

**SUE BOORN, CCH, RSHom(NA)**  
**Certified Classical Homeopath**  
**HOMEOPATHY DENVER, LLC**  
**The Consulate Healing Center East**  
**750 E. 9<sup>th</sup> Avenue, Ste.106**  
**Denver, CO 80203-3395**  
[sue@homeopathydenver.com](mailto:sue@homeopathydenver.com)  
**303.263.0572**

## **DISCLOSURE & DISCLAIMER**

The practice of Homeopathy in Colorado is regulated under the Colorado Natural Health Consumer Protection Act, SB-215. This notice contains disclosures required under this act.

As a Complementary and Alternative Health Care Practitioner, I am not licensed, certified or registered by the state of Colorado as a health care professional nor am I subject to such licensure, certification or registration by the state of Colorado. I am not a licensed medical physician and do not diagnose, treat or prescribe medicines for the treatment of disease. The services I perform, whether in person, by mail, phone or internet services such as email or Skype are at all times restricted to complementary and alternative health care services intended for the maintenance and rebalancing of the best possible state of health.

I am prohibited from performing surgery or any invasive procedure, administer or prescribe x-ray radiation, prescribe prescription drugs, use general or spinal anesthetics, administer ionizing radioactive substances, use a laser device that punctures the skin, perform enemas/colonics unless board certified, practice midwifery, practice psychotherapy, perform spinal manipulation, practice optometry, directly administer medical protocols to a pregnant woman or a person who has cancer, practice dentistry, set fractures, practice massage therapy, provide a conventional medical disease diagnosis or recommend the discontinuation of a course of care recommended by a health care professional. I am also prohibited from treating children less than two years of age. In order to treat a child who is between 2-8 years of age, I must have a written, signed consent of the child's parent or legal guardian.

The nature of services to be provided is Classical Homeopathy.

My educational background in homeopathy is: I am a 1999 graduate of Homeopathy School International, credentialed as CHom (formerly, Colorado Institute for Classical Homeopathy). In 2004, I completed post graduate studies with The Dynamis School for Advanced Homeopathic Studies and received a Practitioner of Classical Homeopathy, PCH. I am board certified by the Council for Homeopathic Certification (CCH) and the North American Society of Homeopaths (RSHom (NA)). These credentials require a minimum of 20 hours of advanced continuing education units (CEU's) each calendar year.

Homeopathy Denver, LLC is covered by liability insurance applicable to any injury caused by an act or omission in my practice.

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Homeopathy is considered to be a holistic, natural system of care and is not intended to be a substitute for allopathic medicine namely, conventional western medicine. The services and information provided should not be construed by you, the client, to be a medical or other diagnosis nor treatment of any disease or injury.

I am required to recommend that you discuss any recommendations I make with your primary care physician, obstetrician, gynecologist, oncologist, cardiologist, pediatrician, neurologist or other board certified physician.

You should consult with your physician for any serious medical condition and, further, you should get at least two medical opinions for such condition.

By signing this Disclosure/ Disclaimer, you, the undersigned, are acknowledging the following:

- The information as required by the Colorado Natural Health Consumer Act has been provided to me and I have received a copy of this notice by electronic transmission or hard copy.
- SUE BOORN is not a medical doctor or licensed physician;
- SUE BOORN is not diagnosing or treating any illness or other medical condition, nor does she warrant or represent that she will be able to cure such illness or condition;
- SUE BOORN does undertake to educate you, the undersigned, as to Classical Homeopathy and Homeopathic remedies and to provide such services as are necessary to provide such education to the undersigned; and
- As a Certified Classical Homeopath, SUE BOORN, seeks to find a Homeopathic remedy which improves your general well-being and health and thereby addresses your health concerns and complaints.

You, the undersigned, acknowledge by your signature that you have been informed that some homeopathic remedies are available over the counter (OTC) and have been approved and regulated by the Federal Food and Drug Administration (the FDA). The homeopathic pharmacopoeia (USHP) is regulated by the FDA.

As a result, you, the undersigned, acknowledge that Sue Boorn, Certified Classical Homeopath and Homeopathy Denver, LLC has disclaimed all warranties with respect to the Homeopathic information and Homeopathic remedies.

Therefore, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby remise, release, and forever discharge Sue Boorn, Certified Classical Homeopath and Homeopathy Denver, LLC. of 750 East 9<sup>th</sup> Avenue, Suite 106, Denver, Colorado 80203, her heirs, successors, assigns, executors, administrators and personal representative, of and from all, and all manner of, actions, causes of actions, suits, proceedings, judgments, damages, claims, and

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demands whatsoever in law or equity, which you, the undersigned, shall or may have for or by reason of any matter or cause from the date of these presents forward.

I have read, understood and acknowledged the above disclosure and disclaimer in its entirety on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Signature of Client

If Client is under 18, the parent or guardian should sign and list below their signing authority (parent, guardian or other party)

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Are you a parent, guardian or hold other designation?

### **CONFIDENTIALITY AGREEMENT**

**I understand that information revealed to my homeopath in the case-taking process is held in strictest confidence unless otherwise permitted, or as noted below.**

Please initial the statements below ***for which you GIVE your consent, leaving blank those to which you do not consent:***

1. \_\_\_\_\_ My Homeopath may discuss my case with my physician or other health care providers.

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Exceptions to item 1:

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2. \_\_\_\_\_ My Homeopath may discuss my case with family members in order to obtain information pertinent to remedy selection or assessment of progress.

Exceptions to item 2:

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3. \_\_\_\_\_ My Homeopath may consult, **anonymously**, with another Homeopath regarding remedy selection.

4. \_\_\_\_\_ My Homeopath may use my case, **anonymously**, for teaching purposes.

5. \_\_\_\_\_ My Homeopath's intern/assistant may handle administrative duties and participate in case review in connection with my files when held to the same professional standards of confidentiality as my Homeopath and with a signed agreement with my Homeopath.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_