

Disclosure and Consent for Herbal Therapy with Mary Blue DBA Farmacy Herbs

Updated 3/9/2021

- I recognize that herbs are considered food supplements and are used to strengthen and support the various systems of the body.
- Sessions with an herbalist are educational and focus on ways I can support my body systems through nutritional healing and herbs
- I understand that any identifying details about my case will be held in the strictest confidence, unless authorized for release.
- I fully understand that Mary Blue is an herbalist and is not a licensed medical doctor: therefore she does not diagnose or treat disease. She works to support health through education.
- I acknowledge that my participation in this herbal consultation is voluntary and I am free to discontinue services at any time.
- I understand that historical records and modern research indicate that the herbs most often used for health care have an exceptional safety record and that my herbalist will not expose me to plant doses known to have toxic effects. However, I recognize that adverse events and allergies can occur after the use of any active substance and I agree to report any concerning reactions to my herbalist.
- I understand that Mary Blue and her herbal practitioners do not recommend that I cease current medical care that I am receiving – be it drug therapy, chemotherapy, radiology, surgery, dialysis, insulin, or any other medical procedures that my medical doctor deems necessary for my health. Should I choose not to follow the recommendations of my doctor, I understand that it is my decision to make and I will not hold any other persons responsible for any consequences of such a decision.
- It is my responsibility to disclose fully any medications I use, including other herbs and supplements, so that I can be offered informed advice and decrease any risks of herb/drug interactions. I also understand that it is recommended that I inform my other care providers of any herbs and supplements that I am using.

- I understand that it is my responsibility as a client to inform my herbalist about all aspects of my health and to inform my herbalist of any changes that occur. If I am experiencing any pain, discomfort, or possible adverse side effects, it is my responsibility to immediately notify my practitioner. Also I will inform the herbalist if I believe I am pregnant, if I am trying to become pregnant, or if I am breastfeeding.
- I am aware of the RI Unlicensed Practitioner Act that states that it is legal for unlicensed practitioners to conduct non-invasive therapies within their practice. I understand that Herbalism is a protected unlicensed practice.
- I understand there is a 24 hour refund policy after submitting this form.
- I am ready, willing, and able to start taking the steps necessary to support my health through herbs and nutrition.

By checking the box in the Health Questionnaire, I agree to both the Disclosure and Consent as outlined above.