

New Harmony Health



General Policies

I understand that I have voluntarily chosen to consult with Cynthia Chrisman, MPH, CCH about homeopathic health care for myself / for my child. I agree that I am seeking to enhance my / my child's abilities to establish health in mind and body including lifestyle advice and / or recommendations. I understand that she will work with me to increase my / my child's general vitality and constitutional strength. I understand that she bases her assessment on my / their entire condition based on a holistic homeopathic therapeutic and consults with me to help me stimulate my / their body's own healing responses with the use of homeopathic substances regulated by the FDA under the guidelines of the Homeopathic Pharmacopoeia of the United States. I have reviewed the [CHC Client Bill of Rights](#) and [Code of Ethics of the Council for Homeopathic Certification](#).

I understand that she is not a medical doctor and she therefore strongly recommends that I obtain the services of a primary care physician for appropriate evaluation and check-ups for myself / for my child. I further understand that she does not diagnose, treat nor prescribe for any particular symptoms, disease or condition. I agree to rely on my primary physician / pediatrician for diagnostic tests and treatment and to inform her of any physician's assessment insofar as it is relevant or useful. I / my child will continue any medical treatment prescribed by a physician until further instructed by them. I agree to call 911 immediately or go to an emergency care center and / or contact my physician / pediatrician in the event of an emergency.

I agree that Cynthia Chrisman, MPH, CCH has disclosed, before consultation and in writing, her training, credentials, fees, terms of service, cancellation and confidentiality policy. I have read and agree to the office policies described in the Summary of Services. I also understand that I need to make regular follow-ups.

Cynthia Chrisman, MPH, CCH agrees to uphold strict confidentiality and pledges to the professional conduct defined by the Code of Ethics of the Council for Homeopathic Certification. All information is protected by law and may not be disclosed to anyone without written permission, except where disclosure is required by law. This agreement becomes part of the client record.

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