

Joel Wind Fox Boyle, Certified Herbalist
Disclosure and Consent for Herbal Therapy

- I recognize that herbs are considered food supplements and are used to strengthen and support the various systems of the body. I also understand that healing occurs from within my own body, and my sessions with Joel Wind Fox Boyle aim to educate me on ways I can achieve the optimal wellness that is possible for my own body.
- I understand that any identifying details about my case will be held in the strictest confidence, unless authorized for release by signed and written consent.
- I fully understand that Joel Wind Fox Boyle is not a licensed medical doctor; therefore he does not diagnose or treat disease. Joel Wind Fox Boyle is certified as an Herbalist through the Appalachia School of Holistic Herbalism and he has also completed courses in Native American healing through the Good Medicine Society.
- I am aware that Joel Wind Fox Boyle will only consult with me if there is no prior conflict of interest in doing so.
- I acknowledge that my participation in this herbal consultation is voluntary and I am free to discontinue services at any time. I also understand that refunds are not given, with the exception of allergic reactions (and in that case the refund will only be in the form of credit towards a future order with Wind Fox Herbal).
- I understand that historical record 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 Joel Wind Fox Boyle does 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 Joel Wind Fox Boyle 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 Joel Wind Fox Boyle if I believe I am pregnant, if I am trying to become pregnant, or if I am breastfeeding.
- I am aware that the herbs used in my formulations will be the purest, most potent, and ecologically sound herbs and supplements available at that time.
- I understand that payment for a consultation is due at or before the time of the consultation. I also understand that payments for orders of herbal supplements must be received before they will be created or shipped out.
- I am ready, willing, and able to start taking the steps necessary to restore my body to a full and complete state of wellness.

Client Signature: _____ Date: _____

Print Name: _____