

Informed Consent of Care

Holistic Health Consulting utilizes the principles of Tibetan Medical Science to identify humoral imbalances, with the aim of re-establishing such energies to promote physiological and psychological health. Tibetan Medical Science offers a customized approach to health care, assessing the whole person, holistically—recommendations are tailored to suit individual needs.

Therapies used by Holistic Health Consulting may include: dietetics; lifestyle recommendations; instructions on how to create herbal decoctions unique to the individual's condition; and external therapies, such as oil massage, hot-oil compress, and the like. Under current Maryland law, application of the principles of Tibetan Medical Science is not considered a practice of "medicine," and as such, is not regulated by state law. This type of health consulting is, rather, considered a complement to traditional allopathic medicine.

Declarations and Consent to Treatment

I understand that EzDean Fassassi is not a "medical doctor." If a "medical diagnosis" is required, it must be obtained from a licensed medical doctor.
_____ (Initials)

I understand that the form of medical care provided at this clinic is based on Tibetan medical science. _____ (Initials)

I understand that, as with any type of treatment, results can not be guaranteed. I do not expect my Health Consultant to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to the assessment and therapeutic procedures mentioned above.
_____ (Initials)

I acknowledge that I have been informed and I understand that: I am at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice; no employee or other practitioner under the direction or control of Holistic Health Consulting is suggesting or advising me to refrain from seeking or following the directions of another licensed health care provider; the treatment and therapies rendered or recommended by Holistic Health Consulting may be different than those usually offered by a medical doctor or other licensed health care provider. _____ (Initials)

I have read and understand the above stated policies and information. I have received a full and complete explanation of the treatment and services that I may receive at the Holistic Health Consulting. I hereby authorize and consent to treatment. I intend this consent form to cover the entire course of treatment that I receive at Holistic Health Consulting. I also confirm that I may revoke this authorization for treatment at any time, but will be financially liable for all treatment rendered. I also affirm that I am not an agent of any private, local, county, state or federal agency attempting to gather information without so stating.

Patient Name: _____

Date of Consent: ____/____/____

Signature of Patient (or Parent or Legal Guardian):
