

Disclosure and Release Camille Ventura, BFRP

Note: If you have any questions about this form, please feel free to discuss them with me before your first consultation.

Bach Flower Therapy, by philosophy and practice, does not diagnose or treat disease. The diagnosis and treatment of disease is solely within the license of the medical profession. ***If you know or suspect that you have a condition that may warrant the care of a licensed medical professional, you should see one as soon as possible.*** Camille Ventura, BFRP is not a physician, homeopath, psychologist, psychiatrist, clinical social worker, therapist, or mental health counselor, as is defined by the laws of the state of California.

I, _____, understand that my Bach Foundation Registered Practitioner, Camille Ventura is not a licensed practitioner in the state of California, nor is she a physician or a nurse. I also understand that she is a skilled professional educator and consultant on the healing flower remedy system of Dr. Edward Bach, and has acquired a place on the registry of the Dr. Edward Bach Foundation in Oxon, England (Bach Foundation Registered Practitioner, BFRP).

I, _____, have read this disclosure and understand the above as well as the limitations of this service. I accept responsibility for my choice to seek for myself (or my legal ward, _____), the consultative services of Camille Ventura. I understand that my practitioner will not diagnose or treat disease in the process of Bach Flower Therapy or any other modalities. As I client, I am here to learn the effective use of the Bach flower system; all teaching and methods administered by my practitioner are for the sole purpose of assisting people to learn how to use the system, and to build their own wellness. I understand that my practitioner will keep all of my records confidential. I understand that my identity will be kept confidential if my practitioner should need to consult another BFRP on my behalf or utilize my case in any way for teaching purposes.

I understand that information exchanged during any consultation or otherwise is educational in nature, is intended to help a client become more conscious of their own wellness, and is to be only used at the client's discretion.

I assume full responsibility for my choice of treatment and hold Camille Ventura, BFRP harmless. The undersigned does further freely, knowingly, and voluntarily release, relinquish, waive and discharge any and all claims, demands, rights, and interests against Camille Ventura, BFRP, which the undersigned has, did have or may have.

Name (please print) _____

Signature _____ Date _____