



Little Steps Practical Homeopathy

Jacinta Campbell, Practical Homeopath
littlestepshomeopathy@gmail.com

Private Request for Services and Waiver

To: Jacinta Campbell, Homeopathic Consultant and Educator

Dear Mrs. Campbell:

I understand that you are a qualified practical homeopath and are knowledgeably employing and applying techniques and strategies according to the accepted standards of homeopathic practice and pharmacy, and used by homeopathic practitioners worldwide, aimed at the alleviation and elimination of acute and chronic disorders applying homeopathic principles and restoring health.

And, that you may be willing to provide me with particular expert consultations, specialized information and services relative to my own particular health condition, and/or that of my child, pet, or livestock.

I hereby acknowledge and confirm that such information and services as may be provided me as a result of this request are expressly agreed to be used for my personal and private use and are not to be used for further distribution, and are to be kept strictly confidential, and cannot be construed as medical, dental, chiropractic, veterinary medical, or any other diagnosis, treatment or advice, or the practice of medicine, chiropractic, dentistry, veterinary medicine or pharmacy, or the manufacturing, marketing or retailing of drugs.

Please be advised, Mrs. Campbell, that I expressly confirm and acknowledge that I am fully aware of the fact that you are not in any way professing or holding yourself out to be a licensed medical doctor, physician, chiropractor, dentist, veterinarian, pharmacist, or any other service or provider "Qualified" by "Licensure" under any State or Federal Government law, and that you charge only for the time, care, and expertise necessary for such private consultations.

Furthermore, take note that I am fully aware of, and do hereby willfully acknowledge to agree to the fact that, any and all services and information you may choose to provide me is in direct response to this personal private request only, and that in no way can such an exchange of services or information between us be considered a solicitation of services, funds, or any other offering of any sort or kind on your part, and I alone am fully responsible for how I use the information obtained, and any treatments or remedies I decided to take myself or administer to my children, animals, livestock, or plants.

Additionally, I hereby agree to pay you fully the fees required for such services, and expressly admit that I have not requested such services and information solely for the purposes of "inquiry", but in an honest and legitimate attempt to ascertain the validity of your strategies to restore my or my family's, or my pet's, livestock's or plant's health relative to one or more specific health conditions, and in consideration of further partaking of the services made available through yourself.

2-Party Consent Compliance

To ensure accuracy, consultations with Jacinta Campbell may be recorded. Second or third-party recordings of all conversations without consent are prohibited. You will be asked to give your consent before your first consultation. Audio files will be encrypted and saved on a password-protected storage device. Violators of 2-party consent law may face denial of service.

Sworn to under penalties of perjury under the laws of the United States of America
(28 U.S.C. 1746) this _____ day of _____, 20_____.

Print Full Name

Signature (Parent/Guardian if child under 21)

Address

Phone Number