be made with cash, check or Zele
- The client is responsible for payment of all fees at time of service.
- Clients who have off-site consultations are asked to keep a credit card on file with the office to simplify payment
- A \$40 fee will be charged for any check returned to this office unpaid
- Our office does not file any forms for insurance or reimbursement

Virtual Office Consultation:

Clients who prefer the comfort of their home can schedule consultation by telephone or web conference using phone Face-time, Zoom or Signal.

Homeopathics:

- The homeopathics selected for the client will be sent either from the office, or directly from one of the homeopathic pharmacies.
- Packages of homeopathics are sent through the mail, either by first class letter or priority mail packet. Some homeopathic pharmacies ship through UPS
- The packages are usually sent out within 24-48 hours of the consult. Arrival times vary greatly, and this is not within control of our office.
- We understand that it may be frustrating to be waiting for a package to arrive. In several other countries, wide selections of homeopathics are available at any local pharmacy. Unfortunately, this is not true in North America. Patience is required.
- During urgent circumstances, an overnight shipment may be possible from our office. The cost is \$25 service fee plus the USPS\UPS\FedEx overnight delivery charge

Client initials and Date: _____

Support between followup consults:

- The initial medicine usually needs to be taken for 3-7 days depending on the protocol. Kindly be patient and continue with the medicine for the required time.
- Please get in touch with me by e-mail or phone 4 days after you have taken the medicine for a follow up appointment.
- In between consults you are required to keep notes of anything unusual or different aka any changes to the condition you met the Practioner for, along with the dates. This information is meaningful to me and will enable me to track your progress more effectively. I am especially interested in any changes in energy, moods, appetite, sleep patterns, any significant dreams, and of course, any changes in your symptoms.
- For scheduling, brief check-ins, questions and acute complaints, please text me at the office phone 224-300-0689. You are likely to get voice mail outside this time - leave a message and we will return your call within the call in period.
- If an acute appointment (usually 15-20 minutes) is required, it can often be scheduled later that day. The fee is \$ 45
- The office is closed on the weekends and holidays. There is no call in time on weekends. Email and phone messages are not responded to on weekends or holidays.
- Clients with urgent conditions may call Practitioner's cell phone 224-300-0689; there is always an acute consult fee for an urgent call to this cell phone
- Text to Practitioner's cell phone is limited to urgent contact. The most direct and reliable way to contact the office is to call the office number.
- If the Practitioner is out of the office / unavailable, there will be a message on the office phone with on-call support instructions.

Client initials and Date: _____

Email Support:

- Clients can email satvatheessence@pm.me for scheduling, questions, other non-urgent topic for questions about symptoms, their therapeutic plan or response.
- Office Calls (224-300-0689) are generally answered daily, emails are answered as time allows.

Complaints and Recourse:

As with any of the healing professions, each client must have a mechanism of public recourse in the event that he or she feels that unethical or unprofessional interactions have taken place with the practitioner. For certified homeopaths, the mechanism of recourse is through the CHC.

Following is a statement from the CHC:

- Each CHC certificant represents the homeopathic profession in the eyes of the public and is expected to uphold the highest standards of professional conduct as described in the CHC Code of Professional Ethics and the Client/Patient Healthcare Rights.
- Any client who believes he or she has a valid complaint regarding a CHC credentialed homeopath may submit a letter to the CHC office describing his or her concerns in detail.
- Following receipt of the letter, a member of the Standards and Ethics Committee informs the complainant in writing (through postal or email correspondence) within 10 business days that the complaint has been received and requests an interview to discuss the nature and veracity of the complaint.
- The Standards and Ethics Committee notifies all parties concerned, conducts interviews, and thoroughly investigates each complaint received.
- The letter should be mailed to: Council for Homeopathic Certification P.O. Box 73
Lewisville, AR 71845

Client Legal Name: _____

Date: _____

Legal Signature: _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____

Personal Email: _____